

Mrs Hazel Paterson

# Upton Cottage

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Upton Cottage is a residential care home providing personal care to up to 16 people. At the time of our inspection there were 16 people using the service. The building is over 4 floors with a conservatory, dining area, lounge and offices in the basement area.

### People's experience of using this service and what we found

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Although we found some improvements were required to the quality assurance systems relating to the management of medicines, risk assessments, and the safe disposal of personal protective equipment.

#### Right Care:

People were supported to receive person centred care that promoted their dignity and privacy and encouraged their independence. People were supported by staff to attend appointments and have referrals to health and social care professionals. People's care plans contained important information such as likes and dislikes and their individual routines.

#### Right Culture:

People were supported by staff and management who knew them well. People's views were sought through customer satisfaction surveys and meetings. People were spoken with in a calm and respectful manner. People were encouraged to be independent including accessing the local community such as shops, restaurants and use public transport if safe to do so.

### Rating at last inspection and update

The last rating for this service was Good August 2017. At this inspection we found the service requires Improvement.

### Why we inspected

This inspection was prompted as we had not inspected this service since 2017.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

## Enforcement and Recommendations

We have identified a breach in relation to regulation 17 good governance.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Upton Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was unannounced and was undertaken by 1 inspector.

#### Service and service type

Upton Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Upton Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We visited the service on the 23 and the 26 June 2023.

### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

During the inspection we spoke with the registered manager and 7 members of staff. We reviewed a range of records including 3 care plans and 2 staff files in relation to recruitment. Various policies, procedures and quality assurance paperwork. We spent time talking to 8 people as they went about their daily routines and activities. Following the inspection we gained feedback from 4 relatives and 1 health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's records needed improving to demonstrate medicines were being administered safely.
- During the inspection we observed people receiving their medicines when required although medicines were being signed prior to the person receiving them. 1 person was observed during the inspection to decline their medicines. Their Medicines Administration Chart (MARs) had already been signed to say they had received their medicines. This meant their record was not accurate in that the medicines had not been administered due to being declined.
- Body maps were not in place to confirm where people needed their topical creams applied.
- No record or body map was in place for people which confirmed where their pain patch had been applied. This is important as pain patches need to be rotated to be effective in relieving pain. Should a pain patch come off accidentally if there is no confirmation of where the previous pain patch had been applied it could mean the new one is not applied to a different area.
- Where people had not needed their medicines, such as paracetamol. Records were marked with an 'X'. There was no code that confirmed what 'X' meant. No additional information had been recorded to confirm medicines had been offered but declined.
- People who had been prescribed medicated toothpaste had no completed MARs record in place that confirmed the toothpaste had been administered as prescribed.

The provider had not kept accurate records of evidence the proper and safe use of medicines. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Some risk assessments for people and the environment needed updating and implementing.
- Two people's personal evacuation plans needed additional information about what support they would require from staff in the event of an emergency. One of these personal evacuation plans also needed additional information relating to equipment the person required with their mobility. Staff we spoke with knew these people well including what support they would need in the event of an emergency.
- On the day of the inspection the laundry room door was left open. This meant people could access the room and (COSHH) products that were hazardous to health. The registered manager confirmed no-one was at risk at the time of the inspection. However, there was no risk assessment in place that confirmed this. The registered manager confirmed they would address this.

- During the inspection people visited the registered manager in their office. This was down a steep flight of stairs into the basement. Handrails were in place for people to use although no risk assessments had been undertaken of those who were using the stairs. Following our inspection the registered manager confirmed risk assessments had been actioned.

We recommend the provider seeks best practice guidance on monitoring the safety and management of risk within the service.

- People were supported by staff who knew them well and who were aware of people's individual support needs. People's care plans reflected what support they needed from staff with certain aspects of their care such as known risks to how they might present at times.
- Building checks were in place relating to fire safety checks such as emergency lighting and fire equipment. Water safety checks included legionella and temperature checks were undertaken along with gas and electrical safety reports.

