Mrs Mary McTeggart

Upalong Residential Home

Inspection report

16 Castle Road
Camberley
Surrey
GU15 2DS

Tel: 0127631356

Date of inspection visit:
07 June 2016

Date of publication:
15 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Upalong Residential Care home is a privately owned care home providing care, support and accommodation to up to 9 older people some of who are living with dementia. Accommodation is set over two floors, the first floor is accessed by stairs and a stair lift. At the time of the inspection there were 7 people living at the service.

This was an unannounced inspection which took place on 7 June 2016.

The service is owned and operated by Mrs Mc Teggart. Mrs Mc Teggart is registered with the CQC as the Responsible Individual for the provision of accommodation for persons who require nursing or personal care. A Responsible Individual is a person who has the legal responsibility for meeting the requirements of the law. Mrs Mc Teggart manages the service on a day-to-day basis and is referred to in this report as 'the provider'.

Staff did not have a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant people had restrictions in place without the proper procedures being followed and reviewed at regular intervals

People and staff spoke highly of the management of the home. Staff told us that they felt supported and knew that there was always someone available to help them when needed. We received positive feedback regarding the care staff from relatives and people living at Upalong.

Care plans and risk assessments had been completed to ensure people received appropriate care. These had been written using information from the people and their relatives. This meant information was personalised and reflected people's personal choices and preferences.

Medicine documentation and relevant policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out.

Systems were in place to assess the quality of the service people received and their relatives were regularly asked for feedback. Maintenance and servicing of equipment was completed regularly and fire evacuation plans and procedures were in place.

Staff received regular supervision and training which they felt was effective and supported them in providing safe care for people. Recruitment checks were completed before staff started work to ensure they were suitable to be employed in the service.

People were encouraged to remain as independent as possible and supported to participate in daily activities. Staff demonstrated an understanding of how to recognise and report abuse and treated people with respect and dignity. People were given choices and involved in day to day decisions about how they

spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People were positive about the food and relatives told us they had eaten with their family members and found the food to be good.

Referrals were made appropriately to outside agencies when required. For example GP visits, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when significant events occurred.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff had a good understanding of how to recognise and report safeguarding concerns.

Staffing levels were sufficient to meet people's needs in a timely way.

Policies and procedures were in place to ensure people received their medicines safely.

Environmental and individual risks were identified and managed to help ensure people remained safe.

Safe recruitment processes were in place to ensure that only staff suitable to work in the service were employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 Capacity assessments and best interest decisions were not completed appropriately and people were being deprived of their liberty without legal authority.

Staff felt supported and that they had training they needed to meet the needs of people living at the service.

Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and showed kindness and compassion when providing care.

Staff treated people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

Records were personalised, up to date and included specific information about people's preferences and life histories.

Clear information was in place for staff regarding people's needs and care plans and risk assessments were regularly reviewed and updated.

Activities were provided for people to allow them to spend time doing things they enjoyed.

A complaints procedure was in place and displayed for people to access if needed.

Is the service well-led?

Good

The service was well led.

People and relatives spoke positively about the service and how it was run.

Staff told us they felt supported by the provider and worked as a team.

People and relatives were regularly asked for feedback on the service.

There was a clear system in place to assess and monitor the quality of service provided. Audit information was used to improve and develop the service.

Upalong 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 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.

This inspection took place on 7 June 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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. This was because we inspected the service sooner than we had planned to.

As part of our inspection we spoke with five people who lived at the home, two relatives, four staff members, the registered manager and a healthcare professional who visits the service regularly. We also reviewed a variety of documents which included the care plans for four people, three staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in 17 February 2015 when we had no concerns.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "I feel absolutely safe. It's like my own home." Another person said, "I do (feel safe). I can't put my finger on it. It's just there all the time. I don't have to worry or have to think about it." A relative told us, "The ratio of staff is good, it's ideal. I visit at different times, different days, and there's never been any issues."

