Mrs Hazel Paterson

Upton Cottage

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We carried out this unannounced inspection on the 21 and 26 January 2016. At our last inspection in November 2013 the provider was found to be meeting all of the standards inspected.

Upton Cottage residential home provides accommodation for up to 16 people who have a learning disability and who require personal care. At the time of our visit there were 16 people living at the home. Upton Cottage residential home had 16 bedrooms some with en-suites, a staff room, kitchen, dining area, two lounges, office, entrance hall and hall way with a piano, gardens to the front and patio and garden area to the rear of the building.

There was a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

The building was not always clean and properly maintained to ensure care was delivered safely to those living there, although people and relatives felt safe. The registered manager took quick action during our inspection and improvements had been made by the second day of our inspection. Improvements included the two mouldy towel rails being removed, bathrooms being cleaned and locks fitted to doors, radiators being bled to provide effective heating and some walls being repaired. People had a personal evacuation plan in place should there be an emergency; and incidents and accidents were reviewed. There was no over view of these incidents and accidents so that any similar incidents could be prevented, the registered manager confirmed they would review this. There was a safe system in place for the recruitment of new staff.

The service was raising concerns with the relevant safeguarding local authority but had not made notifications to the Care Quality Commission when concerns relating to safeguarding adults and abuse had been identified. People were supported by staff who had received training, supervision and regular meetings. Staff sought people's consent to care and treatment this was sought in line with legislation and appropriate paperwork was in place and staff were able to demonstrate how they give people choice.

People and relatives were happy about the care they received and care provided. Staff demonstrated a kind and caring approach with people and were given daily choices so they were involved in decisions about their care and support. People received support from staff who knew them well. People were treated with dignity and respect by staff and people were supported to maintain relationships important to them. There was enough staff to ensure people had access to community and their one to one support although at times this was provided by the registered manager.

Relatives and staff all felt happy with the registered manager and provider of the home. The registered manager confirmed how important people were and that their vision was to ensure people had the care and support they required. People were supported to access activities that were important to them and this was reflected in their care plan.

People and relatives were involved in the care planning. There was a complaints policy in place along with an easy read version all people we spoke with were happy to make a complaint should the need arise.

Although there were systems in place to monitor areas of the service, we found the building and the infection control did not have an audit that identified areas of concern found during this inspection. There was a system in place to gain views from people, relatives, and professionals as there was an annual survey collated and a compliments and complaints box within the main reception of Upton Cottage.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service did not always ensure people received safe care.

People's and relatives told us they felt people were safe although the building was not always clean and properly maintained to ensure care was delivered safely to those living there.

People were supported by staff who were able to demonstrate what they would do if there were concerns.

People's files had detailed support plans in place that identified triggers and concerns and there was a personal evacuation plan in place should there be an emergency.

Incidents and accidents were reviewed and actions taken however there was no overall analysis that logged all incidents and accidents so that there was a clear action recorded that demonstrated learning opportunities were being taken to prevent similar situations occurring.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision and had regular meetings but had not recived a recent appraisal.

People were supported by staff who knew them well and were able to demonstrate how they support people to make choice when they were unable to verbalise their wishes.

People had referrals made when their health needs changed and assessments and equipment supported people to remain independent. They were supported to attend medical appointments from staff when required.

Where people were unable to consent to care and treatment this was sought in line with legislation and appropriate paperwork was in place.

Is the service caring?

Good

The service was caring.

People and relatives were happy about the care they received and care provided although we found personal information was displayed in communial areas.

People had daily choices and preferences, and were involved in decisions about their care and support.

Staff worked in a kind and caring manner with people and demonstrated a kind and caring attitude. People had care provided in a dignified manner that met their needs.

Summary of findings

People were treated with dignity and respect by staff. Support was provided to maintain relationships important to people.

Is the service responsive?

Good

The service was responsive.

People had detailed care plans that reflected their likes and dislikes and staff were able to demonstrate they knew people well.

People attended activities that were important to them, such as day centres, the local community, work, and art groups. This was reflected in their weekly activity planner and care plans.

There was a complaints policy in place along with an easy read version. All people we spoke with were happy to make a complaint should they need to.

Is the service well-led?

Requires improvement

The service was not always well-led due to the monitoring of the building not identifying areas of concern found during this inspection. Notifications were not being made to the commission when required.

