

Healthcare Homes Group Limited

Uvedale Hall Residential Home

Inspection report

Coddenham Road
Needham Market
Ipswich
Suffolk
IP6 8AX

Tel: 01449722250

Website: www.healthcarehomes.co.uk

Date of inspection visit:
28 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

Uvedale Hall Residential Home is a care home for up to 29 people some of whom were living with dementia. On the day of our inspection 26 people were living in the service. This attractive Georgian building has been converted to accommodate this care home, which is within walking distance of Needham Market, the home is also close to Needham Lake.

At the last inspection on 19 March 2015, the service was rated Good. At this inspection we found the service remained Good.

The people who lived in the service told us that they felt safe and well cared for. They believed that the care workers knew what support they needed and that they were trained to meet those needs and to keep them safe. There were enough staff on duty, including senior staff, catering and housekeeping, to protect people from harm. Risks to people were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. People's medicines were managed safely.

People were asked for their consent by staff before supporting them in their day to day care. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. They took steps to investigate complaints and to make any changes needed.

The service was well led by a relatively new registered manager who felt they were well supported by the organisation during their introduction into the service. People using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were systems in place to monitor the quality of service the organisation offered people.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Uvedale Hall Residential Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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 comprehensive inspection took place on 28 June 2017 and was unannounced and was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience has cared for an elderly relative living with dementia at home and while they lived in a residential service. Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with 13 people, four relatives, the registered manager, the area manager, five care staff and the cook. We reviewed six care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection, staffing numbers remain consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One person told us, "I feel safe, if one presses the buzzer you do get an answer eventually, to be honest they are pretty quick." Another said, "If they walk past they call out 'are you alright?'. This morning the girl chatted to me while she made the bed." A relative told us, "Since [my relative] has been here [they] haven't fallen whereas at home I wondered what I was going home to. I know [they're] safe and happy living the life [they] want."

Staff knew how to keep people safe and protect them from harm. A relative said, "The staff are caring and thoughtful, I have never suspected that they would hurt [my relative]." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding policy and 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. This meant that people could continue to make decisions and choices for themselves.

However, fire guidance and best practice had not been followed regarding the use of locks one fire exit. There was more than one action needed to open the main front door, which might cause difficulties if people needed to exit the building under difficult circumstances. When this was drawn to their attention, the registered manager took immediate steps and action was taken to ensure that people could exit that door quickly, in the event of a fire for example.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people received their medicines as they were intended. One person told us, "First thing in the morning, tea time and bedtime I have my medication, they are always on time." Another said, "They [staff] keep a careful check on my medication, they provide it for me three times a day, it is always regular."

People and staff told us that there were enough staff working at the service. One staff member told us, "There are enough of us [staff] to manage, we have our busy times but we are usually okay." The registered

manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make decisions regardless of their method of communication. People told us they were able to make decisions for themselves. One person told us, "I used to go down (for dinner), it got to the stage that I wasn't enjoying it, I was finding it difficult to hold conversation so I now have all my meals here, it's my personal choice." Another said, "Staff will say, 'are you coming this afternoon?' and I will say no and that's the end of it."

People told us they were happy with the food they were served. One person told us, "I've put on weight since I have been here, the catering is absolutely brilliant. The variety of food is terrific. Every morning when they [staff] bring my breakfast they ask what I would like for dinner, there is always the opportunity to make a choice of your own if you give them due warning." Another person said, "I come down for dinner every day, the food is quite nice, you don't have to have what they offer, last week when it was hot I had salads." And another said, "Today I had a sherry with my lunch, water and apple juice. The food is very nice, I get enough, I have bacon sandwiches nearly every morning." One relative told us that the staff had noticed their relative was having trouble swallowing and had lost weight, "They referred [my relative] to the dietician and now they get supplements like milkshakes." The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight.

People were supported to maintain good health. One person told us that, "I don't have to worry, if I'm feeling ill they [staff] call the doctor." Another person said, "I wasn't well and they [the staff] came and sat with me for an hour until I felt better." Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be complimentary about the staff and felt cared for. The rating continues to be good.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. One person said, "They [staff] are extremely friendly and extremely caring, lots of banter. They constantly ask are you okay?" Another person said, "They [the domestic staff] come every day and dust, someone comes and hoovers. My feet swelled and they [care staff] brought me a stool. They are all very friendly, they are all very nice girls [staff], nothing is too much trouble." And another, "The staff here are very good, they are really nice, if I want anything they get it.... They [the staff] have got to know me, I know them and they know what I want.

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "I feel quite at home here now, I get given tea and cake.... the care is very good, we are getting to know everyone now, and they pull her leg."

Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review. One person told us, "I get asked if I want anything changed in the way I am looked after, but I'm happy with what they do for me." A relative said, "I get to see my [relative's] care plan and asked if I am happy with its content. [My relative] is asked if they want anything to change."

People's privacy and dignity was respected and promoted. One person told us, "They [staff] do everything for me. They knock before they come in, they cover me up, and there is only ever the person who's washing me there."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. A good understanding of people's preferences and life experiences also helped staff to support people to engage in meaningful activity they enjoyed. Care plans were detailed for staff to follow and were kept under regular review. They were kept secure.

The service routinely listened to people to improve the service on offer. One person said, "Residents meetings are held, my [relative] and friends are welcome to come. We get copies of the notes and they will indicate where action is required. At the last one I suggested making more of my terrace. The manager came and inspected it to see what would be required for health and safety."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and a dealt with properly. One person told us, "They [the staff] look after you very well so I can't grumble. All the staff are friendly, I can't complain about any of them." Another person said, "If I wanted to make a complaint I'd go straight to the manager," When asked if they had needed to complain to the service, one relative said, "I haven't needed to complain, I talk to the staff if I have any worries. Anything you bring up with them gets done; it has always been dealt with."

Is the service well-led?

Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains good.

The service had a 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

The registered manager was relatively new to the service at the time of our inspection; they took up their post in December 2016 and had been supported by the providers to continue to promote a positive, transparent and inclusive culture within the service. The registered manager actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the registered manager about anything they wished.

People told us that they were happy with the quality of the service, one person said, "They [the staff] listen to what I say. I get what I need." People and their relatives thought that the service was well-led, one person said, "The girls [staff] are kind and are always there if I need them, they go out of their way to help me."

We were told that the registered manager was friendly and available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. One person described how the registered manager got involved at all levels, "The manager is okay really, I asked [them] 'Who would cut my finger nails?' and [they] did it straight away." Another person told us, "I have a paper delivered every day. Before I moved in I stated that the one thing I would like is an early morning cup of tea. If they have an emergency or something, the manager will bring it," A relative said, "The manager is very involved and personable with the residents."

The registered manager was often seen around the home and would stop to say hello and ask how people were as he passed by. Staff said the registered manager was very visible and supportive. One said, "There is an open door, he listens and comes up with solutions."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. A relative told us, "Care is very good. I never have a worry, the place is well run."

Residents and relative meetings were held regularly, which gave people the opportunity to voice their views of the service and to make suggestions on how the service could improve. One person said, "I've been to two resident meetings, they are quite short, they ask you if you have any complaints." A relative said, "I think they listen to us. The resident meeting notes always say what they have done with any suggestions we make."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

The registered manager told us about activities and events planned for the coming months. They also told us about changes to staffing, new training courses and decorative work to be carried out in parts of the service. This demonstrated to us that they were committed to continual change and improvement.