#### Staffing and recruitment

- People were supported by a staff team who knew them well.
- Staff were flexible and supported each other by picking up additional shifts and duties. The registered manager confirmed at the time of the inspection they were recruiting for 2 new members of staff.
- On the first day of our inspection the service was managing with 1 less member of staff who was allocated to support people directly with their individual care. This support was allocated to another member of staff who had different duties to that of a support worker. Unfortunately, due to miscommunication the person missed a planned swimming activity where their next of kin was waiting for them. The registered manager following our inspection confirmed an apology had been made following this oversight. An alternative activity had been provided instead.
- The registered manager confirmed two staff were due to start although were waiting for satisfactory checks to be completed. Once these were done both staff could start.
- The deputy, the provider and the registered manager all knew people well and were seen talking to people and supporting people during our inspection.
- People were supported by staff who had checks undertaken prior to working with vulnerable adults. Checks included references, identification, and a Disclosure and Barring Service (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safe hygiene practices within the premises. As we found personal protective equipment (PPE) was not being disposed of correctly into a clinical bin. On 2 occasions we found PPE had been placed into a wastepaper bin rather than a clinical bin which was foot operated. Clinical bins were available within the service however on these 2 occasions they had not been used for the disposal of PPE.
- We were not always assured that staff were disposing of PPE effectively once they had used it.
- People could be at risk of cross infection due to bath and shower mats being used communally. We raised this with the provider and registered manager who took action during the inspection to remove these items.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes.

The home at the time of the inspection was supporting people to have visitors in line with the government guidelines in place.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding adults.
- The registered manager had undertaken management training relating to safeguarding adults.
- Staff felt people were safe. One member of staff told us, "Safe here, yes."
- Relatives spoke highly of how they observed people being supported by staff who were calm in their approach. One relative told us, "Staff always talk to people nicely." They confirmed they had never had a reason to be concerned. Another relative told us, "Never had any concerns."

Learning lessons when things go wrong

- Systems were in place to record incidents and accidents. Where altercations occurred between people these were raised with the local safeguarding team and families.
- The registered manager and staff were aware of those who at times might have altercations with each other. Incident forms confirmed actions taken, discussions held and if family had been informed. Incident forms confirmed if discussions had also been held with people about certain altercations. This was so they were aware and could make necessary improvements needed to prevent a similar incident occurring again.
- Referrals were made to professionals such as social workers, community nurse and the learning disability team when needed. Although incidents were recorded there was no overview of all incidents per month so that any trends or themes could be monitored for that month. We fed this back to the registered manager.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained important information relating to if individuals were able to express their individual needs and wishes. This included daily routines, health care wishes and easy read information around Covid-19 and vaccinations.
- People had annual health checks in place along with a hospital passport. Hospital passports contained important information such as medical history, the person's likes and dislikes around personal care and diet and their individual communication needs.
- People were supported by staff who had received training in basic first aid, challenging behaviour, communication, control of substances hazardous to health, Covid-19, dementia, dignity and respect, equality and diversity, epilepsy falls, fire, moving and handling and mental health training.

Staff support: induction, training, skills and experience

- People were supported by staff who felt well supported by the management and who received supervision. Supervisions also included the opportunity to identify any additional training needs or areas for improvement.
- People were supported by staff who received training to ensure they had the skills and knowledge to support them. A member of staff confirmed they had received training in safeguarding adults, epilepsy, equality and diversity and food hygiene.
- Staff also had access to bespoke training such as end of life care and dementia.
- Staff were supported to undertake The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and drink enough.
- During breakfast people had choice a variety of cereal options along with toast. People's independence was promoted with encouragement to make their own breakfast. Staff supported people if they were unable.
- Drinks were available to people, and they were given a variety of options including milkshakes and hot drinks.
- Menus were planned in advanced but there was also flexibility should the person not like that option or wish to have something different. The registered manager confirmed there was no set budget for meals and produce was of a good local quality.

