Mr & Mrs M Turner

Underhill House Residential Home

Inspection report

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Tel: 01752561638

Date of inspection visit:
26 June 2017

Date of publication:
02 August 2017

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

We carried out an unannounced comprehensive inspection on 26 June 2017.

Underhill House Residential Home provides care without nursing for up to 28 older people who may be living with dementia. At the time of our inspection there were 27 people living at the service.

The provider was the registered manager. 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 last inspection on 15 and16 March 2016 we asked the provider to make improvements to ensure people were protected from risks associated with their care and the environment, that people's medicine were managed safely and to ensure people's human rights were protected by the Mental Capacity Act 2005 (MCA). We also asked then to make improvements to how people's complaints were managed, and to how they assessed, monitored and improved the ongoing quality of the service. Following our inspection, the provider sent us an action plan telling us how they intended to meet the associated regulations. During this inspection we looked to see if improvements had been made and we found action had been taken.

People told us they felt safe living at the service. People were protected from abuse because staff understood what action to take if they suspected someone was being abused, mistreated or neglected. People were cared for by staff who, had been recruited safely to ensure they were suitable to work with vulnerable people. People were supported by suitable numbers of staff. People were supported by staff who had received training to be able to meet their needs.

People who had risks associated with their care had these managed appropriately to help ensure their ongoing safety. Accidents and incidents were recorded and assessed for themes and trends to help protect people and reduce the likelihood of re-occurrence.

People lived in an environment which had been assessed for risks. Fire tests were carried out and equipment was serviced in line with manufactures requirements. In some bathrooms, there was an unpleasant odour, this was because clinical waste bags had not been emptied. The provider told us they would take action and review how often bins were emptied.

People's medicines were managed safely, and the provider's processes followed best practice guidelines as set out by the National Institute for Clinical Excellence (NICE). However, people's topical medicines (creams or gels) were not always dated upon opening, which meant there was a risk that they may be used past their expiry date. The provider explained they had spoken with staff about this, but told us they would re-look at their auditing processes to ensure medicines were dated appropriately. Staff at lunch time, were observed to not always be vigilant in ensuring when people had been given their medicines in their medicine pot that

they had taken them. The provider told us she would speak with staff about the importance of observing medicines had been taken before medicine administration records (MARs) had been signed. Staff responsible for medicine administration, including night staff had received training and action was being taken to ensure staffs ongoing competence was assessed.

People's consent to care was sought and their human rights were protected. People had access to external health and social care professionals which helped to promote their ongoing health and wellbeing.

People told us they liked the meals and that there was always enough to eat. People were supported to eat and drink when necessary.

The provider had taken some action to ensure people living with dementia were supported and empowered by their environment, for example there was pictorial signage in place for the dining room, however not for all other areas. This meant people living with dementia may find it difficult to ordinate to their environment. We recommend that the provider takes account of dementia research to help create a more dementia friendly environment.

People and their relatives all, expressed how caring staff were, describing the service as being "Full of love". Relatives told us it was a "Home from home".

Staff knew people well, and spoke to people by their preferred name. Staff demonstrated a calm and patient approach and spoke fondly of the people they cared for.

People's privacy and dignity was respected. People and their relatives felt involved in decisions relating to their care. Relatives were kept informed of any changes, and told us they had total trust in the staff to look after their loved one. People and their relatives were confident about who they would speak with if they had a complaint or issue.

Prior to moving into the service, people had a pre-assessment to help ensure the service could meet their needs. People received personalised care, and had care plans in place which were reflective of their individual needs. Care plans had been re-designed to help ensure staff had accurate information about how to meet people's needs.

People could participate in social and wellbeing activities, including listening to musicians that visited on a regular basis, have manicures and go on trips out. The provider ensured the service remained in the heart of the community by inviting local schools into sing.

People's religion was respected. The Catholic Church visited and other local churches had been asked to be part of the service.

The provider had introduced a new schedule of audits to help assess and monitor the ongoing quality of the service, and to help highlight when improvements were necessary.

