

Upton House

Upton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Upton House is a residential care home providing personal care to up to 20 older people. The service provides support to people living with dementia in one large, adapted building. At the time of our inspection there were 17 people using the service.

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

People told us they were happy living at the service and felt safe. Since the last inspection, the provider had appointed a new registered manager and external consultant to drive improvement. This had been successful, and improvements had been made though further improvements were still needed.

Potential risks to people's health and welfare had been assessed, but there was not always detailed guidance for staff to mitigate the risks. Medicines were not always managed safely, improvement was still needed to make sure records were accurate. There was now a system in place to complete checks and audits on the quality of the service. However, this was still being embedded and had not been consistent in identifying shortfalls found at this inspection.

The culture within the service had changed. Relatives told us they could now visit when they wanted and visit people in their rooms. They confirmed the culture within the service was now open and transparent, they had been invited to meetings to discuss what was happening within the service.

There were enough staff to meet people's needs, who had been recruited safely. The registered manager understood their responsibility to report incidents to the local safeguarding authority and work with them to keep people safe.

People, relatives, and staff had been asked their opinion on the service, the responses had not been analysed to identify what action was required.

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; the policies and systems in the service supported this practice.

Rating at last inspection and update

The last rating for this service was inadequate (published 15 October 2022) and there were breaches of regulation. At this inspection we found improvements had been made, but the further improvements were required, and the provider was still in breach of regulations.

This service has been in Special Measures since 14 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 4 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding people from abuse and improper treatment, fit and proper person employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We have found evidence that the provider needs to make further improvements and remained in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Upton House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines and risk management and monitoring the quality of the service at this inspection.

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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Upton House

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 completed by 2 inspectors.

Service and service type

Upton House 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 House 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 3 relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with 5 staff including the registered manager, provider's personal assistant and 3 care staff.

We reviewed a range of records. This included 4 care plans and medication records. We looked at 3 staff records in relation to recruitment. A variety of records relating to the management of the service including checks and audits.

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 inadequate. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to do all that is practicable to mitigate risk and ensuring the premises and equipment was safe to use. The provider had failed to assess and mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection, potential risks to people's health and welfare had been assessed but the guidance for staff had not been detailed to mitigate risks. At this inspection, the guidance for staff had improved but there were still improvements to be made. When people were at risk of weight loss, there was no specific guidance about how often people should be weighed, only they should be weighed regularly. We reviewed the weight records and some people had not been weighed each month. There was a risk people's weight loss would not be recognised and appropriate action would not be taken quickly, to reduce the risk to people's health. The registered manager told us staff had been told they must weigh each person monthly on a set date. Care plans did not contain guidance about what staff should do if a person lost weight. However, people had been referred to dietician when it had been identified they had lost weight.
- Some people had a urinary catheter and the guidance for staff to maintain the catheter had improved since the last inspection. There were records of when the leg drainage bag had last been changed. However, there was no information about when to change the night drainage bag and there were no records this had been done increasing the risk of infection. When people were at risk of developing sore skin, staff had completed skin integrity charts, to record if people's skin was intact. However, some people self-cared and there was no guidance for staff about how to check people's skin if they completed their own personal care. There was a risk people's skin could become sore or breakdown without staff being aware.
- There was a contingency plan in place if people had to be evacuated in the event of an emergency. People had personal emergency evacuation plans, the information contained in these plans was inconsistent about the support people would need to leave the building. The registered manager told us the plans would be updated immediately.

The registered persons had not done all that was practicable to mitigate risks to people's health and welfare. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been areas of improvement to reduce potential risks to people's health and welfare. There was guidance in place for staff about how to thicken people's fluids when they were at risk choking. There was guidance in place about how to support people living with diabetes and what action to take if they become unwell.
- Checks had been completed on the environment and equipment used by people. Since our last inspection, a fire risk assessment had been completed and remedial work had been started to meet the shortfalls identified. There was now additional fire evacuation equipment available to evacuate people safely.
- Accidents and incidents were now recorded and had been analysed for any patterns or trends. There was information available about when and where accidents had taken place and if there were any contributing factors. When reasons had been identified for causing the fall action had been taken to reduce the risk of them happening again.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. At our last inspection, when people had been prescribed medicines on a 'when required' basis such as pain relief, there was no guidance for staff for example, about when to give the medicine. At this inspection, guidance was in place, but it was not detailed, and person centred, for example there was the same guidance for each person prescribed paracetamol.
- The prescribing instructions for some people's medicines had been handwritten on the medication administration record (MAR) chart. These had not been signed by 2 staff, to confirm they were correct, and the directions and names of medicines written on some of these charts did not match the label on the medicines box. This practice did not follow best practice guidance from National Institute of Clinical Excellence. There was a risk people would not receive their medicines as prescribed.
- Records of medicines stock were not always accurate. When people's medicines had been administered before the start of the medicine cycle, this had not been recorded. For example, one person's MAR chart showed there should be 12 tablets left but there were only 10. The registered manager told us they thought the medicine had been started early, but this could not be confirmed. There was a risk the person had not received their medicines as prescribed.

