

Alliance Care (Dales Homes) Limited

Uplands Care Home

Inspection report

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20 December 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Uplands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection site visit took place on 22 November and 20 December 2017. Our first visit was unannounced. This was our first inspection of the service since changes were made to its registration with CQC in August 2016.

People using the service and their relatives or friends were positive about the care and support provided at Uplands Care Home. They said staff treated people in a kind and caring manner.

There were enough staff to meet people's needs and a consistent established core team of staff provided continuity of care to the people staying there. Individual care and support needs were fully assessed, documented and reviewed at regular intervals.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. They had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern.

Staff we spoke with were confident that they provided a good service to people and said they would recommend Uplands Care Home to others. They had access to supervision and additional support when required.

People and their relatives or friends felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

People using the service and their visitors praised the housekeeping staff and said how clean the home was kept.

With reference to the first floor environment of Uplands Care Home, we have recommended the registered provider review current best practice around dementia friendly environments.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the

Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting them.

The service was well led. The registered manager monitored the quality of the service and made changes to improve the service provided when required. People who used the service, their relatives and friends and staff found the management team to be approachable and responsive.

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.

Any risks to individual safety and welfare were being identified and managed appropriately.

People were supported to take their medicines safely.

There were appropriate numbers of care staff allocated to help keep people safe.

Robust recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

We have recommended the registered provider review current best practice around dementia friendly environments.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff.

Relationships between staff and people receiving support were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good ●

The service was well led.

Staff were well supported by a registered manager who was approachable and listened to their views. The ethos of the service was positive and staff felt part of a team.

Quality assurance checks included regular audits by the provider, medicines audits and feedback surveys.

Uplands Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Our first day of inspection was unannounced and the visits were carried out by one inspector.

During the inspection we spoke with 15 people who used the service, ten relatives or friends of people using the service, five staff members and the registered manager. We looked at four people's care and support records. We also looked at records relating to the management of the service including staff training and recruitment, medicine administration and quality assurance checks. We received feedback from two health and social care professionals during our visits and from a further two professionals following our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Is the service safe?

Our findings

Most people using the service said they liked living at Uplands Care Home and felt safe there. One person using the service said, "It's alright. We are well treated here." Another person told us, "I like it here. You are fine here." A third person commented, "I'm 101% happy."

People's views were shared by relatives and friends of people we met while they were visiting the service. One visitor said, "Overall we are happy. They do most things well here." Another visitor commented, "I think it's excellent. You cannot ask for more." A third visitor said, "The care is wonderful. I have no worries, no concerns."

People told us there were usually enough staff on duty to meet their needs. Records seen and staff we spoke with confirmed this. They told us that they felt the staffing levels were safe although there could be variations if staff members rang in sick and cover could not be found. Staffing levels were assessed according to people's needs using a dependency tool to help ensure they could meet the needs of people safely. The registered manager told us that recruiting permanent staff for the service was an on-going challenge. They said they had reinforced the importance of staff contacting the service early if they were unable to attend work. Cover could then be provided by permanent or bank staff. The home did not use temporary agency staff.

One person using the service said, "Yes [enough staff] most of the time. They support me when I need it." Another person commented, "There's enough. They are never short." A third person commented, "We could perhaps do with a few more staff. They work very hard."

A staff member said, "There are enough staff. Some days can be challenging if people's behaviour changes." Another staff member commented, "It's generally ok. We are all encouraged to call in as soon as possible so they have time to cover." A third staff member told us, "The deputy manager assists us if we are short."

People were supported by staff who knew how to keep people safe. Training records showed that they had completed safeguarding training to recognise and report abuse and staff confirmed this. They were confident that senior staff would take appropriate action to keep the people at the home safe. One staff member said, "I would tell the unit manager or nurse. Otherwise I would go straight to the office, the management are always around."

One person raised concerns with us about how their care and support was provided during our inspection visit. This information was immediately shared with the home's management who responded appropriately making a safeguarding referral to the host local authority. We did not have the outcome at the time of writing this report. One other safeguarding concern had concluded in November 2017 with an outcome of no evidence of abuse or neglect. A protection plan was in place for the person using the service at the time of our inspection and the registered manager told us about the actions taken to continue to help keep them safe.

We looked at the storage and administration of medicines on the first floor of Uplands Care Home during this inspection. Medicines were being stored safely and securely and our checks showed that medicines were administered correctly. Regular checks were carried out by senior staff to make sure people were receiving the right medicine at the right time and that accurate records were kept by staff.

