

Upton House

Upton House

Inspection report

Upton House
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Deal
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 10 and 11 March 2016, and was an unannounced inspection.

Upton House is a privately owned care home for people living with dementia. It provides care for up to 20 older people. 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 2 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. At the time of this inspection there were 19 people receiving a service.

The service has a general manager and an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Potential risks to people were identified in all aspects of people's care. However, there was not always full guidance for staff to follow to move people safely to show how the associated risks were being managed safely.

Medicines were administered safely. However, people did not always receive their medicines in line with safe infection control procedures because of the way some staff handled the medicines. The storage of the medicines was not in line with current legislation to ensure it was safe and secure at all times.

People and relatives told us they felt safe in the service. Although staff had received safeguarding training, and had an understanding of what constituted abuse, they were not all sure of the process to report any such concerns in order to keep people safe.

Records of accidents and incidents showed that action was promptly taken to investigate and implement measures to prevent re-occurrence. Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the service. Fire tests and drills were held regularly but staff names had not been recorded to ensure that all staff had attended a drill. Environmental risk assessments were in place and each person had a personal plan to be actioned in the event of an emergency.

Some refurbishment of the premises had been carried out and plans were in place to further improve the environment. People's rooms were personalised to their individual preferences.

Relatives and staff told us that there was always sufficient numbers of qualified, skilled and experienced staff to meet people's care and support needs. Staff received ongoing training to ensure they had the skills and

competencies to carry out their role. There was a programme of staff supervision and appraisal to discuss and identify any further training and development needs. There were systems in place to ensure that staff were recruited safely and ensure they were suitable to work at the service.

Staff were kind, compassionate and caring. They treated people with respect and ensured they received the care and support they needed. Staff encouraged people with their daily routines and encouraged them to remain as independent as possible. People and relatives told us that staff were respectful and their privacy and dignity were maintained.

People were supported to make their own decisions and choices, and these were respected by staff. Where people lacked the mental capacity to make decisions the registered manager was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions taken were made in the person's best interests. Staff understood the importance of supporting people to make decisions, however not all staff had an understanding of the process. The registered manager told us that Mental Capacity and DoLs training had been booked for all staff in March 2016.

People and relatives told us the food was good and there were choices at all meal times. Special diets were catered for and when required people's food was fortified to help boost their dietary needs. Staff understood people's likes and dislikes, and promoted people to eat a healthy diet.

People were supported to maintain good health and received medical attention when they needed to. Appropriate referrals to health care professionals were made when required. Care plans were personalised and had been regularly updated.

People's preferred hobbies and pastimes were recorded in their care plans, and staff were able to tell us how they encouraged people to take part in activities of their choice.

People and relatives told us that they would not hesitate to complain if they had any issues. There was a complaints procedure in place, which was on display, so that people were aware how to make a complaint. There had been no formal complaints received about the service. There were some elements in the complaints procedure which required updating such as evidencing the responses to complaints and the outcomes. We discussed this with the registered manager who confirmed that this would be reviewed and updated without delay.

The service encouraged regular feedback from people, their relatives, staff and health care professionals, about the overall quality of the service. The registered manager worked alongside staff as part of the care team each week, during which time they observed the quality of care being provided. Audits and checks of the service were made on a daily basis to ensure the service was safe.

The registered manager provided leadership to the staff and there was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff told us that the registered manager was very supportive; they knew the service well and strived to provide a good service.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement ●

The service was not always safe.

Risks associated with people's care were assessed. However, further detail was required for staff to follow to mitigate risk when supporting people with their mobility.

Medicines were not always handled appropriately and storage was not fully secure to ensure that only authorised staff had access to the medicine room.

Staff understood how to recognise the signs of potential abuse but some staff were not aware of the process of reporting such concerns to other agencies, such as the local safeguarding team.

There was sufficient staff on duty to ensure that people received the care and support they needed. Staff had been recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff understood that people should make their own decisions, and followed the correct process when this was not possible.

