

The Cheshire Residential Homes Trust

Upton Grange Residential Home

Inspection report

214 Prestbury Road
Macclesfield
Cheshire
SK10 4AA

Tel: 01625829735
Website: www.cheshireresidential.co.uk

Date of inspection visit:
30 January 2020

Date of publication:
01 April 2020

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 Grange is one of three care homes owned by the Cheshire residential Homes Trust, which is a charitable non-profit making organisation. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates the premises and the care provided, both were looked at during this inspection. It can accommodate up to 25 people. At the time of our inspection there were 20 people living there.

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

Quality assurance processes were carried out by the registered manager. However, issues regarding the management of activity records, health and safety records, risk assessments, deployment of safe staffing needs further review to improve monitoring and record keeping.

Risks to people's health and safety were assessed and managed but paperwork was not always up to date.

People told us there were enough staff around to help them receive care and support. However, they did not always know how many staff were on duty.

Care plans were in place and generally contained the correct level of information in relation to the support people needed. Some areas of recording needed updating.

Feedback received about the support provided was positive. People received good support from a committed staff team. People and relatives told us they loved the home-made food and felt it was a lovely environment to live in and enjoy. People told us they felt safe and comfortable.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain.

Recruitment checks were organised and showed appropriate records to ensure staff were suitable to work at the service. The staff team were well trained and skilled in effective communication to ensure people felt supported.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'good' (published July 2018.) At this inspection we found a breach of regulations and rated the service as 'requires improvement.'

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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.

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 Grange Residential Home

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Upton Grange is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by

law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. .

During the inspection

We spoke with the registered manager, six support staff, 12 people living at the service and four visitors.

We looked at care records of two people receiving support, a sample of staff recruitment files, medication records and other records and documentation relating to the management and quality monitoring of the service. We also undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated 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

- The provider did not have evidence of checking on the maintenance of health and safety within the service. Whilst we did not evidence any impact on people, the lack of updated records and checks identified poor systems to monitor safety within the service.
- Some certificates of maintenance could not be found and risk assessments had not been developed for risks such as uncovered radiators that were hot to touch.
- The registered manager submitted updated checks and risk assessments following the inspection. The records showed appropriate actions taken to improve safe management of the environment.
- Accident and incidents were routinely recorded and the manager audited each accident and fall. Records were sometimes not fully completed or signed by staff.

We noted high numbers of falls over the last six months. The registered manager was fully aware of each incident and able to relay actions taken for each accident.

Due to poor governance systems, record keeping had not been updated to reflect accurate checks at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Most people, relatives and staff felt there were sufficient numbers of staff to support people to stay safe and meet their needs. People shared their comments saying, "I'm quite happy here, staff are very good", "Staff are very good, night and day" and "The carers are lovely although it is not always fully staffed."
- People told us they did not always know how many staff were on duty and the rotas showed different numbers of staff each day.
- The registered manager reviewed people's needs each week and told us she worked out the staffing levels based on her expertise of knowing the residents.
- A dependency assessment was used but this was inaccurate when we reviewed this with the registered manager. The records to show how staffing levels were calculated lacked transparency. The registered manager advised they would review the staffing levels and share them with people at the service.
- The registered manager was recruiting and advertising posts and was in the process of recruiting more staff including activities organisers.
- Recruitment checks were detailed and showed safe practices in checking that appropriate people were employed at the service.

Using medicines safely

- The systems in place to manage people's medicines was well managed and showed safe processes being followed by staff.
- Medication checks and audits showed regular reviews in place to maintain safe practices.

Systems and processes to safeguard people from risk of abuse

- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns to keep people safe.

Preventing and controlling infection

- The home was clean and tidy and well maintained. People told us, " My room is perfect. I love my bedroom", "I have a very nice bedroom", "This is one of the best places I have lived in. This is the most comfortable."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food provided and the meal time experience. They told us they always had plenty of food, that it was always home made and they had access to snacks whenever they wanted them. They made various positive comments such as, "Food is excellent", "Food is very nice. There's enough to eat", 'I've no complaints about the food' and "Very good chefs."

- We observed kind, friendly interactions from staff during mealtimes. Staff organised a lovely birthday surprise for one person at lunch time with everyone joining in with the celebration, singing and enjoying a glass of wine.