Relatives and staff all felt the registered manager and the provider were approachable and were happy with the care and support they received.

The registered manager had a positive vision for the service that ensured people had access to care and support as their needs changed.

There was a system in place to gain views from people, relatives, and professionals as there was an annual survey and a compliments and complaints box in the main reception area.

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 checked 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 was an unannounced inspection that took place over two days on the 21 and 26 January 2016. It was carried out by two inspectors one on the first day.

We spoke with seven of the 16 people living at Upton Cottage and three relatives about their views on the quality of the care and support provided. We spoke with the registered manager, the provider, the handyman, chef, cleaner, deputy manager and three staff. We also spoke with two health care professionals to gain their views of the service.

We looked at three people's care records and documentation in relation to the management of the home. This included three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Before this inspection we did not ask for a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Requires improvement

Is the service safe?

Our findings

The service was not always providing a safe and clean environment. We found areas throughout the home were not always clean and properly maintained to ensure care was delivered safely. We found people and staff could be at risk due to poor infection control procedures. For example on the first day of the inspection we found areas throughout the home were cold on checking the radiators we found them to be warm but not hot. We also found no locks on toilet doors, toilets had bars of soap and no peddle bins, this posed an infection control risk. Clean towels had been placed onto two mouldy wooden towel rails and some areas in bathrooms were mouldy and some walls had been damaged exposing broken plaster board or brick work.

We raised our concerns with the registered manager on the first day of the inspection. The handyman bled the radiators which immediately rectified the heating problem. They also took away the mouldy towel rail. Before our second day, improvements had been made with, two mouldy towel rails removed, toilets without locks fitted, liquid hand soap was fitted in one of the bathrooms, holes had been filled and peddle bins provided and bathrooms had been deep cleaned to remove mould that had built up. The registered manager confirmed they would action fitting hand soap in the top bathroom and there was still the hole behind the laundry room to fix. On the second day we found one toilet seat was stained. The cleaner confirmed they had cleaned the seat however the stain would not come out. We raised this with the registered manager who confirmed they would replace the toilet seat. This meant the environment and property were not always clean or being properly maintained although improvements were made by our second day.

People and relatives that we spoke with felt safe. All staff also felt people were safe. Two people told us, “Yes I feel safe” and “Yes I’m safe”. Staff also felt people were safe and told us, “Yep I feel people are safe, I would say if they are not” and “Yes, I think people are safe”. All staff had received safeguarding adults training and was able to demonstrate they had an understanding of abuse and who they would alert concerns to within the organisation and externally should they have any concerns.

People had emergency evacuation risk assessments should there be an emergency. It detailed what support the person required from staff, equipment required, any visual or hearing needs and what staff should do to support the person if there was an emergency.

People had their medicines administered safely and by staff who had competed medication training and who had been checked as competent. The manager administered the medicines and could demonstrate knowledge of people’s needs. Medicine administration records (MAR) checked contained a photograph of the person, and medicines allergies were recorded. MARs sheets were mostly accurate and up to date although there had been two instances where additional medicines had been added to the record. These records had only been signed by one member of staff. Best practice would be records signed by two staff. We fed this back to the registered manager. Most people had individual protocols for ‘when required’ but we found these were not in place for all people. When required medicines are when the person feels they require it, for example if they are in pain and need to take a pain relief. People had a risk assessment in place if they self-medicated. There was a medicines policy in situ.

The manager undertook medicine management audits each month and records confirmed this. Not all medicines were being stored safety when they required additional security, we fed this back to the registered manager. Medicines that required additional security were being stored when no longer required, the registered manager confirmed they would return this. Fridge temperatures were checked daily although the room where the medicines were stored was not, we fed this back to the registered manager who confirmed they would start doing this. People had their medications reviewed by their general practitioner either during their annual health review, or when required.

The registered manager reviewed the incidents and accidents and actioned changes to care plans and risk assessments when required, however there was no system for collating information so that trends could be reviewed. Referrals were made when required to specialists and assessments were completed with an update of the outcome placed in the persons file. This meant although

Requires improvement

Is the service safe?

incidents and accidents were being recorded and actions taken there was no system that collated the number of incidents and accidents and if there were any trends. We fed this back to the registered manager.