People were protected from risks to their health and wellbeing because risk assessments took into account people's individual needs and were reviewed regularly. For example one person had been assessed as being at risk of malnutrition. Their care file contained guidance for staff on how to ensure the person received fortified foods and the times they preferred to eat. Risk assessments gave guidance to staff to reduce risks. Staff demonstrated their understanding of the risks to people and what they needed to do when providing care to help keep people safe.

There were enough staff deployed to support people according to their needs and preferences. The provider told us that there were two members of care staff and a chef on duty each day. At night one staff member was on duty with support from a sleep-in member of staff should they need it. Staff were supported in their roles by the provider and deputy manager. Documentation showed that these staffing levels were consistently available. Staffing levels ensured people were supported safely within the home. We spent time observing care in the communal areas and saw there were enough staff on duty to respond promptly to people's requests. Staff regularly checked on people who chose to spend time in their rooms. Staff told us they did not feel rushed and had time to spend with people. One member of staff said, "We have time to chat and do activities, if someone wants something to be done at a different time there are enough of us to be flexible, we work as a team."

There was a safe recruitment process in place. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Medicines were managed safely. Each person had a recent photograph on their medication administration records (MAR charts) and details of allergies were recorded. Medicines were stored securely and MAR charts showed that medicines had been administered in line with prescriptions. Protocols were in place for the administration of 'as required' medicines (PRN) which gave staff clear direction about their use. Where people received their medicines using skin patches, body charts were completed to guide staff on where the patch had last been applied.

Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy. A list of staff signatures were available to identify which staff had signed for medicines. Medicines in liquid form were labelled with the date they were opened to ensure they were safe to use.

People were safeguarded from abuse. Safeguarding policies and procedures were in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager and record the details. They were aware of the local authority's responsibility for safeguarding and said they would report concerns to them if necessary.

People lived in a safe environment because checks of the premises and equipment were carried out on a regular basis and any problems were reported through the maintenance system. Records showed that the regular servicing of equipment had taken place. A continuity plan was in place which detailed where people could be evacuated to in the event that the building could not be used. This minimised the disruption to people should emergencies occur.

Requires Improvement

Is the service effective?

Our findings

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

People's legal rights were not always protected as mental capacity assessments were not completed regarding specific decisions. For example, one person's file contained information regarding their wishes although this was not fully completed and not signed. The provider told us this was because the person did not have capacity to make the decision and family members had disagreed on the course of action to take. There was no assessment in place to determine the person did not have capacity to make this decision and no record of a best interest meeting with family members or professionals involved in the person's care. This meant there was a risk that staff may follow instructions which had not been assessed as being in the person's best interest. The provider told us they would take immediate action by removing the records from the person's care file and informing staff of the action they should take.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The external exits to the home were all locked and the provider told us they felt it would be unsafe for most people to leave the home without staff support. However, there were no capacity assessments or best interest decision records to show that people were unable to make this decision and DoLS applications had not been made to the local authority. This meant that people were being deprived of their liberty without the legal authority to do so.

The provider and staff did not have an understanding of the MCA. Training records showed that all staff had recently completed training in MCA and DoLS. However, they were unable to demonstrate their knowledge of the MCA when asked about the principles and how it impacted on their work.

People's human rights could be affected because the requirements of the MCA were not always followed. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed the food provided. One person said, "The food is very nice." Another person told us, "I've got my fruit which is what I like." A relative said, "I've eaten there a few times and it's been fine, traditional food which is what they like. They always have sherry with lunch and have nice desserts."

People were provided with food and drink which supported them to maintain a healthy diet. We observed lunch being served in the dining room. Tables were nicely laid with drinking glasses, condiments and cutlery.

A selection of soft drinks and sherry were available and staff offered people additional drinks. The food looked and smelt appetising with good portion sizes. There was a menu available for people to make a choice of what they would like for lunch and we observed staff offering a choice of pudding. People were able to choose where they would like to eat their meal. One person told us they preferred to eat their lunch in their room and liked to eat when they were hungry rather than at set meal times. They said staff were accommodating and would bring their meal when they requested it. The chef was knowledgeable about people's nutritional needs and how food should be prepared for people who required a modified diet.

