

Ideal Carehomes (North West) Limited

Upton Grange

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 

Overall summary

The inspection took place on 21 and 23 April 2015 and was unannounced. The home is a purpose-built, two-storey property set in its own grounds in a quiet residential area. There were 26 bedrooms on each floor, all of which had en-suite toilet, wash basin, and shower. On each floor there was a spacious lounge/dining room with a kitchenette, a quiet lounge and a bathroom. At the back of the house there was a well-tended garden.

The service is registered to provide accommodation and personal care for up to 52 people and 51 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff. The home is part of the range of services provided by the Leeds based company Ideal Care Homes (North

West) Limited and had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

People we spoke with said they felt safe living at Upton Grange. All staff had received training about safeguarding and this was updated every year. There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited.

Summary of findings

The staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a cheerful and caring manner and they treated people with respect. Both professional and family visitors who we spoke with expressed their satisfaction with the care provided.

We found that the home was well-maintained and records we looked at showed that the required health and safety checks were carried out. There was a lack of storage space for equipment which resulted in equipment being stored in bathrooms and wheelchairs being kept in the main entrance area.

We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. They were happy with the standard of their meals and the social activities provided.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

People we met during our visits spoke highly of the home manager. People were encouraged to complete satisfaction surveys and a programme of quality audits was in place to monitor the quality of the service.

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.

All staff had received training about safeguarding and this was updated annually.

The home was well-maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision and appraisal meetings.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available. People's weights were recorded monthly.

People were registered with local GP practices and had visits from health practitioners as needed.

Good



Is the service caring?

The service was caring.

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Good



Is the service responsive?

The service was responsive.

The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

People had choices in all aspects of daily living. They could choose what they would like to eat, what clothes they would like to wear, and where they wished to spend their time.

A copy of the home's complaints procedure was displayed in the main entrance area. No complaints had been recorded since the last inspection.

Good



Is the service well-led?

The service was well led.

The home had a registered manager and two deputy managers. They provided good support for the staff and a monthly staff meeting was held.

Good



Summary of findings

People who lived at the home were encouraged to complete satisfaction surveys and a monthly residents' meeting was held.

Monthly audits were carried out to monitor the quality of the service.

Upton Grange

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.

The inspection took place on 21 and 23 April 2015 and was unannounced. The inspection was carried out by an Adult

Social Care inspector. Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority.

During our visit we spoke with six people who used the service, five relatives, two GPs, a district nurse, and eight members of staff. We saw written comments that had been made by relatives and by people who lived at the home. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records.

Is the service safe?

Our findings

People we spoke with told us the staff were very kind and they felt safe living at the home. One person who lived at the home said “There is no bullying or anything like that here.” A relative told us “We love it. Our relative is very safe here. The staff are great and we would recommend it to everyone.” We saw that the home had up to date safeguarding policies and procedures. Records showed that staff had training about safeguarding as part of their induction programme and safeguarding refresher training was provided every year by a company trainer.

The staff team was led by the registered manager, two deputy managers, two night care managers, four senior care staff for day duty and two for night duty. There was a total of 39 staff. Seven care staff were on duty between 8am and 8pm, and four at night. In addition to the care staff, there were 14 kitchen hours per day, nine hours cleaning, six hours laundry, a part-time administrator and a maintenance person.

We were told that dependency was low at the time we visited. A number of people were independent for daily personal care, some people required one member of staff to support them getting up and going to bed, and two people required support from two members of staff. One person was looked after in bed. People were offered a shower in a morning and an evening. Members of staff told us that staffing had been increased whenever a number of people were poorly and required extra care.

One person who lived at the home told us “The staff are rushed off their feet.”, but during our visits we noticed that call bells were answered promptly and staff did not appear to be rushed. Another person told us that when they rang call bell the staff came “as soon as they can”. The person recognised that staff may be busy with someone else, but said “I never have to wait long.”

We looked at personnel folders for three new staff. We found that the folders were well organised and neatly presented. They contained a job application, references, record of Disclosure and Barring Service (DBS) disclosure, and other relevant information. We saw that a risk assessment was available to use if a prospective member of staff had a conviction on their DBS disclosure to

determine whether it would be safe to employ that person. The provider had policies in place relating to staff recruitment, conduct, and disciplinary and grievance procedures. An employee handbook was provided.