People had detailed behaviour support plans in place that identified triggers and what support staff should provide if there was a problem and risk assessments confirmed this. Staff knew people well and were able to confirm the details of people's support plans. Staff also confirmed what might upset someone and how they would adapt their approach to support the person. All concerns had been identified in a risk assessment so that the risks were identified and information recorded to confirm what action had been taken to minimise the risk.

People were supported by staff who had received satisfactory checks prior to starting their employment. New staff had all received the necessary checks including references, identification documents and the registered manager had obtained a satisfactory pre-employment check to the Disclosure and Barring Service (DBS) before the staff member started. A DBS is a check on the member of staff's suitability to work with vulnerable people.

There were enough staff to meet people's needs although at times the registered manager supported the staff team when there was unplanned sickness. The registered manager confirmed that they planned for four care staff in the morning, three the afternoon and two sleeping overnight, one chef during the day, and a cleaner who worked Monday to Friday mornings. Staffing levels were reviewed and adjusted to meet people's needs and activities. Some people stayed with relatives at the weekend and during the week some people had one to one support with their activities by an external agency coming in to support people to go out.

There was a system in place to ensure checks have been completed on gas, electric, portable appliance tests and certificates confirmed these were in date.

Good

Is the service effective?

Our findings

The service was effective. People were supported by staff who had access to training although had not received an annual appraisal.

The registered manager confirmed that staff were not up to date with having an annual appraisal but were receiving supervision. The last annual appraisal staff had received was in in 2013. The registered manager confirmed they would be actioning this at the end of January 2016.

Staff felt well supported by the registered manager and felt they had access to enough supervision. Staff had received one to one supervision sessions during their induction, which included a review of their performance, personal development, training and support needs.

All staff felt they had access to enough training. Staff told us, "Yes, I have had lots of training", "I have regular training" and "Training has been good". Six staff had obtained a National Vocational Qualification in health and welfare. The registered manager confirmed new staff were starting a care certificate as part of their induction process.

We spoke with two supporting professionals both felt the communication in the home was good and that if people needed them in-between visits the manager would contact them and ask for a visit. Where referrals had been made because people's needs had changed we saw assessments and equipment had been sought to support people to maintain their independence and respect their dignity. For example we saw that instead of staff checking on people during the night, people had monitors fitted so that staff would be woken should the person have a seizure. Staff confirmed this worked well. One health care professional also confirmed that a request had been made to provide staff with a training course on modifying diets. Modifying people's food is undertaken when there is a risk of choking. This meant referrals and communication was good when people's needs changed.

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's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA). We found comprehensive assessments had been undertaken to enable people to be supported to make their own decisions relating to their care and treatment. The provider and manager had produced accessible information so people could make their own decisions and these had been documented so that decisions could be followed.

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). Staff were able to confirm and demonstrate how they gave people daily choice. Staff had received training in Deprivation of Liberty Safeguards (DoLS). Six DoLs applications had been made. Care plans contained mental capacity assessments and best interest decisions relating to people's care and treatment. This meant the service ensured applications were being made.

People were supported by staff who demonstrated they knew people's communications needs well. All staff were able to confirm how they interpret non-verbal communication and body language for one person who was unable to verbalise their wishes. Staff gave examples of how they give choice and how the person can point if given options visually by hand. This was demonstrated during the inspection where staff gave the person a choice of a drink. First asking if they wanted a hot or cold drink and putting their hand out one for hot and one for cold.Then they asked if they wanted tea or coffee, again by putting their hand out one for each.

Staff had daily handover meetings and team meetings every six months. Minutes of meetings confirmed it was an opportunity for staff to be updated with any up and coming changes and plans for up and coming events such as Christmas.

People were supported at meal times to access food and drink and could go to the kitchen for a drink outside of these meals time. We observed some people access the kitchen in between the set meals times but some stayed where they were and waited to be prompted to have a drink. We discussed with the registered manager if people could have access to cold drinks and jugs in the communal areas or in their rooms if that was where they choose to

Good

Is the service effective?

spend their time. The registered manager confirmed they would review this arrangement. People received support depending on their individual circumstances. There was a variety of options available to people and one person was having support to undertake a new diet that they wished to start. Some people chose to have drinks and snacks in their rooms. The chef made fresh biscuits for everyone and people came into the dining area to socialise whilst having their snack and drinks. Where people were at risk of choking this had been identified and documented in their support plan. They had detailed risk assessments and types of foods that they could eat. The chef confirmed they were always available in the dining or kitchen area should anyone require assistance. There were weekly set menus. People we spoke with were all happy with the food. The told us, “It is nice” and “It is okay” and “I like the food, they are helping me with my food at the moment”.