People, their loved ones and staff told us, the people, were at the heart of the service. Staff told us the provider had high standards of which were adhered to.

People, and their loved ones views were gathered by the completion of satisfaction questionnaires to help ensure the service was run in line with people's wishes and preferences.

The service was managed by the provider, as well as by a deputy manager who supported the day to running of the service. The provider was available and visible throughout the inspection.

People were protected by the provider's policies and procedures which had been updated to reflect changes to best practice guidelines. There was a whistle blowing policy which protected staff should they disclose poor practice and staff told us they would feel confident to speak with the provider if they had any concerns.

The provider demonstrated an open and transparent approach throughout our inspection this demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider had not displayed their latest rating in line with legislation, but took immediate action to rectify this by the end of our inspection.

The provider worked in partnership with external professionals in order to continually improve 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.

People told us they felt safe living at the service.

People were protected from avoidable harm and abuse.

People were protected from risks associated with their care.

People were supported by suitable numbers of staff to meet their individual needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had undertaken training to be able to meet their individual needs.

People's consent to their care was sought, and their human rights were protected.

People were encouraged and supported to maintain a balanced diet.

People had access to external health care professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us staff, were kind.

People and staff had developed positive relationships.

People were supported to be involved in making decisions about their own care.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People received individualised care, which was responsive to their own needs.

Peoples could participate in social activities.

People's complaints were used effectively in order to improve the service.

Is the service well-led?

Good

The service was well-led.

People were protected by the providers' systems and processes to ensure the quality of the service was monitored and improvements were made when necessary.

People, relatives and staff were complimentary of the leadership of the service.

The provider worked in partnership with external professionals in order to continually improve the service.

Underhill House 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 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.

We visited the care home unannounced on 26 June 2017. The inspection team consisted of one inspector and an expert by experience - this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed 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 improvements they plan to make.

We also reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition, we contacted Healthwatch Plymouth and the local authority quality and service improvement team to obtain feedback.

During our inspection we spoke with three people who lived at the service, five relatives, three members of staff, the housekeeper, the chef and the provider.

We looked at three records which related to people's individual care needs. We also looked at records which related to people's medicines, as well as documentation relating to the management of the service. These included auditing records, policies and procedures, accident and incident reports, fire records, training records, equipment and serving records, and kitchen menus.

After our inspection we contacted a GP practice to obtain their views about the service.

Good

Is the service safe?

Our findings

At our last inspection on 15 and 16 March 2016, we asked the provider to make improvements to how risks associated with the environment and to people's care were managed, and to ensure people received their medicines safely. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People told us they felt safe living at the service. Relatives told us, "I trust them with my wife's life and I would trust them with mine too", and "Safer here than she had been at home". Relatives also confirmed that if there was an incident they were contacted immediately to let them know what had happened, and what was being done.

People were protected from abuse because staff understood what action to take if they suspected someone was being abused, mistreated or neglected. Staff told us, they had confidence in the provider to take action, if allegations of abuse were reported.

People were cared for by staff who, had been recruited safely to ensure they were suitable to work with vulnerable people. For example, references from previous employers had been obtained and Disclosure and Barring Service (DBS) checks had been applied for prior to staff commencing their employment. The provider had recently updated their application form to help ensure any potential new member of staff disclosed a full employment history, helping to keep people safe.

People were supported by suitable numbers of staff. People's needs and the occupancy of the service were considered when determining the right staffing levels. For example, the provider told us that because of people requiring extra support, the one vacancy at the service would not be filled at this time, ensuring people continued to receive high quality care. Staff also confirmed the provider was responsive in providing additional support when necessary to help meet people's needs. For example, one evening a person had become very anxious and was not settling with staff, so the provider was called and was able to reassure and calm the person.