The care plans we looked at contained a range of risk assessments, for example covering falls, mobility and nutrition. These were reviewed monthly to check they remained relevant and up to date. We saw that accident forms were completed in full detail and were audited monthly by the manager. A first aider was identified on the staff rota for each shift. A ‘grab file’ was available in case of fire or other emergency situation and contained details of each person who lived at the home including a photograph.

We were shown around the home and found that people had a comfortable, well maintained and warm environment with a choice of lounges, dining rooms and a pleasant outside area to sit in. Records we looked at showed that the required health and safety checks were carried out. These included electrical installation, fire alarm, emergency lighting, passenger lift, fire extinguishers, gas, hoists and slings. Staff carried out and recorded a weekly test of the fire alarm system. A fire risk assessment had been written by an external contractor in January 2015.

The provider had infection control policies which provided clear instructions for staff on processes such as cleaning, decontamination of equipment, hand hygiene, personal protective equipment, waste disposal and the management of outbreaks. We saw that liquid soap and paper towels were provided for hand washing and notices about hand hygiene were displayed for visitors. Cleaning schedules were in place but had not been completed up to date. The laundry was spacious and well ordered to ensure appropriate segregation of dirty and clean laundry. The service had a five star food hygiene rating.

People we spoke with said they always received their medication at the right time. We saw that medicines, including controlled drugs, were stored safely and appropriately. Fridge and room temperatures were recorded daily to check that medicines were being stored at a safe temperature. Cleaning schedules for the medicine stores were maintained. Ten senior staff had completed

Is the service safe?

medication training and were able to administer medicines. They wore red tabards when administering medicines which indicated that they should not be disturbed or distracted.

One of the deputy managers described the process for ordering monthly repeat prescriptions and checking that they were correct. We saw that all medicines received were checked in on the medication administration record (MAR) sheets. The MAR sheets were checked daily. They were clear and showed that people had received their

prescribed medication. We saw that detailed protocols were in place for any 'as required' medications to ensure that they were given consistently. Controlled drugs were recorded appropriately and stock checks were carried out. Records showed that staff were aware of medicines that should be given an hour before food. Records showed that a blood sugar test was carried out weekly for people who were diabetic. A pharmacy inspection had been carried out by the supplying pharmacy in February 2015 and no issues were identified.

Is the service effective?

Our findings

We saw evidence that new staff completed a programme of induction training which included dementia awareness, safeguarding, food hygiene, emergency first aid, infection control, fire safety, health and safety, the Mental Capacity Act, moving and handling, and safeguarding. The manager showed us details of a new induction programme that was being introduced and will increase classroom training for new staff to ten days, followed by one week induction in the service, then a six month probationary period

All staff attended annual mandatory training that was provided by the company. Two members of staff we spoke with were very enthusiastic about the training provided. They told us that all staff, including the ancillary staff, were required to attend training every year and records we looked at confirmed this. Senior staff completed additional training courses by distance learning and these included care and management of diabetes, wound care, medication, and end of life care. Staff were paid for training time and transport was provided when the training was held at an outside venue. The manager told us that compliance with training was 98% and most of the care staff had a National Vocational Qualification in care, some at level 2 and others, including the senior staff, at level 3.

Staff appraisals were undertaken annually by the manager, and staff had an individual supervision meeting with a senior member of staff every three months.

The manager told us that one person living at the home was currently subject to a Deprivation of Liberty Safeguard and this was documented in the person's care notes. The manager had informed CQC of this as required. There were no restrictions on people's movements around the house and there was no use of restraint within the service, however the entrance doors were kept locked. No bedrails were in use. Information about the Mental Capacity Act was displayed in the home and training records showed that staff had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The care plans we looked at included mental capacity assessments and these were reviewed on a monthly basis so that any changes to a person's capacity could be identified. The care plans we looked at also included consent forms for a range of subjects including taking part in supervised

outings and visits, assistance with medication, financial transactions and the use of photographs. The consent forms we looked at had been signed by people using the service or their representatives to confirm their agreement.

We saw that there was a pleasant dining room on each floor of the home and each dining table had a table cloth and fresh flowers or a plant. Menus were written on whiteboards in the dining rooms but these were not easily accessible for people. One person told us "I've got a terrible appetite. The food is good but I can't eat it." Another person said "The food is fine, there is always an alternative and they will cook something else for you." Another person told us there was a good variety of meals. There were some foods that they did not eat and this was catered for. People were asked for their meal choices the day before, but they sometimes forgot what they had ordered. A book was used to record meals choices. Most people had their meals in the dining room but a small number chose to eat in their bedroom.