Staff received sufficient training to ensure they had updates with current care practice to effectively support people. They received regular individual supervision and a yearly appraisal to address any training and development needs.

People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of nutritious food that met their preferences and choices.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion and

kindness. They took their time to ensure that people were calm and settled, they listened to them and acted on what they said to ensure they had the support they needed.

Staff treated people with respect recognising their choices and preferences.

People were supported to maintain their privacy and dignity and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised to reflect their wishes and preferences.

People's needs were assessed when they came to live at the service and their care plans were personalised to reflect their wishes and preferences. The care plans were regularly reviewed and updated to reflect people's current needs.

People had opportunities to take part in activities of their choice.

Information about how to make a complaint was on display at the service. People and relatives knew how to raise any concerns and they were confident they would be acted on.

Is the service well-led?

Good ●

The service was well led.

Regular audits and checks were undertaken at the service to assess the quality of care being provided.

People, relatives and staff had opportunities to provide feedback about the service so that their views would be included in the continuous improvement of the service.

The registered manager led and supported the staff in providing compassionate care for people and encouraged an open and inclusive culture for people and their relatives.

Staff understood the visions and values of the service and told us the registered manager was approachable, supportive and helpful.

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.

This inspection took place on 10 and 11 March 2016 and was unannounced. The inspection was carried out by two inspectors.

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 looked at previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about.

Some people were unable to tell us about their experience of care at the home so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people, the general manager, registered manager, five staff, and three relatives.

We observed staff carrying out their duties, communicating and interacting positively with people. We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

The previous inspection was carried out in December 2013. No concerns were identified at this inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. They said: "Yes I feel safe here, we are well looked after."

Relatives said: "I have 100% support from staff that are very patient and look after people well. They treat everyone in a respectful manner, are cheerful and happy. It's a credit to the management they have such a top quality team." Another relative said "I believe my Mum is safe here, I have observed and rate the care staff highly, they are very professional". Another relative told us, "I have seen people get very upset and the staff have managed these situations well."

Moving and handling risk assessments did not always have clear guidance about how to move people safely and consistently. The plans did detail people's medical conditions and if they needed positive support with their behaviour, but there were no details of how staff should manage the risks and move people safely. For example, one care plan stated 'Can weight bear but will need assistance by two carers.' There was no information to explain how to move this person safely. Another care plan stated that the person had 'unpredictable aggression, both physical and verbal'. There were no instructions for staff to follow to manage this risk if this situation occurred when they were moving the person. People were living with dementia and so they would not always be able to explain what help they needed.

There were falls risk assessments in the care plans, with a score system to identify the level of the risks. There were no further risk assessments and guidelines in place to explain to staff how to help prevent falls.

Although care plans noted some information about people living with diabetes, there were no clear instructions in their care plans about the risks and symptoms to look for. There was no guidance for when people's sugar levels were above or below their usual reading, and when to call for medical assistance.

Staff supported people to take their medicines, and patiently waited until they were sure the medicine had been taken. We observed that on two occasions tablets were inappropriately handled by staff. The member of staff popped the tablets on to a small spoon and without wearing gloves touched and guided the tablets into the person's mouth. There was also another incident where a tablet was placed on a person's table by hand.

Medicines were stored in a locked room, with locked trolleys but the room was accessible to other unauthorised staff and the hairdresser used the room on a weekly basis. The designated place for storing medicines must be secure and only those staff who handle medicines should have access. The only reason to open the medicine room should be to get access medicines. Although the trolley and fridge temperatures were recorded daily to check that medicines were stored within the required temperatures the room temperature was not checked.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated and managed. The provider did not have safe systems in place to ensure that medicines were being stored and administered in line with current guidance. This was a breach of Regulation 12 (2) (a) (b) (g) of the Health

and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Liquid medicines were dated on opening as a reminder that these items had a limited shelf life. Medicines were recorded on administration records (MAR charts). Records included a photograph of the person to confirm their identity, and highlighted any allergies. MAR charts had been clearly and accurately completed. There were systems in place should people refuse their medicines, including contacting relevant health professionals if this situation continued. There were suitable procedures in place for destroying medicines which were no longer required, and appropriate records were correctly maintained. Staff had received medicine training and were observed by the registered manager to ensure they had the competencies to do this safely.