People who had risks associated with their care had these managed appropriately. For example, people who were at risk of falling, skin damage or weight loss had risk assessments in place to help provide guidance and direction for staff, about what action to take to keep people safe. The providers PIR stated, "Care plans have been updated with a person centred approach with risk assessments in place to identify needs and to enable people to be supported depending on their preferences and their level of needs". Accidents and incidents were recorded and assessed for themes and trends to help protect people and reduce the likelihood of re-occurrence.

People lived in an environment which had been assessed for risks, for example radiator covers and window restrictors had been fitted and the water temperatures were checked on a monthly basis to ensure they remained at a safe temperature. When an environmental risk had been identified, for example unrestricted access to the kitchen and laundry, the provider had a risk assessment in place to demonstrate how people

were being kept safe.

Fire tests were carried out and equipment was serviced in line with manufactures requirements. People had personal emergency evacuation plans in place (PEEPs). These helped to give a summary of people's individual needs for the emergency services in an event such as a fire.

People told us the service was kept clean. There was a full time housekeeping team who ensured people's bedrooms and communal areas were kept clean. Staff followed infection control practices to help reduce the spread of infections. In some bathrooms, there was an unpleasant odour, this was because clinical waste bags had not been emptied when full. The provider told us they would take action and review how often bins were emptied.

People's medicines were managed safely, and the provider's processes followed best practice guidelines as set out by the National Institute for Clinical Excellence (NICE). Medicines were stored safely. Medicines requiring refrigeration were stored correctly and the temperature of the fridge was taken twice a day to ensure medicines were being stored in line with prescribing requirements.

Staff responsible for medicine administration, including night staff had received training and action was being taken to ensure staffs ongoing competence was assessed. The, staff member who was responsible for medicines management was passionate about making sure the system was safe and effective for people. However, people's topical medicines (creams or gels) were not always dated upon opening, which meant there was a risk that they may be used past their expiry date. The provider explained they had spoken with staff about this, but told us they would re-look at their auditing processes to ensure medicines were dated appropriately. Staff at lunch time, were not always vigilant in ensuring when people had been given their medicines in their medicine pot, that they had taken them. The provider told us she would speak with staff about the importance of observing medicines had been taken before medicine administration records (MARs) had been signed.

Good

Is the service effective?

Our findings

At our last inspection on 15 and 16 March 2016, we asked the provider to ensure peoples mental capacity was assessed in line with the Mental Capacity Act 2005 (MCA). During this inspection we looked to see if improvements had been made and we found that action had been taken.

People's consent to care had been sought and recorded in their care plans and staff, were heard to verbally ask people for their consent prior to supporting them, for example people were asked before being assisted from the lounge into the dining room at lunch time.

The provider understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Best interest meetings had taken place when required and the details and outcome of these meetings had been recorded in people's care plan. People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Some staff had received training in respect of the legislative frameworks and had an understanding and the provider told us further training was being arranged.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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).

People told us they liked the meals and that there was always enough to eat. People were supported to eat and drink and important information regarding people's nutrition such as their likes and dislikes were detailed in their care plan. The kitchen staff were also aware of people's dietary requirements and, explained any changes to people's nutrition were effectively communicated. People who required assistance by staff were given this in a dignified and respectful manner. For example, one person who was visually impaired was given their meal and shown which elements of the meal were where on the plate. The provider was very keen to be involved in the lunch time experience, as they used this is an opportunity to speak with people.

People had access to external health and social care professionals which helped to promote their ongoing health and wellbeing. People's records detailed they had been visited by an array of professionals such as GP's, district nurses and opticians. The provider expressed that they felt they had a positive relationship with their GP practice.

People were supported by staff who had received training to be able to meet their needs. Some of which included, moving and handling, dementia, and fire training. The providers PIR stated, "Staff training which is ongoing. All new staff receive an induction with training highlighted depending on previous experience".

The provider had taken some action to ensure people living with dementia were supported and empowered by their environment, for example there was pictorial signage in place for the dining room, however not for all other areas. This meant people living with dementia may find it difficult to orientate to their environment.