- People also enjoyed deliveries of local pizza and fish and chips which was organised by the provider on occasions.
- People had their diet modified should this be needed. Details were in people's care plans.

Adapting service, design, decoration to meet people's needs

- The home was an old Victorian villa.
- Adaptations and modifications were made to the building when required. An example of this was where one person needed a stair lift.
- People had a sink in their room. Some rooms had an en-suite.
- Bathrooms had either a bath or a shower for people to use.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and access health care services and support as needed.
- Staff worked with other agencies to provide effective care to people.
- People were supported to attend routine medical appointments such as screening appointments.
- Care plans contained important information such as operations and treatment received. They also confirmed additional support some people needed from staff including the involvement of other professionals such as with complex operations and phobias to vaccinations.
- The registered manager was passionate about providing people with the right support so they could remain at the service for as long as possible. They spoke about how important it was for people to get the right support for them and how they worked with other professionals so this could be achieved.
- Feedback from a health care professional confirmed, "They are always helpful and responsive to any requests from myself and proactive around follow up post hospital or other professional input visits that need addressing."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who had received training in Mental Capacity Assessments and Deprivation of Liberty Safeguards (DoLS).
- Where people lacked capacity Mental Capacity Assessments (MCA) and best interest decisions were in place. Outcomes of these assessments could be clearer as documents were marked with a symbol rather than a clear yes or no or a tick to confirm if the person had capacity or not. Although we found details of written outcomes were recorded within the assessments. We fed this back to the registered manager.
- DoLS referrals were made when required. The registered manager kept copies of emails sent to the local

authority where they had not received an outcome.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who spoke with them in a respectful manner. During the inspection we observed staff take time to reassure people. Speaking to them in a calm and positive manner.
- People were supported by staff who respected their views and wishes. People were asked if they wanted a drink and were given the different options available to them. Staff confirmed how they promoted people to make decisions about their care. A member of staff told us how they give people choice around where they go, what clothes to wear and their personal care wishes.
- People were observed making individual choices around their breakfast as well as if they choose to sleep in or spend time in their room.
- A relative felt staff always spoke to people respectfully. They told us, "Staff always talk to people." They went on to say they had never observed anything which had concerned them.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence, dignity and privacy. A member of staff confirmed they would speak to people about important private information where the conversation could not be overheard.
- Staff gave examples of how they promoted people's privacy whilst supporting with personal care. This included shutting doors and closing curtains.
- People were encouraged to maintain their independence. This included, making themselves breakfast, going shopping independently and catching a bus to go into town.
- People were supported by staff who respected their dignity. One member of staff told us, "We would cover people up. Towels on lap and over the person." They went on to say people were given covers for their clothes at lunch time and they were prompted to wipe their mouth if needed after the person had eaten.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who promoted their choice and control around received personalised care. During the inspection we observed people choosing to sleep in. Staff respected people's choice to not get up and to stay in bed longer or to have breakfast later.
- People's care plans contained important information such as what people's likes and dislikes were. These included what meals and snacks people liked, if they preferred a shower or bath and information relating to their daily routine.
- Care plans contained information relating to medical history, family, professionals and who was the person's allocated member of staff.
- Care plans contained people's goals they wanted to achieve. Such as to go on holiday, go on a boat or visit family more.
- People's care plans contained easy read information relating to health conditions and vaccinations. Such as Covid-19, vaccines and diabetes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff and the registered manager with their communication in-line with The Accessible Information Standard. Staff knew people well and how to communicate with them individually.
- Where people were unable to express their views verbally staff would observe visual prompts and hand gestures. They would then confirm to the person verbally what their understanding was such as going for a drive or a cup of tea. They would then observe the person's response.
- One family member shared with us how they had purchased an electrical tablet with the aim of their loved one keeping in touch more. Due to a few technical issues this had not yet happened. We fed this back to the registered manager following our inspection. Who confirmed they were liaising with family to resolve this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family members. Family members visited and people went home to stay with families.