Some people required support with their behaviour. Risk assessments described the incidents and any known triggers of people's individual behaviours. There were strategies in place to minimise their future occurrence, and staff were supporting people consistently to minimise anxieties that could trigger further incidents. There were skin integrity assessments in care plans with detailed information about any necessary equipment to be used and what to do to help keep people's skin healthy. There were turn chart audits located in people's rooms showing when staff turned people to help protect their skin.

Staff understood about different types of abuse and told us they would not hesitate to report any concerns to the registered manager. They were aware of the whistleblowing policy and were confident that any concerns they reported to the registered or general manager, would be acted on. The registered manager was familiar with the process to follow if any abuse was suspected or reported and how to contact the local authority safeguarding team to report or discuss any concerns.

People were protected from financial abuse. There were procedures in place to help people manage their money. Each person had their own container which was easily accessible to them at all times. Receipts and transactions were recorded and accounts were maintained of monies received and spent.

Accidents and incidents were recorded, investigated, and any findings actioned to prevent further occurrences. For example, one person had fallen out of bed which resulted in bed rails and/or crash mats being provided to reduce the risk of harm to the person.

The provider had an emergency plan in place to deal with untoward events, such as fire, and was in the process of completing a business continuity plan to cover other events, such as power failure. An on call system, outside of office hours, was in operation and staff told us that the registered manager or general manager were always available for support and guidance. Each person had a 'personal emergency evacuation plan' (PEEP), to give staff guidelines on how to move people out of the home in the event of an emergency.

Records showed that equipment and the premises were regularly checked and serviced to ensure it was safe. These included the gas safety certificate, portable electrical appliances, fire alarm and fire fighting equipment. Fire drills were held regularly to ensure staff were familiar with the action to take in the event of an emergency; however there were no records to confirm that all staff had attended the drills. This was an area for improvement.

Some areas of the service had been re-decorated and furniture had been replaced. There was a fulltime maintenance person who was involved in the day to day repairs of the premises and ongoing maintenance plans.

Relatives and staff told us that there was sufficient staff on duty at all times. The registered manager told us that staffing levels were assessed on the needs of the people, so the levels were always closely monitored and changes made as required. The registered manager worked a full shift each week as part of the direct care team and was able to observe and manage the quality of care being provided. The staff rota showed that staffing levels were consistent and staff were replaced in times of sickness and annual leave. Staff and relatives told us it could be busy at times but overall the staffing levels were adequate to meet people's needs.

Staff recruitment showed that the relevant safety checks had been completed before new staff started work, including obtaining a Disclosure and Barring Service (DBS) check, evidence of previous conduct and checking people's employment history by exploring and recording any gaps in employment. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities, as well as their terms and conditions of work.

Is the service effective?

Our findings

People told us that staff knew how to care for them and looked after them well. Relatives told us that they thought staff were trained and looked after their relatives well. Staff told us that they received the training they needed to develop their skills and knowledge.

Staff asked for people's consent when they were providing support. They offered people choices of what they wanted to do, and what they wanted to eat and drink.

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 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).

We checked whether the service was working within the principles of the MCA. Some people had their liberty restricted. People had appropriate authorisations in place with the required related assessments to ensure the restrictions were lawful and the least restrictive. The care plans contained guidance for staff to make sure they were complying with the conditions that applied to the authorisations. Not all staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some staff did not have a full understanding of the process to ensure that people were being supported to make decisions about their care, and when to take action if people's capacity reduced or fluctuated. The registered manager was aware that training had lapsed and this had been arranged to take place the weeks commencing 21 and 28 March 2016. This was an area for improvement.