We recommend that the provider takes account of dementia research to help create a more dementia friendly environment.

Good

Is the service caring?

Our findings

People and their relatives all, expressed how caring staff were, describing the service as being "Full of love". One person told us "This place is second to none"! One relative told us they visited at various times of day and the level of care never wavered. They told us, "The love and care, is incredible".

Relatives told us it was a "Home from home". One relative told us, "This is an amazing, amazing home, the manager goes above and beyond'. This relative also told us, that when they came to visit the home prior to their love one moving in, they explained they had "felt great warmth" and "as soon as we walked in, we knew this was the one".

One relative told us, "My visits here have improved my wellbeing and they have promised my (…) can stay here to the end". Another relative told us, they felt the staff, were totally committed to the care of everyone, explaining that staff members go with people on hospital visits to support them, telling us "Nothing is too much trouble".

A relative told us, "Staff here are extra special, most have been here for years and are very family orientated…they look out for me despite the fact I do not live here". The provider told us she made packed lunches for some relatives to return home with.

People had also taken the time to write thank you cards to express their gratitude some of which read, "A massive thank you to both (the provider) and her staff. Their dedication and clear enjoyment of caring for the residents is exemplary" and "To (the provider) …and all your lovely staff who looked after (…) so well for 10 years. A huge thank you, she was very happy".

Staff knew people well, and spoke to people by their preferred name. The providers PIR stated, "A life history has been incorporated within the care plans to gain a deeper understanding of people to provide a more person centred care approach".

Staff demonstrated a calm and patient approach, for example at lunchtime many people had been taking a nap in the lounge. The staff woke people up very gently and asked if they needed a bit more time to wake up before getting ready to go for lunch.

Staff spoke fondly of people telling us, "The residents are wonderful, they all seem happy" and, "It's lovely to see such happy smiley faces". People were able to personalise their bedrooms to their own liking and were encouraged to bring as many things from their own home to help make them feel more comfortable in their new surroundings.

Staff took time to support people to make decisions about what clothes they would like to wear. One relative was complimentary of their loved ones appearance, as they explained staff took time to make sure their clothing was always co-ordinated.

People's privacy and dignity was respected. Staff took time, when showing us around to explain to people why we were at the service, and reassured them. Staff knocked on people's bedrooms doors prior to entering. Staff told us, they promoted people's dignity by making sure people were not unnecessarily exposed when they were supported with personal care, and that they made sure curtains and doors were closed.
People and their relatives felt involved in decisions relating to their care. Relatives were kept informed of any changes, and told us they had total trust in the staff to look after their loved one.

Good

Is the service responsive?

Our findings

At our last inspection on 15 and 16 March 2016, we asked the provider to ensure people's complaints were managed effectively and used to help improve the service. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People and their relatives were confident about who they would speak with if they had a complaint or issue. Relatives all felt the provider and staffs sole priority was the people who lived at the service. No one had any concerns or complaints and no one could offer any suggestions for improvements. Since our last inspection there had been no recorded complaints, however in the event of a complaint the provider had a complaints process which was used to ensure it was recorded and effectively investigated.

Prior to moving into the service, people had a pre-assessment to help ensure the service could meet their needs. The providers PIR stated, "An assessment is carried out prior to people residing at Underhill by the manager or deputy manager and or a senior carer, to ensure it is an appropriate place of care for a person and to ensure Underhill is able to meet a person's needs. The service user and their families are invited to Underhill (before admission) to ensure they are happy with the surroundings and the available room. People are encouraged to bring personal items from home such as pictures, photos and items of furniture to help them to feel more settled and comfortable within their surroundings".

People received personalised care, and had care plans in place which were reflective of their individual needs. Since our last inspection care plans had been re-designed to help ensure staff had accurate information about how to meet people's needs and staff told us, these were helpful in ensuing they met people's needs correctly. One relative had completed a satisfaction survey and had stated, "One week on from admission, Mum appears, relaxed, settled and at home, a reflective credit to all staff at the home".