- Some people were supported to attend external activities such as day centres and art therapy.
- People were known within their local community. People visited local café's and restaurants and one person undertook voluntary work once a week.
- People went on local boat rides, attended local tourist attractions, had BBQ's and had celebratory parties at the home when it was their birthday.
- People who were independent accessed the local community themselves. This included going for walks and catching the bus to go into Town.

#### End of life care and support

- The registered manager was passionate about supporting people to live at Upton Cottage for as long as they could.
- The registered manager and staff had over a period of time got to know people well. They spoke about being involved in people's funeral arrangements and knowing important information such as people's favourite flowers and music when this time came.
- The registered manager supported people to say goodbye to family members who were unwell and dying. One relative shared with us how much this support had meant to them at an otherwise difficult time. They told us how the registered manager had taken the person to say goodbye to their parent and had made arrangements so family did not have to worry. They had also taken the person to get an outfit for the funeral and supported them to attend. This shared with us how supportive and what a relief this had been at the time.

#### Improving care quality in response to complaints or concerns

- People were observed during the inspection having conversations with the registered manager and care staff around their care and finances.
- Compliment cards were seen to have positive feedback. One was from family. The compliment card said, 'To all staff, we would like to thank-you for all your kindness and care to (name). Many thanks'. The other compliment card from a health and social care professional said, 'To everyone who lives and works at Upton Cottage. Just to say that we are sorry to hear of the passing of (name). They will be fondly remembered by many. Thank-you for the support and care you gave them whilst they was with you'.
- The registered manager had a complaints folder in place. The last complaint was in August 2021. Information including actions taken were recorded within the complaint outcome.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality assurance systems in place that reviewed the safe management of medicines. However, these medicines shortfalls had failed to be part of the providers auditing checks so that medicines shortfalls were identified prior to our inspection.
- Improvements were also required to ensure important information was identified to people's risk assessments. And an environmental risk assessments was in place for the laundry room and people who used the office stairs.
- The registered manager's quality assurance system had failed to identify shortfalls relating to Personal Protective Equipment (PPE) that was being incorrectly disposed of and not removed following personal care.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This is a breach of Regulation 17 (1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had systems in place to monitor incidents and accidents, safeguarding concerns and complaints and compliments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During our inspection the registered manager was accessible to people. We observed people raise issues with the registered manager. The registered manager took time to reassure people with their response.
- The registered manager spoke about when they took action following incidents and accidents in line with the duty of candour and how important this is when something go wrong. They spoke about getting things right for people and that people were an important part of the Upton Family.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by staff and the management team to experience person-centred care that promoted positive outcomes for people. The registered manager confirmed some people were due to go on

holiday in the summer. People had been part of making that decision and where they wished to go.

- Staff felt it was a nice place to work. A member of staff told us, "I love working here, it's homely and a family oriented place."
- We received feedback from 1 relative who felt some improvements could be made to how the manager/service communicates. We shared this back with the registered manager who was unaware improvements were required until we had provided them with this feedback.
- People were encouraged to make daily decisions about how they wished to spend their time. Some people spent time in the conservatory, the lounge, in their rooms or out within the community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had their views sought through customer satisfaction surveys and meetings. Surveys were produced as easy reads. People's views were sought if they were happy with the choice of food, activities, and if they enjoyed living at Upton Cottage.
- Four professional surveys had been returned. All feedback was positive about the service.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with others. This included the local district nursing team, GP, pharmacy, local learning disability team, social workers and local authority.

One health care professional told us, "They manage all aspects of care and do their best to try and ensure that all the clients individual needs are met."

- The registered manager spoke passionately about ensuring people continued to get the right care for people and that they would make improvements to achieve this within the service.
- The registered manager had plans in the future to make some changes to the running of the service. They felt it was important to recognise staff and their contribution to the service and the effort they made.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not identifying shortfalls relating to the management of medicines, risk assessments that needed additional information and implementing along with poor infection control practices.  Regulation 17, (1), (2), (a), (b), (c),