

Healthcare Homes Group Limited







Uvedale Hall Residential Home

Inspection report

Coddenham Road
Needham Market
Ipswich
Suffolk
IP6 8AX
Tel: 01449 722250
Website: n/a

Date of inspection visit: 19 March 2015
Date of publication: 17/06/2015

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	

Overall summary

We carried out this inspection on 19 March 2015. The inspection was unannounced.

Uvedale Hall Residential Home provides accommodation and personal care for up to 23 people who require 24 hour support and care.

There was a registered manager at the service. 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.

Summary of findings

There were systems in place to provide safe care for people who used the service. There was a robust recruitment process and sufficient numbers of staff to meet people's needs.

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

Deprivation of Liberty, best interest assessments were in place to provide staff with guidance to protect people where they do not have capacity to make decisions and where their freedom had been restricted.

The manager supported staff through regular supervision. Training was provided to develop their skills and knowledge. This meant that staff had the skills they needed to provide effective care and support to people who used the service.

People had their nutrition and hydration needs met through effective planning and development of nutritious menus which were varied and had been developed from assessing the views of people. .

Each person had a care plan which was regularly reviewed and people's privacy and dignity had been respected.

The service had a complaints procedure which was available for people to use if so required.

The home was led by an effective management team who were committed to providing a quality service which responded to individual needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People had a recorded risk assessment and supporting plans in place.

Staff were trained to administer prescribed medicines.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

There were sufficient numbers of staff to provide care to the people who lived at the service.

Good



Is the service effective?

The service was effective.

The staff knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

People were consulted about their choice of food and staff monitored food and fluid intake appropriately regarding the individuals needs

People were supported to maintain their health by visiting professionals such as chiropodists, dentists and GP's.

Good



Is the service caring?

The service was caring.

Staff were attentive to people needs including psychological needs and a range of activities were available.

People told us that the staff listened to them and treated them with respect.

People were involved in contributing to their own care plan.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and this information used to write their care plan.

People and relatives told us that the service had a complaints policy and they would have no problem of using it if the need arose.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in place who was well supported by the provider.

The staff we spoke with felt they were supported and valued by the service.

Good



Summary of findings

There was a variety of systems in place to seek the views of people and this information was used to develop and make improvements to the service.

Uvedale Hall 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 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 was unannounced and carried out by one inspector on 19 March 2015.

The inspection was carried out by two inspectors.

We considered all the information we held about the service. This included the conclusions from our previous

inspections and statutory notifications received by the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send to us by law

At this inspection we talked to eight people who used the service, two relatives, the registered manager, the activities co-ordinator, a senior carer and three care assistants. We observed medication being administered, looked at six medication records and reviewed seven care plans. We carried out a Short Observations Framework Inspection (SOFI), over the lunch time and just after the lunch period. SOFI is a specific way of observing care to help us understand the experience of people who could not express their views and experiences with us.

Is the service safe?

Our findings

We spoke with four people who lived at the service and they all told us they felt safe. One person said, “I feel safe here, was worried about the hoist, when I first used it, but the staff are good and know what they are doing.”

The staff were knowledgeable about how they would recognise abuse and how they would protect people and the risk to people of facing abuse was minimised. The senior carer and three staff explained to us their understanding of the safeguarding policy, described the different types of abuse and how they would report any concerns. One member of staff said. “Our policy is to inform the senior person on duty if we have any concerns but I know we can also report directly to the safeguarding team.” Training records confirmed that staff had received training in various subjects including infection control and safeguarding. Staff also had access to guidance about whistle blowing policies and bullying and harassment.

One person who used the service told us. “I was not really sure about risks until the manager explained to me how they wanted to help me to be safe around the home, this included making sure my zimmer frame was set at the right height.” We saw in the care plans viewed that risks regarding people’s well-being had been recorded and a plan of action was in place about how the service would minimize the risk and provide care.