The care records we looked at showed that people were weighed monthly and a malnutrition screening tool was used to identify any risks. Senior care staff told us that three people had been identified as being at risk of malnutrition and their daily food and fluid intake was recorded. Staff told us that cream and full cream milk powder was added to these people's meals to increase their calorie intake.

People who lived at the home were registered with local GP practices. The care files we looked at contained detailed information about visits people had received from their GP and other health professionals, and details of hospital appointments people had attended. Some people had nursing needs and received support from district nurses. A GP told us "I visit every week. It is a great home, well run, well organised and caring. Graham (the manager) is a great leader and the two deputies too." Another GP said "This is a very well run home, they are sensible and always follow advice. They support people to the end of life and there are never any problems. The manager is excellent." A district nurse told us "This home is highly recommended, I would choose it myself."

We were shown around the premises and saw that the building had been designed to provide light, bright and spacious accommodation. Bedrooms were all single occupancy and had en-suite toilet, wash basin and shower. There was an assisted bath and a wheel-in shower on each floor. At the back of the house there was a well-tended

Is the service effective?

garden which was safe for people to walk in and had raised flower beds. We saw that a number of people used appropriate walking aids and they had bed levers to assist them moving about when in bed. The manager told us that district nurses arranged for people to have hospital type beds and pressure relieving mattresses as needed. Doors

were fitted with automatic closers which meant that people could have their bedroom door open safely if they wished to. There was a lack of storage space for equipment which resulted in moving and handling equipment and trolleys being stored in bathrooms and wheelchairs being kept in the main entrance area.

Is the service caring?

Our findings

We looked at a number of thank you cards and letters that had been received recently. The following comment had been made by a relative:

‘My reason for writing to you is to express my gratitude for all the professional care and attention, dignity and love which was shown to Mum during her time at the home. The staff, headed up by Graham Penny, are some of the most caring people I have ever come across. I consider myself so lucky to have found Upton Grange.’

The following comment had been written by a professional visitor:

‘I would just like to say what a wonderful and warm and welcoming home Upton Grange is. This is the first time I have visited and would like to say a massive well done to everyone on making this such a pleasurable place to visit.’

We received many positive comments from people we met during the inspection. People who lived at the home told us:

“The girls are very nice, the whole place is really nice.”

“The staff will do anything for you. They ask you about everything, for example are the meals alright.”

“I can talk to any of the staff.”

“I was so upset when I first came here but everyone was so good and kind and gave me time to settle in.”

“This is as near as you are going to get to home.”

A family visitor told us “There is more compassion here than any other home I have been to.”

Another family visitor said “They’ve got everything here. The staff are great. They put on a party for the family in the quiet lounge for my relative’s birthday.”

We observed that staff were caring, cheerful, kind and good-humoured and gave people time to make decisions for themselves. Staff engaged with people in a respectful way throughout our visit. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. A person who lived at the home told us that their personal care was carried out “in a professional way”. Where needed, people were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. We noticed that people were dressed well, which protected their dignity, and people we spoke with were very happy with the way their personal clothing was cared for by the home’s laundry. During our visit people were enjoying visiting the hairdresser.

People’s wishes and preferences were documented and care records contained information about the life history of each person and provided guidance for staff on how people were to be supported. This meant that people’s personal preferences, such as their daily routines, were taken into account and people were cared for in a way that was appropriate and met their needs. A key worker system was in place and one of the deputy managers explained the responsibilities of key workers. This was to make sure people had the things they needed, for example toiletries and personal clothing, and to take them shopping as and when needed. We saw that there were many photographs and other personal belongings in people’s bedrooms.

Is the service responsive?

Our findings

We looked at the care files for three people who lived at the home. We found that people's needs were assessed and plans put in place for how their needs should be met. The plans were individualised and covered all aspects of the person's needs. The care plans provided staff with clear guidance on how to meet people's needs. The care plans showed that care, support and treatment was provided in accordance with people's individual preferences. A 'short term care plan' was written whenever someone required antibiotic therapy. Visiting relatives told us that they had been involved in care plan reviews. The care plans and daily record sheets we looked at had been completed up to date and records showed that the assessments and plans were reviewed monthly. Charts completed by the care staff recorded information about the care they provided each day, for example personal care, when beds were changed, when people had a shower, food and drink taken, and repositioning where needed. This information was used by the senior staff when reviewing the care plans.