Potential risks to people's health, well-being or safety were identified. Risk assessments were in place around areas such as risk of falls, risk of choking and nutrition. The assessments identified any risks to people's safety and the controls in place to help mitigate these. People who were at risk of developing pressure ulcers had care plans for skin integrity in place.

There were systems in place to help promote infection control. People using the service and their relatives or friends praised the housekeeping staff and said how clean the home was kept. One person said, "They come every morning. They clean the floor and the toilet." Another person commented, "Probably too bloody clean. They come in with the Hoover each morning and then sometimes come in again later." A visitor commented, "It's always tidy. The hygiene is good here." We observed that care staff took appropriate actions to protect people from the risk of infection. Personal protective equipment (PPE) was available to use when they helped people with personal care.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with right to work checks where applicable and proof of identity.

Any accidents and incidents were logged using a computerised system. This enabled senior managers to review each report to ensure all necessary actions had been taken and the risk of a further incident reduced. Any information that needed to be shared with the staff team was done so through meetings and handovers.

The risks associated with the environment and equipment in use were assessed and reviewed. Regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. A recent incident had necessitated an evacuation of the service and the registered manager told us that the emergency services had praised the prompt action of staff. A review of the incident had also been completed with any learning points identified. Other checks such as electrical or health and safety assessments were also completed to help maintain people's safety.

Is the service effective?

Our findings

People using the service told us that staff were skilled and knowledgeable to support them effectively.

A visitor told us, "I know new staff have an induction as I see them shadowing the senior carers. You can tell the staff are trained." Another visitor said, "The staff are well trained. They know about dementia."

New staff were supported to complete an induction programme which was tailored to the home. The service had started to implement the Care Certificate as part of their training for staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. One staff member told us, "I had three days induction. It was very helpful for me – gave me confidence."

Staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, food hygiene and health and safety. Staff told us that they had regular training and that courses were refreshed annually or as required. Some staff shared examples of training courses relevant to their roles and the more specialist needs of people they supported. For example, around dementia and behaviour that required a response from staff. A clinical training programme offered sessions such as end of life, wound management, catheterisation, medication and venepuncture.

One staff member told us, "I have had lots of different training – safeguarding, dementia, moving and handling." Another staff member said, "There is quite a lot of training. The manager is very good at letting us know what is on." A third staff member commented, "The manager tries to get us on training, she is very supportive."

Records showed that staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had. A staff member commented, "We have regular supervision. I am able to raise any concerns."

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).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. An external professional was visiting to undertake a DoLS assessment on the first day of our inspection. We saw staff had received training

around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them. A person using the service said, "They ask me, it's all good."

People's mental capacity was assessed. Where people were living with dementia, staff helped them make daily decisions about receiving care and support in the home, working in their best interests. For example, what they wanted to wear, if they wanted a shower or choosing a meal to eat. More complex decisions made in people's best interests such as administering medicines covertly were documented and records confirmed that relevant people such as family members and involved health professionals had been consulted when making the decision. Less restrictive alternatives were considered as part of the decision making process.

People's individual weight was monitored. Care plans addressed nutrition with screening assessments completed to help safeguard people from the risk of malnutrition. A visitor told us, "They have built up my relative. They are always presented with a nice meal." Another visitor said, "The food is of a very high quality. Homemade cakes every day. Always three vegetables at lunchtime."

Most people using the service told us they enjoyed the food provided to them. One person said, "The food is marvellous." Another person said, "The best meal is breakfast. They do make a decent porridge, sets me up for the day." A third person commented, "A lot better recently." Other comments included, "The foods alright", "The food's good" and "The food is fine." One visitor gave feedback about the pureed meals and how these could be improved. We discussed this with the registered manager who told us they would act on this feedback immediately.

We observed the lunchtime on the first floor on the first day of our inspection. Some inconsistencies were noted with some staff not communicating effectively with people about what they were having for their meal and a lack of organisation around supporting people to eat where they needed it. Feedback was given and we noted improvements had been made by our second visit. Picture menus were being used to help people make choices and staff were clear in telling people what they were having to eat. People requiring assistance received it in an unhurried manner.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy. One person told us, "I see the GP. They come every week." Two healthcare professionals visited the home during our inspection. They told us that the service worked well in partnership with them to make sure people's health needs were being met.