The manager explained to us the emergency plans in place for evacuation in the event of an emergency. There was fire-fighting equipment in place which staff were trained to use as part of their induction to the service and reminded of at team meetings and supervision. This meant that the manager had identified risks and plans were in place to reduce the impact. The manager recorded incidents and accidents and discussed with members of the staff team what lessons if any could be learnt.

People were not restricted in their movement and could freely move around the service. We saw that there was a passenger lift in place and there were also stair lifts and handrails, so that people were able to access all areas of the service safely. We saw that the passenger lift and stair lifts had been checked as part of the routine maintenance of the service, ensuring that they would be kept in good working order.

A person with swallowing problems had been assessed by health professionals as a result of a referral from the service for their risk of choking. Staff identified that they sometimes retained food in their mouth. The assessment stated that they needed mouth care after each meal to reduce the risk of them choking or aspirating on the retained food. There was a care plan in place and also daily records, but the recording in each was not consistent, because information was being entered into both. The manager told us they would raise this via handovers with the staff and direct that the daily notes were to be completed to record this information and the care plan would be reviewed.

The manager explained to us the recruitment process that was in place and how it was designed to protect people from harm by employing staff that were suitable to work in this setting. Three members of staff had worked at the service for at least 10 years and stated they were very happy as there was a good team spirit. We spoke with a person employed more recently who confirmed to us that their references had been sought and the service had also checked with the Disclosure and Barring Service to ensure they did not have a history that would make them unsuitable to work with older people. They also informed us about their induction process and training they received regarding how to keep people safe, which all confirmed the recorded information given to us by the manager.

People who used the service, staff and relatives all told us that there were sufficient staff on duty to meet people’s needs. We looked at the staffing rota for the month ahead and the previous month. The manager explained to us that they constructed the staffing rota depending upon the current needs of people. A relative told us, “The staff know [my relative], very well and there are always enough staff on duty.”

People were supported to take medication by staff trained to administer medicines safely. One person told us. “The staff are very good, never forget and my tablets are complicated, so I appreciate they do it.”

Staff told us that all staff designated to administer medicines had received training in the safe handling and administration of medicines. There were suitable arrangements in place for the safe storage, management and disposal of people’s medicines, including controlled drugs. We saw the record for the controlled drugs and for each administration there were two signatures as per the

Is the service safe?

provider's policy. The stock balance of each controlled drug agreed with the recorded balance. We spoke to the manager about the medication policy and procedure and we observed a member of staff trained to administer medication providing medication at lunch time in a safe manner and following the provider's policy and procedure. The provider regularly carried out internal audits and there

were further audits from the company supplying the medication carried out at random which confirmed the process used was safe. We checked eight people's medication records and the stock of medication checked balanced with the records reviewed. The temperatures of the medication room and fridge were recorded daily to confirm the temperature was within safe limits.

Is the service effective?

Our findings

People we spoke with told us they considered the service was effective because they were content with the service. One person said, "I enjoy being here, never bored and friendly staff."

The care was effective because the staff were trained to have knowledge and skill to carry out their duties. A person told us, "When I use the call bell system to summon staff to help me, there is no problem they always come." They considered the staff attentive in supporting them and knew them well, they also thought it was important that the staff were regular and not strangers. A member of staff told us, "We have been trained to answer in first aid and the importance to answer the call bell as you never know, why the person is calling."

At the end of each shift there was a handover of information to the staff coming onto duty, consisting of what had happened and any requirements to be fulfilled for the new shift. A member of staff told us, "The handovers are informative and the team are helpful and caring so we work well together." Staff also told us that there was enough time to write notes and for the handover to be effective.

Staff we spoke with confirmed that they had supervision with the manager and an annual appraisal. The manager explained to us the way in which training was organised and how they planned supervision and annual appraisal sessions. We spoke with a member of staff who told us about their induction and considered it was good. They said, "I was able to shadow people, which meant I was not on the rota when I first began. I could get to know people and what was expected of me."