People's likes and dislikes were catered for and the chef told us that if anyone requested something which was not normally on the menu he only had to ask the provider and she would make sure it was available by the following day. Snacks and fresh fruit were available to people and drinks were offered throughout the day.

Where people had been assessed as being at risk of malnutrition their food and fluid intake was monitored. People's weight was checked monthly and appropriate action was taken when people were observed to have lost weight. For example, one person was observed to have a poor appetite and was losing weight. The GP was notified to ensure that health checks were completed and food supplements were prescribed.

People and relatives told us they felt supported with their healthcare needs. One person said, "If I was unwell I am absolutely sure the girls (staff) would call the doctor for me.". A visiting healthcare professional told us, ""No concerns. All well looked after and they all seem really well. The staff are very welcoming." Relatives told us they were always informed if their family member was unwell. One relative said, "They always call, even if it's just a little thing."

People had access to external healthcare professionals and received the healthcare support they required. Detailed records were kept of healthcare appointments and care plans detailed the healthcare people required. For example, two people were prescribed medicines which required regular blood tests. We saw that these were completed and adjustments to medicines made where required. One staff member said, "If we notice someone isn't well then we just tell the provider or the deputy and they will make sure the doctor is called straight away."

Staff completed training on a range of subjects. Relatives told us, "The staff all seem skilled." And "No concerns regarding the staff, I've been there when they have been doing training a few times." Training completed by staff included moving and handling, first aid, health and safety, food hygiene and safeguarding. Staff told us they found the training informative and useful in their role. People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Good

Is the service caring?

Our findings

People told us that staff were kind and treated them with respect. One person said, "At my age all I want is rest and comfort and I get both here. I feel very happy. The girls (staff) are very lovely to me." Another person told us, "The staff are lovely. They treat you with respect. They're all very nice girls." One relative told us, "It's very caring, they know people really well and it's small enough for them to be really involved." Another relative said, They're very kind and caring, they involve people. I notice they always sit and talk to people and speak to them in a nice way."

People were supported by staff who knew them well and treated them with kindness. We observed positive interactions between people and staff and the atmosphere was calm and relaxed. Staff chatted easily with people about what was happening during the day and about people's family members. The provider told us, "It's a small home so we can get to know everyone well and spoil people with the things they like."

People's privacy was respected. We saw that staff routinely knocked on people's doors and requested permission before entering their rooms. Staff were discreet in the way in which they supported people and personal care was undertaken in private. One staff member told us, "We always knock on people's doors before going into their room. If we're helping people with personal care I always make sure the door is closed and that everything is safe, like checking the temperature of the water."

People were involved in day to day decisions regarding their care. We observed that staff offered people choices and gained consent from the person before delivering their care. One staff member told us, "We must always offer people choices about what they want to do or wear or what they want to eat. Not giving choices is taking people's independence away and we shouldn't do that."

Some people told us they preferred to spend their time in their rooms and this was respected by staff. People's rooms were comfortable and personalised with their own furniture and belongings. All areas of the home were warm and clean. One person had a cat who lived with them in their room and they told us it meant a lot to them to be able to keep caring for it.

There was good communication between the home and people's relatives. Relatives told us they were always made to feel welcome when visiting the service and there were no restrictions in place as to when they could visit. One relative said, "I go at different times and they don't know I'm going. We're always welcome and I've never seen anything wrong."

Good

Is the service responsive?

Our findings

People had a range of activities they could be involved in and were encouraged to maintain their hobbies and interests. One person told us, "I like knitting and I crochet. There are things going on, but I like my own space. I like it here because it's quiet. You can speak to the other people here which is nice." We observed the person had knitting with them in their bag. Another person told us they helped in the garden in the summer and enjoyed this. A relative told us, "I visit a few times a week and always see something going on in the afternoon. It's hard with my Mum as they don't really like joining in but the staff always try."