Some people had made advanced decisions about their care and there was evidence in the care plans that appropriate health care professionals and relatives had been involved in the decisions.

Staff had received basic training relevant to their roles, such as health and safety and moving and handling. Specialist training had been provided, such as challenging behaviour and dementia training. Eleven staff had completed, and four were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification a candidate must prove that they have the competence to carry out their job to the required standard.

Although staff were receiving an induction this was not in line with the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life) recommended by Skills

for Care. The registered manager told us they were in the process of implementing the new Care Certificate and one member of staff was completing the Care Certificate workbook. This was an area for improvement. Staff told us that they received an induction which included shadowing established staff and felt supported by the management team.

Staff told us they had opportunities to discuss their learning and development through supervision and working closely with the registered manager. Records showed that there was a programme of supervision, including annual appraisals.

Care plans were detailed about people's health needs. People were supported to maintain good health and wellbeing and people and relatives told us that the staff acted promptly when medical advice was needed. Staff told us they knew people and their needs very well, and would know if someone was not well. They told us how some people were able to explain their pain, while others needed close monitoring as they would express their pain through body language or by crying out. People had access to health care professionals, such as doctors, consultants, community psychiatric nurses, speech and language therapists and dieticians. Care plans showed that people received visits from the chiropodist, dentist and optician. The outcomes of visits from the health care professionals were recorded, and care plans showed that treatment was given according to their directions. Each person also had an information sheet detailing their health and care needs to take with them should they need to receive hospital treatment.

People told us that the food was good. They said there was always a choice. People said: "The food is certainly good". "I really enjoy the food". One relative said: "The food is very good, I had Christmas lunch here and thoroughly enjoyed it."

People's weights were monitored regularly, and if there were any concerns, appropriate referrals were made to the doctor or dietician. Staff were thickening drinks for people who might have swallowing problem's and they were carrying out instructions from the dietician such as providing pureed meals and cream in porridge to add extra calories for people who needed them. The chef was familiar with people's different dietary needs including people with allergies and ensured people had a varied menu to choose from. There were food and fluid charts in place for staff to record and monitor if people were not eating or drinking enough and these were checked regularly by staff.

The menu of the day was on display each day in the conservatory/dining room. We observed the meal time and noted that the meal looked appetising, with ample portions. Mid-morning and afternoon drinks were served with biscuits and home-made cakes, and fruit was always available. Staff made people a cup of tea or gave people juice as and when they wanted a drink throughout the day. Lunch time was relaxed and people were encouraged to eat their meals at their own pace. Staff supported people when they needed help and encouraged them to eat. One person was guided to eat their meal on several occasions. Staff were patient and kind and let them take their time, until they had eaten as independently as possible.

Is the service caring?

Our findings

People and relatives told us that the staff were caring, compassionate, polite and very respectful. A person commented, "The staff are very helpful, kind and respectful." A relative told us, "Care is provided with love and with the values you should have as a carer and staff have a cheerful disposition." Another relative told us, "I have seen that people are well cared for."

Staff told us they felt they cared for people. One member of staff said, "We support people with everything they need." "I am happy working here, I like the ethos that people are put first and cared for really well."

Staff took their time to speak with people, whilst explaining and encouraging them to be involved in conversations about everyday life. People were offered choices and their preferences were recorded in their care plans. Staff asked people where they wanted to sit and what drink they would like and we observed some good staff interaction with the residents during meal time. Staff were patient, offered choices and tended to requests in a timely manner. One person said, "I get everything I need here. Anything I want I get."

The service had Easter decorations up and the conservatory/dining room had spring flowers on the tables and window sills and the room was light and airy. People enjoyed their lunch in a pleasant and social atmosphere, chatting and laughing with each other and staff. One person was celebrating their birthday and staff gathered round with a cake and candles to wish them happy birthday. People smiled when staff spoke with them. When people needed comfort staff comforted them by touching their hands and speaking softly to them. There was a relaxed and friendly atmosphere at the service.