Relatives told us they felt their loved one had shown signs of improvement since moving into the home. For example, one relative told us their loved on was eating foods they otherwise would not have eaten at home. Another, relative told us, "This feels like home, they have a good knack of looking after individual needs… not patronising. I feel lucky that Mum is here".

People could participate in social and wellbeing activities, including listening to musicians that visited on a regular basis, have manicures and go on trips out. People had recently visited a local Inn for lunch and had picnics at local beauty spots. The providers PIR stated, "We aim to stimulate and maintain physical and mental activities by setting realistic targets".

There was a hairdressing salon, where people liked to wait for their appointment whilst perusing through magazines and listening to music. Staff told us, that sometimes people didn't want to go to have their hair done, but when their friends came back looking good, they changed their minds!

People's religion was respected. The Catholic Church visited and other local churches had been asked to be part of the service. The providers PIR stated, "Residents choices are respected in relation to their cultural,

religious beliefs and this is incorporated within the care plans".

Good

Is the service well-led?

Our findings

At our last inspection on 15 and 16 March 2016, we asked the provider to make improvements to how they assessed, monitored and improved the ongoing quality of the service. During this inspection we looked to see if improvements had been made and we found that action had been taken.

The provider had introduced a new schedule of audits, some of which included care plan, medicines and environmental audits. These helped to assess and monitor the ongoing quality of the service, and to help highlight when improvements were necessary. The providers PIR also showed the new schedule of audits had been reviewed to ensure their effectiveness stating, "We have an audit system in place and we are currently in the process of updating the system to ensure any identified risks are monitored and appropriate action is taken where risks are increased".

People, their loved ones and staff told us, the people, were at the heart of the service. Staff told us the provider had high standards of which were adhered to. The provider's vision was based on the concept of, "How would I want my Mum and Dad to be looked after?" The provider explained the service was based on "Family values".

People, and their loved ones views were collated by the completion of satisfaction questionnaires to help ensure the service was run in line with people's wishes and preferences. One questionnaire detailed, "The home is warm, comfortable and professionally run….nothing is too much trouble". The overall results of the questionnaires had been positive, however the information had not been collated and shared with people. The provider told us they would take action to do this in the future. One relative to us they were keen to get a resident, family and friends meeting started again. They explained there had been meetings previously but no one had attended. This was confirmed by the provider, who told us they were also keen to commence the meetings again.

The service was managed by the provider, as well as by a deputy manager who supported the day to running of the service. The providers PIR stated, "A leadership course has been completed by the deputy manager to gain a greater knowledge of leadership skills". This demonstrated that strong leadership was important to the provider to help promote and deliver a high quality service. The provider had also recruited a new administrator to help with increased administrative tasks.

The provider was available and visible throughout the inspection, with one member of staff telling us that when the provider was not at the service that they could "Always call her and she comes in".

The provider respected the contribution of the staff team, telling us "I look after the staff, as they are looking after my residents. I find I then get the best out of them". Staff told us they enjoyed working at the service, telling us "You want to be here. I love being here", and "The provider does so much for them, it's lovely to see such happy smiley faces". The provider ensured the service remained in the heart of the community by inviting local schools into sing.

People were protected by the provider's policies and procedures. The provider's policies had been updated to reflect best practice, for example the medicines policy had been updated to incorporate the National Institute for Clinical Excellence (NICE) guidelines. There was a whistle blowing policy which protected staff should they disclose poor practice and staff told us they would feel confident to speak with the provider if they had any concerns.

The provider demonstrated an open and transparent approach throughout our inspection this demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider had not displayed their latest rating in line with legislation, but took immediate action to rectify this by the end of our inspection.

The provider worked in partnership with external professionals in order to continually improve the service. The providers PIR stated they made "Contact with the local authority quality assurance and Improvement team (QAIT) team for reviews following any advice or recommendations". We saw that some recommendations made had been actioned, for example care plans had been redesigned to ensure they were representative of people's needs.