The registered persons had failed to managed medicines safely. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have systems and processes to effectively recognise and investigate any allegation or evidence of abuse. The provider had introduced restrictions to control people that are not proportionate to the risk of infection. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were now systems in place to protect people from abuse. At our last inspection, the provider had placed severe restrictions on visitors to the service and people going out, which was against government guidance. At this inspection, this had changed, the visitors book showed people had received visitors at various times and several times a week. During the inspection, we spoke with relatives who told us, they were able to visit whenever they wanted and in people's rooms, which had not been allowed at our previous inspection. One member of staff told us, "Visitors are in and out. They seem pleased with the care."
- Previously, some people's rooms on the ground floor had been locked once the person left to prevent other people going into the room. This had also stopped people going back to their rooms if they wanted. At this inspection, all rooms were unlocked, unless requested by the person. The registered manager told us one person was now able to go back to their room in the afternoon for a rest and got up for tea. During the inspection, the person returned to their room when they wanted.
- At the last inspection, incidents had not been recognised as potential abuse and reported to the local safeguarding authority for consideration under their safeguarding policy. At this inspection, the new registered manager understood their responsibility to report incidents to the local safeguarding authority and work with them to reduce the risk of the incidents happening again. There had been no incidents which have required reporting since the last inspection as some people were no longer living at the service.
- Staff had received safeguarding training and were able describe how they would recognise signs of abuse. Staff knew how to report concerns to the registered manager; however, some new staff were unsure about where they could report concerns outside of the service. We discussed this with the registered manager, who put up posters around the service with information about where concerns could be reported.

Staffing and recruitment

At our last inspection the provider had failed to have effective recruitment processes in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Previously staff had not been recruited safely. At this inspection improvements had been made and there were now effective systems in place to recruit people safely. Newly appointed staff now had the required pre-employment checks to make sure they had the skills and character to work with people requiring care. Each staff member had references, full employment history and Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People, relatives, and staff told us there were enough staff to meet their needs. One relative told us, "They have new staff and more staff."
- Staff responded to people's requests and call bells quickly. People appeared well dressed and tidy, they were relaxed with staff. Staff were seen spending time with people helping them with jigsaws and chatting.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff supported people to make their own decisions including what they would like to do and what they want to eat. Staff respected people's decisions and supported them to achieve their aims.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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 and hygiene practices 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.

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 inadequate. 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

At our last inspection the provider had failed to assess, monitor, and improve the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection, there had been no effective system to monitor the quality of the service. At this inspection, there was a new registered manager in post and improvements had been made, but these improvements needed to be embedded.
- There was now a system of checks and audits which had been put in place but there were still areas where the shortfalls had not been identified. The audits had not identified the shortfalls in the care plans and medicines. The system still needed to be embedded as some audits had not been completed each month in accordance with provider policy.

The registered persons had failed to consistently assess and monitor the quality of the service. This is a continued breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to maintain accurate and complete records and seek feedback from relevant persons. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the culture within the service was poor and did not promote good outcomes for people. At this inspection, the culture had improved, the restrictions that had led to people being disempowered had been removed. The restrictions on visitors and people's movements had been removed. There was a genuinely relaxed atmosphere within the service, people appeared happier. There was a new registered manager in post and new experienced staff had been employed.
- The registered manager told us the provider was still involved in the general oversight of the service. They and the provider's personal assistant were now in charge of the day to day running. Relatives told us the registered manager was approachable and they had been involved in making suggestions about their relatives care plans, which had been an improvement. Following a review of one person's care they now had adapted cutlery to help them eat more independently.
- Previously, the provider had not had contact with external agencies to improve the service. The culture within the service was now more open and transparent. Following our last inspection, the provider had employed an external consultant, to drive improvements within the service. After the publication of our last report a meeting was held for families to discuss the inadequate rating. Minutes of the meeting, the consultant and the registered manager had been open and honest about the shortfalls found and what plans had been put in place. The registered manager had placed information about how to complain around the service and information about the changed visiting guidance.
- At the last inspection, staff had not received supervision and their competency had not been assessed. At this inspection, improvements had been made, staff confirmed they now regular supervision and were confident to discuss concerns with the registered manager. The observation and checking of staff competency had been started to check their skills and identify any additional training needed.
- Previously, the provider had not submitted notifications about serious incidents as required. At this inspection, notifications had been submitted as required.

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

- At the last inspection, there was no system to engage with people, relatives, and staff. At this inspection improvements had been made; some surveys had been completed such as people's mealtime experiences. The survey had identified that people would like some music while eating and this had been put in place. Relatives had been asked to complete a survey, the responses had been mainly positive. Staff had also completed a survey, which had also been mainly positive. The results of these surveys had not been analysed or an action put in place if needed to address any concerns. We discussed this with the registered manager, who agreed this would be put in place.
- The provider's personal assistant had started to send out regular newsletter to people and families. The newsletter contains news and updates about what is happening within the service, including entertainment and birthday celebrations.
- Previously, there had been no staff meetings. At this inspection regular staff meetings had been held, with either the external consultant or registered manager. Staff practice and how they work was discussed and staff were able to raise concerns. Staff had raised the issue of their induction and how limited it had been, in October 2022. Improvements had been put in place and the newest staff confirmed they had received a more comprehensive induction.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was practicable to mitigate risks to people's health and welfare. The registered persons had failed to managed medicines safely.</p> <p>Regulation 12 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to consistently assess and monitor the quality of the service.</p> <p>Regulation 17 (1)</p>