Staff were aware of people's different needs and noticed when they needed support or assistance. Staff told us how they needed to know people's characters to ensure they received the care in a way that suited them best. There was information in people's care plan to ensure that staff had a background information about people's lives, so that staff could be involved in discussions about what was important to people.

People were called by their preferred name, and staff made sure they spoke with people as they carried out their daily tasks. People who liked to move around the service were monitored sensitively and encouraged to go where they wanted to be. Staff listened to what people wanted, and responded to their requests promptly. People's preferred way of communicating was recorded in their care plans. One care plan noted that staff were to offer the person simple explanations to reassure them that the staff were there to help and we observed that staff did this.

Staff responded to people in a calm and reassuring manner when they became anxious or agitated. They knew people well and would return at another time if they refused a cup of tea or their medicine.

People said that they liked their rooms, and these were personalised with their photographs and what was important to them. Some people remained in their rooms due to their medical conditions, so staff made regular checks to make sure they were content. We observed that in one room, the radio was playing gently in the background, there was fresh juice to drink and the atmosphere was calm. The person looked

comfortable and settled in their bed.

People told us they were treated with privacy and dignity. Staff told us how they made sure people received their personal care in private, by closing doors and curtains. Screens were available for people to use if they needed to have additional privacy.

People were encouraged to remain as independent as they could, they were encouraged to walk short distances and were supported to eat as independently as possible.

Visitors said they were welcome in the service and were offered refreshments. A relative told us, "Staff are very patient and caring." Another relative said, "Staff are very attentive and warm." There were quiet areas in the service where people could meet with their relatives or they could go to their bedroom if they wanted some privacy. A representative from the church visited the service regularly so that people were supported to participate in their chosen beliefs. People and staff told us that they often went into the garden in the summer. The garden was secure, well maintained with seating and regular BBQ's were arranged in the summer.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service. At the time of the inspection no one was using advocacy services, although there was information about advocacy services if people required this support.

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the care and support they received.

A member of staff said "I want to be a part of improving people's lives by providing good quality care, offering choice and treating people with dignity and respect." Another staff member told us they talked to people and their relatives and reviewed care plan documents to inform the care they provided. They said that this helped them establish the person's likes and dislikes and personal preferences in order to adequately meet their needs. The registered manager said historical information about people was used to help plan activities for people.

People were given clear information during their pre-admission assessment before they came to live at the service. Their needs were assessed to ensure that the staff would be able to meet their individual needs. This information was used to form their care plan. One person told us how they had visited the service before making a decision to stay. One relative told us they had visited several homes before deciding on Upton House including a 'much more modern one'. They said they made their decision once they spoke to the managers, and staff because of their 'caring ethos'.

Each person had a care plan that was individual to them. The plans were personalised with guidance for staff to make sure people's individual needs were met. There was detailed information and guidance about people's health, their behaviour, social and personal care needs to enable staff to care for each person. They also included guidance about people's daily routines, behaviours, communication, history and nutritional needs.

People's skin was monitored to ensure it remained as healthy as possible. There was information in the care plans to ensure that people were checked for pressure areas. Each month the plans and risk assessments were reviewed to show people's changing needs. Staff handovers were completed at the beginning of each shift to make sure staff were aware of people's current needs. Staff were responsive to people's needs throughout the inspection. When people needed support because they became anxious or upset, staff sat with them and responded to their needs promptly.

Relatives told us that there were a number of activities and seasonal celebrations that people enjoyed. One relative told us the home welcomed relatives to take part in activities.

There was a programme of activities including outside entertainers. This included, 'hands on instrumental' music sessions, singers and musical movements. There was a large collection of DVD's with films that people had chosen and on occasions 'film nights' were held. Staff said that singers and entertainers visited the service to perform for people and they enjoyed this.

There was a dedicated activities co-ordinator who arranged in house and outside entertainment. They also supported people with craft and other activities. Staff were able to tell us how they encouraged people to enjoy pastimes of their choice by looking at photographs or magazines, or painting but there was no

structured in house activities tailored to each person. Some people did show some interest in painting. This was an area for improvement.

