

Upton House

Upton House

Inspection report

Upton House
Deal Road, Worth
Deal
Kent
CT14 0BA

Tel: 01304612365

Date of inspection visit:
20 December 2016

Date of publication:
03 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

Care service description.

Upton House can provide accommodation and personal care for 20 people living with dementia. The property is a large, Georgian style, listed building set in its own private well maintained grounds. It is near to the village of Worth, on the main road between Deal and Sandwich. Accommodation is provided on two floors with stair lifts to enable people to access all areas of the service. There are two communal lounges on the ground floor, together with a large conservatory.

Rating at last inspection.

At the last inspection, the service was rated Good overall and Requires Improvement in the 'Safe' domain.

Why we inspected.

We previously carried out an unannounced comprehensive inspection of this service on 10 and 11 March 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Upton House on our website at www.cqc.org.uk

At this inspection we found the service had improved but there were still shortfalls in the safe domain. There was not a breach in the regulations but we have made a recommendation for the provider to improve. Therefore, the rating remained Requires Improvement in the Safe domain.

Why the service is rated Requires Improvement in the safe domain.

People told us they felt safe living at Upton House. Relatives were confident that their relatives were safe at Upton House and received the care and support that they needed.

At the last inspection the registered persons provider did not have sufficient guidance for staff to follow to show how risks were mitigated and managed. There had been some improvements and the service was now compliant with the regulations, but further improvements were needed for people living with diabetes as the guidance was generic and did not contain personalised information. When people were at risk of falling and needed support to mobilise, risk assessments did not include what action staff should take if people did fall.

The shortfalls in the risk assessments had not had a direct impact on people because staff knew people well. However, there was a risk that staff would not take the appropriate action to keep risks to a minimum as there was insufficient guidance.

Other risk assessments contained sufficient guidance on how to care and support people and keep risks to a minimum. People were positively supported with their behaviour. There was guidance in place about what action the staff needed to take to make sure the person and everyone else was safe. People's risk assessments regarding the use of bed rails had been reviewed and measures were in place to reduce the risks of people falling out of bed.

Accident and incident records and monthly fall audits were reviewed. Any concerns were investigated and action taken to prevent the risk, however further analysis was required to look for patterns and trends to reduce the risk of re-occurrence. This was an area for improvement.

At the last inspection the provider did not have safe systems in place to ensure that medicines were being stored and administered in line with current guidance. At this inspection improvements had been made and medicines were handled safely and appropriately by staff.

Staff knew how to recognise and respond to abuse. They had received training on how to keep people safe. Regular checks were made on the premises and equipment to ensure it was safe.

There were sufficient numbers of staff on duty at all times to ensure that people's needs were met. New staff had been recruited safely and checks were carried out on staff to make sure they were suitable and safe to work with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that some action had been taken to improve safety.

Potential risks to people had been identified and recorded. Risk assessments required further specific detail to make sure risks were mitigated and managed as safely as possible.

Accidents and incidents were recorded but not analysed to show any patterns or trends.

Staff had received training and knew how to recognise and respond to different types of abuse.

Regular checks were carried out on the premises and equipment to make sure it was safe.

Medicines were managed and stored safely.

There was enough staff to keep people safe. Staff were recruited safely.

Requires Improvement ●

Upton House

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection at Upton House on 20 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 10 and 11 March 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: Is the service Safe? This is because the service was previously not meeting some legal requirements. This inspection was carried out by two inspectors.

The provider had not completed a Provider Information Return (PIR), because we carried out this inspection before the required return date. 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. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people, the registered and deputy manager. We spoke with three members of staff and two visitors. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, three staff recruitment files and staff rotas.

We last inspected this service in March 2016 when one breach of the regulations was identified.

Is the service safe?

Our findings

People said, "I feel safe here, of course I do. I get what I want and the staff always do what I need them to do. They are all very kind and helpful", "I feel really comfortable here" and "I have no complaints, I feel safe here. I would rather be at home but this is what I need now and the girls do a good job".

Relatives said, "They look after (my relative) very well. I don't have to worry about them. I can trust the staff they always call if there are any concerns and let me know what happening".

Care records included risk assessments about how to keep people as safe as possible, including the risks of falling. This guidance did not include what action staff should take if people did fall.

Some moving and handling risk assessments needed to be clearer, one assessment stated 'this person requires assistance from one carer' but did not clarify exactly what assistance meant to that individual. Staff told us how they moved people safely and had received moving and handling training.

One person had several falls in the period of a month. Appropriate action had been taken to reduce the risk of further falls and the registered manager told us that they were monitoring the situation closely and the falls had reduced. However, these incidents were not always recorded in the person's daily notes in their care plan to ensure that all staff were aware of the person's current needs.

The risk assessments for people living with diabetes and those who needed support with their mobility had improved. Further detailed information had been added to the care plans; however, the guidance was generic and did not contain the personalised information staff needed to ensure that people's needs were fully met. Staff were able to explain the signs and symptoms they would look for and the action they would take if the person living with diabetes became unwell and there had been no incidents when the person's diabetes had become unstable. Some moving and handling risk assessments needed to be clearer, one assessment stated 'this person requires assistance from one carer' but did not clarify exactly what assistance meant to that individual. Staff told us how they moved people safely and had received moving and handling training.

The shortfalls in the risk assessments had not had a direct impact on people. However, there was a risk that staff would not take the appropriate action to keep risks to a minimum as there was insufficient guidance.

We recommend that the registered person ensures that all risks assessments are personalised and contain the full guidance and information needed to reduce and mitigate risks to people.

Other risks to people had been identified and there was guidance in place to minimise and manage the risks. People were positively supported with their behaviour. There was guidance in place about what action the staff needed to take to make sure the person and everyone else was safe.

Accident and incident records and monthly fall audits were reviewed and the number of incidents totalled.

Any concerns were investigated and action taken to reduce any new risks, however further analysis was required to look for patterns and trends to reduce the risk of re-occurrence. This was an area for improvement.

At the last inspection the provider did not have safe systems in place to ensure that medicines were being stored and administered in line with current guidance. At this inspection improvements had been made and medicines were appropriately handled by staff. Staff used gloves when they were supporting people to take their tablets. Medicines were stored in a locked room, with locked trolleys and the room was no longer accessible to unauthorised staff. The temperatures of the trolley, fridge temperatures and room temperatures were checked and recorded daily.

Medicines were given to people at their preferred times and in line with the doctor's prescription. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps, showing all medicine had been administered and signed for. Staff carried out regular checks of the medicines stocks and records. Any unwanted medicines were disposed of safely.

Staff had received training on how to keep people safe. They were able to recognise and report different types of abuse. Staff told us they would report any concerns to the registered manager and were confident action would be taken. They understood that all safeguarding concerns would be reported to the local authority to raise alerts to keep people safe.

Regular checks were made on the premises and equipment to ensure it was safe. Each person had a personal emergency evacuation plan (PEEP) in the event of an emergency, A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Staff were involved in regular fire drills.

Staff and people said that there was always enough staff on duty. The rota showed that staffing levels were consistent and permanent staff covered in times of sickness or annual leave. Staff were attentive and were readily available to support people when they became anxious or upset. Staff told us that they enjoyed working at the service and that improvements had been made. Staff said, "I have worked here a long time and this is the best it has ever been" and "We have a good team. We always support each other".

Staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character, suitable and safe for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Relevant checks had been completed before staff worked unsupervised at the service which included records of police checks, proof of identity, and health declarations.