People had hospital passports which contained information relating to their individual support needs. Care plans contained referral information and assessments undertaken by occupational therapists, doctors, speech and language and social workers. Relatives all confirmed people had access to appointments and treatment when they required it. They told us, “[Name] has regular contact with the dentist, staff taken them” and “Staff always get the GP when every they are needed” and “They always get medical assistance if needed. This meant people were supported to access health professionals when required.

Good

Is the service caring?

Our findings

The service was caring. The home had a relaxed environment and people, staff and relatives were all happy with the care at Upton Cottage.

People's personal information was displayed in communal areas of the home. For examples where people required a modified diet this information was up on a notice board by the dining area. In the main hall way we saw people's activity plans confirming the persons daily planned activities and where they would be. We raised our concerns to the registered manager they took immediate action and removed this personal information.

Most interactions between staff and people were positive and staff treated people with dignity and respect and demonstrated this through the way they spoke and supported people. However we heard one member of staff at lunch time who did not address people they were speaking to in a respectful manner. We fed this back to the registered manager. Observations and interactions with other staff were positive and we saw another member of staff demonstrated how they showed respect whilst talking to the person. They reassured the person when they became a little worried and gave them choice with what time they would like support that evening and if they would like a shower later on. The person clearly benefited from this positive interaction. Staff provided support behind closed doors and gave people time to respond when talking to them.

Staff confirmed all people are equal. They told us, "Everyone is equal" and "We make sure people have their needs meet whatever this is". Staff were able to confirm what they looked for when talking about equality and diversity.

Positive, caring relationships had been developed with people. The registered manager clearly cared about the people who lived at the home and they were passionate about making Upton Cottage feel like home for people. They confirmed some people had lived at the home for a long period of time. They told us, "Two people have lived at the home since it started in 1984". Staff interacted with people in a kind and caring manner. They took time to listen to people responding to the person at appropriate intervals during conversations. Staff paced their responses according to the person they were talking to. They used verbal and non-verbal body language to respond to people. They would repeat themselves when they felt someone might not have understood their reply or touched their hand to acknowledge their response.

People and relatives were happy with their care. One person told us, "I am happy here" and relatives told us, "The care is amazing" and "The care is good and [Name] is very happy". All relatives felt staff were friendly and helpful they told us, "Staff are very helpful and friendly" and "Staff are wonderful, all is good". This meant people were supported by staff who had a kind and caring approach.

Care plans included a section on life histories of people. They also contained information relating to the person's likes and dislikes ranging from what people liked to eat, what time they liked to go to bed and sleep routines, their family, social activities and how they preferred to communicate. It also included detailed what meals and drinks people liked. Staff were able to tell us about these preferences in a respectful manner and we observed this practice.

People were supported to maintain relationships with people who were important to them, such as their parents and other relatives. For example, we observed one person who was supported to write a birthday card and another person who ate lunch with their relative. Care plans confirmed people's support arrangements and when people might visit family. The registered manager confirmed some people go home at weekends, their care plans and risk assessments confirmed this arrangement.

Good

Is the service responsive?

Our findings

The service was responsive. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Staff knew people's needs well and were able to confirm what these were. For example, one person's mobility was to move around the home on their bottom. Their care plan confirmed this and staff knew this was how the person manovered themselves.

People and relatives felt involved in their care and support plans, this was reflected in their care plans. People told us, "I am involved in my care" and "I get to choose yes". Relatives confirmed they were involved in yearly reviews relating to people's care and treatment. Relatives told us, "We have a review coming up, we are involved every year" and "There is an annual review" and "There are review meetings that take place".

People's care plans contained important information relating to that person. For example people's likes and dislikes were recorded their daily routines. This included what people liked to eat and drink, if they liked the outdoors, walking, music and things they did not like, such as thunder storms. Care plans were reflective of what people enjoyed filling their time with for example one person enjoyed walking, their care plan reflected this daily routine. Another person's care plan confirmed what they liked to wear. This was observed during the inspection and staff also confirmed how this was this person's preference of clothing.