We spoke with the manager about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They confirmed that they and the staff had received training and further training was planned.

Care records confirmed that MCA assessments of people's capacity to make day to day decisions had been carried out. We saw that where it had been considered that people

did not have the capacity in a certain area, a record had been made that best interest assessments had been carried out. . We saw that the service had considered and involved family members in the decision making process. The manager had a good knowledge of MCA and informed us that the service would seek to use advocates if so required but this was not the case for any people at present as they each had supportive families.

People were supported to have sufficient to eat and drink. One person said, "The food is very good." Another person said, "The food is not perfect but it's not bad. There is usually lots of choice." People said that they had fresh water in their room every day and "regular hot drinks". One person said that they were offered biscuits in the morning and evening with their drink and cake with their afternoon tea. A person told us, "I've never wanted anything more." People in their rooms had a drink within reach.

Our observations during and after lunch showed that staff supported people with their assessed needs. Staff spoke with people at eye level by sitting next and helping them to enjoy their meal. Staff offered salt, pepper and sauces and did not assume what people wanted add to their meal.

The manager told us there were at least two main choices of meal per day plus light alternatives if required like sandwiches and soups. The menu was planned by consulting people and was planned weeks in advance, whilst people chose on the day what they wanted to eat. There were various choices for breakfast and evening meals. We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. People could choose to have their meals in their rooms if they so wished and some people took up this option.

One person told us, "I could not keep my own GP when coming here as it was too far, but I have a new one and see them if I ever need to, we have got to know each other." A relative told us, "My [relative] would not be alive if they had not received such excellent care in the home." They considered that the staff had worked well with the GP to care for their relative.

Is the service caring?

Our findings

Positive caring relationships had been developed between the people and the staff. One person said, “The staff are very good. They help me in the way that I like.” Another person said, “The staff here are very nice. I can manage most things but they give me help when I need it.”

We saw the staff engage with people to play snooker and chocolate bingo. This was a game based on bingo with chocolates as the prizes. One person told us, “We do something different everyday, the activity co-ordinator is brilliant.” The activities co-ordinator told us how they introduced themselves to new people to discover their interests and then build these into the activities programme. We saw that the interactions between people and staff were supportive and friendly which achieved a relaxed atmosphere. We saw that staff did not rush and treated people with dignity and respect, asking them questions to respect their choice and explaining to them what they were doing in order to assist them. Staff sat beside people at meal time to assist them so that they were at eye level which supported communication.

People were supported to express their views. People told us about the meeting when everyone came together to discuss the service and suggest any improvements. The manager informed that meetings were set in advance but additional meetings would be held if people wanted them. One person told, “I go the meetings but if I have anything to say I see the staff each day and tell them and things get sorted out.”

Care was individualised and centred upon each person. People were involved with writing their own care plan. One person told us how they had worked through the care plan so that their needs had been recorded and then it was checked at the end so that nothing had been missed. Staff told us that there was a keyworker system in place. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. This included being involved in the care review. We looked at the care records and saw that they contained information about the person’s history, their choices a needs assessment and an action plan of how to meet the persons needs A relative told us, “I’m very confident that staff are looking after people really well.” They explained that their relative’s health had improved since being at the service, which they put down to good meals, company and caring staff.

People’s privacy was respected and as we observed staff closing people’s personal doors and bathroom doors prior to administration of person care. A person told us, “My care plan, when we talked about how they could help me, they also wrote down what I could do for myself with regard to washing.” A member of staff told us that they knew how a person liked to dress and had supported them to purchase the colour and style of clothing they wanted. We saw staff discreetly working with people in a sensitive manner.

Is the service responsive?