Records showed that activities included bingo, board games and quizzes. The provider told us, "There are activities available to people every afternoon, we arrange trips during the summer and are able to visit another home when they have events such as parties. We always book entertainers to come in on people's birthdays." We saw a poster displayed for a day trip to the coast and records showed there had recently been an outing to a safari park. During the afternoon we observed staff playing bingo with three people. The second staff member spent time chatting with people who had chosen not to join in.

People's needs were assessed prior to them moving into the home to ensure their needs could be met. People were involved in their assessment as much as possible and information was also obtained from relatives and other professionals who may be involved in the person's care. The provider told us, "It's not only about making sure that we can meet people's needs, it's about finding out what we can do to make their life good for them."

People had comprehensive care plans in place to guide staff in providing their care. The records contained information on people's likes and dislikes, and personal histories. Support plans had been developed to record people's needs and preferences in regard to eating and drinking, personal care, mobility, communication and night care. Staff told us that care plans were useful in supporting them in their roles. One member of staff said, "If we need to know anything about someone, particularly if they're new or things have changed, we can just look in their care plan and it will tell us." We asked staff about people's needs and how they preferred their care to be provided. Staff were able to describe people's needs well and this was consistent with information we read in people's care plans. For example, One person was unable to communicate verbally. Staff were able to describe how they communicated with the person and offered choices, the same information was recorded in the person's care plan.

Daily notes were personalised and included details of the care and support provided in addition to observations on the person's mood, any significant comments they had made during the day and social activities they had been involved in. They also recorded visits from family and health care professionals. This meant that staff were able to monitor and respond to people's needs daily and as these needs changed over time.

A complaints policy was in a place and guidance on how to make a complaint was displayed around the home and in people's rooms. People told us they would feel comfortable in telling any of the staff or the provider if they were concerned about anything. A complaints log was kept and monitored although no

complaints had been received within the last year.

Good

Is the service well-led?

Our findings

Staff had the opportunity to be involved in the running of the home. Regular staff meetings were held to inform staff of any important changes in the service and share ideas. Daily handovers took place to ensure staff were clear on their responsibilities and any changes relating to people's care needs.

There was a monitoring system to check the quality of the service provided. Senior staff carried out a number of checks and audits including accidents, infection control, medicines and health and safety. Action was taken promptly when required to ensure that people received the support they needed. Reviews of care plans and risk assessments were undertaken in a timely manner which meant staff had the most recent information and guidance in relation to people's care.

There were procedures in place for recording and monitoring incidents and accidents. Records showed accidents and incidents had been reviewed and action taken where required. For example, one person had a number of falls when getting out of bed at night without calling for assistance from staff. A sensor mat was put in place to alert staff when the person required assistance and no further falls had occurred.

Records were stored securely and in an organised way which meant staff could access information easily. Reviews of care plans and assessments were completed in line with the timescales stated by the provider and information was clearly presented. Staff maintained detailed records of care which were easy to cross reference to access information. For example, where people had attended healthcare appointments this was noted in their daily notes and cross referenced in healthcare notes.

Feedback on the home was sought from people and relatives. The home sent out satisfaction questionnaires to relatives on an annual basis and regularly sought individual feedback from people. Responses were positive and included comments regarding the high standard of care, the friendliness of staff and attention to detail. One relative commented on the lack in variety of activities available. This was addressed with the relative on an individual basis.

The provider had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place. The provider was also knowledgeable about the people who lived at the home and the staff employed. Records relating to the management of the home were well maintained and policies and procedures were available for staff to refer to.

We recommend that when staff complete training such as the Mental Capacity Act 2005 course the provider checks that the staff understand what they have learnt and are applying this training in practice.

Staff told us that they felt supported by the provider and senior staff. They said they were able to report any concerns and worked as a team to ensure people's needs were met. The provider told us, "It's a small home so it means I can give myself completely to people and to the staff as well." Relatives we spoke to told us they had recommended Upalong to friends and family members who were looking for care services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to ensure people's right were protected in line with the Mental Capacity Act 2005.