The home environment was suitable for people's physical needs. There was signage for bathrooms/toilets, the dining room and other areas of the building to assist people living with dementia to find their way around the building. The first floor presented as sparse on the first day of inspection with plain corridors and a lack of personalisation of the communal areas. For example, a lack of objects, pictures and wall hangings reflecting the people who lived there and their lives and preferred activities. Some new pictures and decorations had been added to the communal areas by our second visit. We recommend the registered provider review current best practice around dementia friendly environments.

People could personalise their bedrooms with individual items such as family photographs, pictures and personal objects. Each bedroom seen was clean and comfortable with adequate space and seating for visitors to use and spend private time with their relative. There were also quiet lounges on both floors where people could spend time.

Is the service caring?

Our findings

People using the service spoke positively about the support they received from staff. They told us that staff were kind and caring. One person said, "Pretty good staff, they are friendly." Another person told us, "The staff treat me nicely, very helpful." A third person commented, "All the staff are very friendly. Nothing is too much trouble." Other feedback included, "The staff are polite", "The staff are alright. They speak to me nicely" and, "We are treated like humans."

A visitor to the home commented, "The staff are lovely. They seem to enjoy what they do." Another visitor said, "I like the staff. We laugh together. They cannot do enough for you." A third visitor commented, "They look after my relative properly here."

Staff were positive about the quality of care provided and said that people were always treated with dignity and respect. They said the team worked well together to ensure this. One staff member said, "We treat people with full respect. We are like one family, there are lovely residents here." Another staff member told us, "We treat people like we would our parents."

Staff gave us examples of how they made sure people's dignity was upheld. For example, making sure people were covered during personal care and putting do not disturb signs on the door. We observed staff supporting people on both days of inspection. Staff treated people with dignity and addressed people using their preferred names. They knocked on bedroom doors and greeted people when they went in. Bedroom doors were kept closed when staff provided personal care to people.

People were supported by staff who knew them well. We observed how people responded to staff and the awareness staff had of people's needs, life histories and preferences. Staff demonstrated a good understanding of people's needs and supported them with what they wanted. They were able to tell us about people's health, important relationships and their background. Life histories were documented by the activity co-ordinators to help staff to relate and engage with people positively.

There was positive feedback from a user satisfaction survey carried out in 2017 particularly around the kindness and respect of staff, people being given their privacy and being treated as individuals. A resident involvement meeting was held regularly where discussion included the care and support provided, food served and activity provision. One person said, "I bring it up at the meeting, they do something about it." A regular resident and relative meeting also took place with the most recent held in December 2017. This included discussion around obtaining people's life histories, end of life care, the catering and the home's ongoing participation in research programmes.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the induction training for new staff. People's records were stored in lockable offices and cupboards to promote confidentiality for people who used the service.

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. One person told us, "I speak to the nurses, they sort things out." Another person said, "You ask for something, you get it." Two visitors talked about the staff keeping to a routine which worked very well for their relatives. One visitor said, "I can talk to any of the staff, they sort it." Another visitor said, "They make me feel involved." A third visitor commented, "They listen to me. Absolutely."

People's needs were assessed before they came to live at Uplands Care Home. Admission assessments were completed that staff used to discuss with the person and/or their representatives about the support they required. This information was used to inform the support plans for each person. Where care was commissioned by an external authority, records also included a supplied needs assessment and care plan.

People's support plans were comprehensive and reviewed regularly. Each record was kept up to date to help make sure they met people's individual needs. Each person's support plan addressed their activities of daily living such as taking medicines, mobility, nutrition, continence and personal care. Each section included risk assessments and a support plan addressing the persons assessed needs. An allocated 'resident of the day' process was used to review the support plans involving the person and their representatives where possible. One visitor told us, "We are involved. They listen to what we say."

We spoke with the registered manager about developing the support plans around cognition to be more individualised and to better reflect the support required around people's day to day emotional wellbeing. They agreed to review this with staff.

Where people had a specific cultural or religious requirement, the home helped to ensure these were met and maintained. A separate menu was available for Afro-Caribbean clients and a religious service was held every two weeks in the home. One person attended a local Church each week.

Staff kept records documenting how care and support was delivered on each day. This information was shared with the staff team to ensure continuity of care and that no important information was missed. We observed staff working together during our visits to respond promptly to people's needs. Two external healthcare professionals told us that the home was responsive by being prepared for their visits and giving them the information they required about people using the service.