During the inspection people undertook daily planned activities, hospital appointments, walks, and accessed their local community, work and day centers. People had choice around their activities and on the second day we saw people participating in an art group within Upton Cottage. Some people had structured days where they would attend a local day center and other people had support from staff with what activities they wished to undertake for example knitting. Activities were personalised and included what people liked to do. Some people were supported with undertaking paid employment. This was reflected in their care plans. One person we spoke with confirmed how important this was for them and how much they enjoyed going. They told us, "I go out and work, I really enjoy this".

There was a complaints easy read version in people's care file. People and relatives felt they had no reason to complain. The registered manager confirmed the last complaint was in February 2015. All relatives we spoke with felt happy to raise any concerns with the registered manager or the provider should they feel the need to make a complaint. They told us, "I would raise any problems I have with, [Name and name], they are very approachable" and "I would only have to speak to [Name] if there was a problem".

Care files contained information relating to various aspects of the individual's life and social circumstances. Each care plan was individualised to that person. For example one person spent time away from Upton Cottage and with their mother and father. Their care plan reflected these arrangements and had detailed support plans. This meant care provided was centred on the individual's choice.

Requires improvement

Is the service well-led?

Our findings

The service was not always well led. For example there was no system in place to monitor the building and its cleanness. A registered manager was responsible for the service they were supported by a deputy member of staff.

There was not an effective system in place to monitor and identify issues with the building and the infection control procedures. Audits in place included a medication audit, a development action plan that included decoration improvements, care plan reviews and building checks. However the building checks did not identify some areas of concern found during this inspection. For example there was no locks on some toilet doors, lack of hand soap, disposable towels, peddle bins, holes in walls, radiators not heating up, bathrooms had mouldy towel rails and mould in one corner of the bath in the top bathroom. Although the registered manager took immediate action during this inspection to rectify some of these concerns. There was not a comprehensive audit in place that reviewed each area of the building so that these concerns would be pick up. We fed this back to the registered manager who confirmed they would review this.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed they contacted the Local authority when safeguarding concerns were raised. We saw referrals had been made and investigated. Concerns that relate to any type of abuse are required to be reported to the local authority safeguarding team and to the Care Quality Commission. The registered manager confirmed they had raised concerns with the Local authority but had not made notifications to the Care Quality Commission. This meant the home was not ensuring notifications were being made where concerns to people's safety were being raised.

This is a Breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a system in place to gain views from people, relatives and professionals on their experience of care provided. The last questionnaires sent were in June 2015 the response was generally positive. Compliments included 'Staff really care for clients', 'Staff are polite and friendly'. Some comments included suggestions such as 'Gardening for one person' and 'Improvements to the décor' and 'Staffing ratios could be better'. We asked the registered manager what actions had been taken following these comments. They told us, "We did try gardening with [Name] and we have a plan regarding the décor of the home". They also confirmed how they monitor the staffing of the home and step in if required. There was also a compliments and complaints box in the main entrance hall.

The registered manager confirmed their vision and values for the service was to ensure people had their care needs met. They confirmed how important it was to work with professionals when people's health needs changed and to ensure they had appropriate referrals and support to stay at Upton Cottage. They told us two people had lived at Upton Cottage since it opened and that it was important people had support with their health and care needs so they lived the best life possible. Two health care professionals confirmed how proactive the manager was at making referrals especially when people's needs changed. One member of staff we spoke with told us how the provider does extra. They told us, "[Name] is always putting their hand in their pocket to help people pay for things. They get the best of everything. Everyone is cared for and loved as a big family, it is a great place and I love working here".

All staff felt happy and supported by the registered manager. They found it a great place to work and felt able to approach the registered manager. They told us "I can go to [Name] at any time their door is always open" and "[Name] is always here, they are very supportive" and "It is a nice place to work for and with". Relatives confirmed how approachable staff were and that they would go to the registered manager if there was a problem. This meant relatives and staff felt supported and able to discuss concerns with the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person/provider was not ensuring there was a system or process established that effectively identified risks relating to the building and infection control risks. Regulation 17 (1) (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person/provider was not ensuring that notifications were being made as required.