Our findings

People received personalised care that was to their needs. One person told us. "I remember meeting the manager when they came to meet me, they asked questions and arranged for me to visit to have a look at the place." The manager told us about the detailed assessment they completed before people came to the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. There was evidence that people's wishes and preferences were included in their care plans wherever possible. The relative of one person told us. "They kept me fully informed, it is a worrying time when someone moves into care."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. This meant that people's care was individual to them. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

A relative said that the person they visited had been having increasing problems with mobility within their bedroom. Following discussion and agreement with the person the staff had changed the layout of their room so that they could move around more easily.

We noted in the care plans that time had been taken to record individual preferences, which included favourite television programmes, newspapers and times people liked to get up. We observed that these choices had been respected. The cleaning rota was organised in such a way as to not disturb people who liked to get up later in the day.

The manager showed us around the service and asked for people's permission to look at their rooms. We saw that

rooms contained people's personal items including photographs and ornaments. One person told us that they had been consulted upon the décor and pictures on display in the communal areas of the service.

We saw that people were dressed in clothing of their choice that had been carefully laundered. People could have a manicure and the hairdresser visited regularly. The service also arranged regularly trips out including visiting the seaside which was as a result of the requests from the people who lived at the service. One person told us how much they enjoyed the trips into the local town and outings to the seaside.

One person told us that their family visited them often and the staff always made them welcome.

The service listened to learn from people's experiences and to comply with their wishes. The people we spoke with told us they did not have any complaints. One person informed us. "They never let you down, they said we would have a games room and we have it." Another person said. "They are going to build us some raised beds for gardening in the summer that shows that we are listened to." A member of staff told us that we are encouraged to resolve any problems as they occur but if we cannot to report to the manager and to remind the person that they can make a complaint. There were no current or outstanding complaints and the manager considered this was due to reacting quickly and positively to such events. They talk us through what they would do if a complaint was raised which was laid out in the procedure.

The manager told us that they saw it as part of their duty to tour the service whenever they were on duty, and by so doing they had regular contact with the people. The manager explained to us that the service did have a complaints process in place if so required and people were informed of this both verbally and in written information part of the service induction pack.

Is the service well-led?

Our findings

The service provided a culture that was open, inclusive and empowering. One person said. “The management of the home is excellent. I can’t think of anything that could be better. They look after you properly, that’s the best thing about the home.”

We found that there were systems in place for the monitoring and reviewing of the service provided to people. There were audits of cleaning and these had been carried out on a daily basis. Issues identified had been immediately worked upon for the benefit of people living in the service.

There was also a monthly care review system in place for the monitoring of care. The manager, having carried out the review, then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period. The service demonstrated positive management. “The manager is terribly nice and manages the home very well. I couldn’t have chosen a better home. It’s friendly and there’s freedom to do what you want to do when you want to do it.” A relative described the manager as, “wonderful”. They told us, “I have never had any concerns. I would recommend the home to anyone and would be happy to come here myself.”

The manager provided visible leadership within the home. They demonstrated a very caring and person-centred approach. During our inspection the manager was approached regularly by people and staff for support or to inform them of information. The manner of being approachable encouraged staff to emulate them and provide the best quality care. The manager told us that they periodically carried out observations of staff interactions in order to monitor standards within the home.

There was an auditing process in place that monitored the safety of the environment. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported by the clean appearance of the service.

Staff told us about the keyworker system and that they were involved in the review of care plans with people which happened on a regular basis. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. The service was also working with other professionals to support people with their individual needs and well-being.

The manager informed us that they received support from the provider. The manager wrote a monthly report which was a snap short of what happened in the service that month and was discussed at supervision. The provider visited the service at least once per month to support the manager and they spoke regularly on the telephone. The staff felt that the manager was not only approachable but also supportive and helpful to them, which made it easy for them to speak to the manager if they had any questions or concerns. The manager had implemented an on-call policy so that staff in charge of the service could contact a senior colleague at anytime for support. We saw that there were meetings for the day and night staff and actions agreed had been implemented for example a creating a shift to support people at the busiest times. There was a whistle-blowing policy in place and the staff we spoke with felt that the manager was approachable and they could discuss and resolve any issues.