Activities co-ordinators organised and facilitated activities for people using the service. One person using the service said, "There are different activities. They do tend to play the same songs over and over though." Another person said, "I go out with a member of staff." A third person commented, "I sometimes go out for dinner. I've also been to the beach." One person told us that staff took them out on the day before to the shops. Another person talked about a recent exercise session that they really enjoyed. Some people using the service said they would welcome more trips outside the home. One person said, "I would like to get out more. It's every two weeks at the moment." We gave feedback to the registered manager about this at the end of our inspection visit.

A visitor told us, "People's birthdays are celebrated. We had a bit of a do last week." Another visitor commented, "The entertainment is full on – always something going on. They encourage family and local school children to visit." Activities noticeboards on both floors advertised the Christmas schedules including parties and multiple visits from local school and college choirs to sing at the home.

People said they would speak to the registered manager or staff if they had any concerns about the care they received. One person said, "I have no complaints. I would go to the staff." Another person commented, "I would go to the manager." The home had a complaints procedure for people, visitors and staff to access. The process for raising complaints, concerns and compliments was on display along with the staff whistleblowing procedure.

Technology was used to enhance the service for the people living there. For example, one visitor told us how important it had been for them to use skype via the home's available Wi-Fi to help their relative keep in regular contact with family members. We also saw staff using tablets to play music and access visual images for people in activities.

Is the service well-led?

Our findings

Overall comments made by people using the service included, "We are treated wonderfully well", "It's good, a good environment" and, "I'd definitely recommend it." One person told us, "If you do have to go in to a home, this is a good one."

Uplands Care Home was led by an experienced registered manager with the support of a deputy and a consistent core team of senior staff. Staff told us the managers were available and approachable. One staff said, "The managers are always around." Another staff member said, "They both give a lot of support." Staff told us that they worked well as a team and all were confident in the quality of care provided to people staying at the home. One staff member told us, "We work well as a family, the atmosphere is very encouraging."

People and their visitors were positive about the way the home was managed and said the registered manager was accessible and responsive. One person told us, "A very good manager, treats us well." Another person commented, "I get on alright with the manager." One visitor told us, "A wonderful manager, I cannot speak highly enough of her." Another visitor commented, "The manager is always very open. If you bring something to her attention, she is always very receptive." A third visitor said, "It is well led. It flows through the whole place."

The five core values of the organisation were embedded within the service through staff training and on-going conversations in staff meetings and supervision. Every member of the team received 'pacesetter' training so that all team members understood the core organisational values - make every moment matter, choose to be happy, keep it simple, sort it and love every day. Some staff acted as 'pacesetters' and ran these sessions discussing each core value and how they impacted the people living at Uplands. For example, the value 'sort it' with the emphasis on making sure staff 'owned' any issues or problems and sorted them there and then.

Staff were positive about the organisation they worked for and had a good understanding of its ethos and five core values. One staff member commented, "Things are going well" and another staff member said, "The company are really trying, we are improving." They also spoke about the Chief Executive visiting the home on a number of occasions. Two staff commented on how accessible he was and said they felt he listened to them which was motivating for them.

There were regular meetings where the staff discussed changes to practice and any issues. The meetings included information to help keep staff informed about any changes and future plans. We sat in on a Heads of Department meeting where discussion included housekeeping changes, infection control, induction booklets for new staff, training and buying Christmas presents for the people staying at Uplands Care Home.

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of areas such as medicines and the home

environment. Regular quality returns were supplied to senior managers who were able to monitor aspects of the service delivery electronically. For example, numbers of complaints, safeguarding alerts and incidents or accidents. Organisational audits regularly took place looking at the same key areas as CQC inspections with the most recent taking place in November 2017. Action plans were in place where shortfalls were identified and these were monitored to make sure improvements were made.

Any adverse incidents were logged on a computerised system monitored by the organisational Quality and Governance and Compliance Team. Any highlighted issues were then reviewed and discussed at clinical governance meetings and action taken as required.

The provider worked well in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The registered manager and other senior staff regularly attended local forums for care homes and took part in initiatives such as the 'red bag' helping to keep people's belongings and important information with them if they went in to hospital.

Uplands Care Home also took part in research such as improving Well-being and Health for people with Dementia. (WHELD) and Managing Agitation & Raising Quality of Life (MARQUE). They received a Research Active Care Home Award from Kings College London in recognition of this.