We saw evidence that people made choices every day, for example the time they got up and went to bed, whether they had a shower or a bath, the clothes they wore, and whether they went out or joined in social activities in the home. Some people chose to spend all, or much of their time in their own room, but most went to the dining room for meals. We saw a large number of visitors throughout the day and they were made welcome by the manager and other members of staff. A number of people who lived at the home went out with family members and one person told us that a friend took them to church every week.

We looked at a copy of the home's brochure which gave people details of the care and facilities offered at the home, but was not up to date in some areas. Records showed that, before a person went to live at the home, the manager or one of the deputy managers went to meet them and to assess their needs in order to decide whether Upton Grange would be the right home for them. We saw an example of a family member being involved in writing a pre-admission assessment which was detailed and individual to the person. A family member told us "Graham visited our relative and then he came to the home for a look round. It was his decision to come here." A large screen

'virtual noticeboard' in the entrance area provided live information, for example which staff were on duty, the menus for the day, planned activities, and any birthdays. The administrator told us that she was responsible for keeping this up to date and it was available on the internet for families to look at.

The service did not have an activities organiser but each day a member of the care staff was designated to take lead responsibility for social activities. People we spoke with said that entertainment was provided regularly and during our visit we observed that a singer performed in the ground floor lounge during the afternoon and this event was well-attended. People we spoke with considered there was plenty going on in the home to keep them occupied and they told us about 'music for health', cinema afternoons, and chair exercises twice a week. Staff told us that people also enjoyed Bingo, quizzes, and skittles. A fete was planned for July. Two staff told us that they were booked to go on a two day training course about activities.

The manager told us that they were usually able to support people who lived at the home to remain there until the end of their lives. Staff had received training about end of life care and they worked closely with health professionals to ensure that people were kept comfortable and pain free. We saw that 'anticipatory' medicines, for use by district nurses, were available at the home for one person who was poorly. A letter sent to the manager by a local GP stated that in a meeting 'District nurses were congratulating Upton Grange on their end of life care. They have worked alongside your staff over the last few years and felt that there was significant compassion, good care, and family support.' This was confirmed in a letter from a family member 'We were with Mum when she passed away peacefully, pain free and with the utmost dignity.'

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. People we spoke with told us they had no concerns about the care they received and were confident they could speak to the manager if they had any concerns. A family visitor we spoke with said "My [relative] has been here nearly two years and we have had no complaints but we would speak to staff if there were any problems." The manager told us that no complaints had been received since our last inspection.

Is the service well-led?

Our findings

The quality monitoring officer at Wirral Metropolitan Borough Council told us that Upton Grange was fully compliant with their contract with the local authority and they were not aware of any recent safeguarding issues or concerns.

The home was part of the Ideal Care Homes group of care services. An area manager was assigned to the home and visited periodically to carry out quality checks and to support the manager. We saw a record of their most recent visit. The home manager was registered with CQC and had been in post for four years. People we met spoke highly of the manager. One person who lived at the home told us “The good thing about Graham (the manager) is that he listens. He is always there to speak to.” A relative we spoke with said “Graham is very approachable.” Another relative said “Graham’s fantastic. He sorts everything out.”

A senior member of staff told us “I’ve worked in a lot of homes and this is the best. It is the girls who make it so good, we can discuss any problems and Graham is very approachable. He is always around and about and joins in the activities. The staff gel very well and we find that the rota works well.” We were told that care staff had a handover meeting at 8am each morning. They were allocated which floor of the home they would work on and any special responsibilities, for example activities. Records showed that monthly staff meetings took place, the most

recent being on 25 March 2015. The minutes of the meeting showed that staff were encouraged to contribute their views. All members of staff we spoke with were helpful, friendly, and enthusiastic about their work.

We saw evidence of meetings for people who lived at the home and their relatives. The most recent were on 10 March 2015 and 13 April 2015 and they were well attended. The minutes showed that people were empowered to express their views and any issues raised were addressed. People were encouraged, and supported if needed, to complete satisfaction surveys. Some of the surveys we looked at focused on specific topics, for example admission, privacy and dignity, cleanliness, and social activities. We saw that the responses were very positive, for example: ‘Excellent facilities. Staff very good and Graham the manager is brilliant.’ Any individual comments made were noted and acted upon. Survey forms were also available for professional visitors.

We looked at the quality monitoring systems used in the home. We saw records to show that monthly audits were carried out and recorded with respect to accidents, complaints, medication, catering, infection control, pressure sores, weight loss, bed rail usage, maintenance and fire records, safeguarding, care files, and meetings held.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.