One relative told us, sometimes particularly during the afternoon, the residents are 'sat in front of the TV and lacked stimulation'. A similar comment was found in the quality assurance feedback from relatives. The general manager said they had introduced a range of activities including singers but not everyone wished to engage. The manager was exploring alternative options.

People we spoke with told us they did not have any complaints about the service. A relative said, "I have no complaints but if I did I would feel confident enough to approach the manager and I know it would be dealt with." Another relative said, "The managers are very approachable and accommodating."

There had been no complaints this year. The registered manager told us that they addressed any concerns promptly as there was always a manager on duty and any concerns were investigated and resolved promptly to ensure that people were satisfied with the service. There were systems in place to respond to complaints promptly and information was on display, so that people knew the process to follow.

There was up to date complaint information on display outside the manager's office on the wall, but the actual complaints file contained information that was out of date. The manager told us this would be changed immediately.

Is the service well-led?

Our findings

Relatives and staff told us the service was well led. A relative said, "It's testament to the management they have such a good staff team". Another relative said, "The providers are very caring and would respond to any concerns they had".

Staff said: "We are supported by the management team". "We are a good staff team, we always cover each other, and there is never a problem". Staff also told us the manager was very approachable, 'hands on' and that they would not hesitate to approach management if they needed to about any concerns.

Staff and managers told us that the providers were very supportive. They said that they were listened to and the providers responded positively to their suggestions or requests to purchase items for the service. The general manager and registered manager were visible and available to people and staff during the inspection. They knew the people well and supported staff when they needed to.

People, relatives, staff and health care professionals were encouraged to voice their opinions through surveys and meetings. The last quality assurance survey was carried out in April 2015. The questions asked were rated 'bad', 'satisfactory', 'good' and 'excellent' and most of the returns were in the good and excellent range. People were asked to rate the staff, cleanliness of the home, responsiveness of the service, décor, staffing levels, meals and overall impression of the service.

Results were positive and showed that people and relatives were satisfied with the service. Comments from health care professionals, people, and relatives included "It does not feel like a care home, it's more like a home". "The décor makes it very homely with the flowers and ornaments". "Our relative is safe and happy and we are very grateful to the Upton House team". "The meals look great and the people living here always have enough to eat including snacks throughout the day".

The management team at Upton House included the general manager who was responsible for the health and safety of the service and the registered manager who was responsible for the quality of care being provided. The management team knew each person well and supported staff to provide the care and support people needed.

Our observations and discussions with people, relatives and staff showed that there was an open and positive culture in the service. Staff understood the visions and values of the service. They told us how people came first and they were treated with dignity and respect. They said communication was effective as they had detailed handovers to keep up with any changes in people's care needs.

The registered manager checked all aspects of the service being provided. Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records, care plans and health and safety checks. They checked the rooms, including the beds and equipment, charts to monitor pressure areas, and fluid charts. They worked alongside staff to assess the quality of care being provided which enabled them to observe care practice and

give advice and guidance if required.

Staff understood their role and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff signed to confirm they had read and understood the policies and procedures of the organisation. There were systems in place to ensure the training programme was updated in line with people's needs. Staff were encouraged to complete vocational qualifications and the registered manager was being given the opportunity to develop their skills by participating in leadership qualifications. The registered manager also attended forums, such as the Kent Integrated Care Alliance, to keep up to date with current practice.

There was a business development plan in place and plans were in place for the laundry room to be re-located, and another wet room will be installed. Some of the policies and procedures required to be updated in line with current legislation. This was an area for improvement.

Accidents and incidents that happened, like people falling, were recorded by staff and appropriate action had been taken. The registered manager analysed the information to identify any patterns or trends to reduce the risk of events re-occurring.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance for staff to follow to show how risks were mitigated and managed.</p> <p>The provider did not have safe systems in place to ensure that medicines were being stored and administered in line with current guidance.</p>