People received support to access the healthcare services they needed.

- Staff made referrals to external services where this was needed for people, and they followed their advice and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People were involved in the assessment process and in developing a care plan that met their needs. Most relatives told us the service was very good in supporting their family member's needs.

- Some records within care plans did not have recent reviews to confirm information was still relevant to a person. Some records were illegible and hard to read. The manager advised they would review all care records to make sure they were updated with recent reviews.

- People said the service had good facilities. They liked their bedrooms and the communal areas especially the large newly built orangery overlooking the gardens.

- Bedrooms were well maintained and specifically designed to promote people's comfort and independence including en-suite showers and equipment to assist them around their room.

Staff support: induction, training, skills and experience

- Staff were well trained and knew how to provide the support people needed.

- People felt the staff had a good understanding of each person's individual conditions.

- A staff induction and training programme was in place to ensure staff kept up to date with best practice.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was operating within the principles of the MCA.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests. Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported

- Relatives and people at the service confirmed to us that privacy and dignity was maintained. One person told us, " Staff knock before entering."
- People and their relatives said the staff were caring and considerate towards each of them.
- Policies and procedures were in place to offer guidance in ensuring that people's dignity, privacy and respect were maintained.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

Respecting equality and diversity

- People displayed positive signs of well-being. People were and smiling and taking an interest in the staff and their surroundings. Staff were present in communal areas and engaged with people throughout the day. People were happy and comfortable.
- People were supported to express their spiritual needs and were supported with their different faiths. The chef liked to make sure they cooked foods important to a person. This was for either religious beliefs and in recognition of people's upbringing and helping relive past experiences.
- Staff demonstrated good knowledge of people's personalities, diverse needs, and what was important to them

Supporting people to express their views and be involved in making decisions about their care

- People were very positive about the staff and told us they were attentive and always on hand to help them with anything they needed.
- People and their relatives were involved in planning their care and supported with all aspects of their needs.
- One person told us the staff were caring and went out of their way to get them some cough sweets to help with their cold symptoms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The majority of people we spoke with, were happy about the care they received and they felt the activities were good and varied. However, two people felt a little bored at times.
- There was evidence of a variety of activities such as, quizzes, trips to the pub, cake decorating, film club, bingo, Saturday bar and the art club.

Records had not always been updated to show how people's social needs had been met. The records for some people needed more recent updates to reflect their social needs being regularly supported.

- Pictures displayed at reception were not always dated so it was difficult to know if they were of recent events or past activities. The manager was in the process of recruiting a wellbeing co-ordinator and advised they would review the information to reflect current events.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support that was tailored around their support needs, wishes and preferences. Most people and their relatives were positive about being kept up to date. One relative shared their positive thoughts stating, "She absolutely loves it and feels a bit spoilt. She enjoys being looked after."
- Care plans demonstrated that other health and social care professionals were involved in providing specific care.
- Staff were fully trained in supporting people at the end stages of life. At the time of inspection they had no one receiving this type of support.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint. The complaints policy was displayed in reception and was very formal. It needed updating as it did not reflect the contact address for the local authority. The manager advised they would review the complaints policy to better meet people's needs to understand their guidance.
- The complaints log detailed comments made and the actions taken to address concerns appropriately. We saw evidence of swift responses made by the registered manager for complaints raised.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.

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 the last inspection this key question was rated as 'good'. At this inspection this key question has deteriorated 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 service did not have robust processes in place to effectively assess, monitor and improve the quality of the service.
- There was a lack of scrutiny by the registered provider to ensure that their systems for assessing and monitoring the quality and safety of the service were implemented.
- At this inspection we saw that there was evidence of quality assurance processes being carried out by the registered manager. Audit records did not highlight the issues we found with record keeping, especially with, health and safety risk assessments, care plans, social support, staffing levels and dependency needs and in reviewing appropriate documents for people to understand guidance for complaints.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke positively about the registered manager. They told us, "I know the manager. She pops down. She's visible. If you want her you know where to get her."
- Staff were well supported in their roles. They shared positive feedback telling us, "I get support from management", "Manager is great" and "We all work as a team including nights/days."
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements.

Working in partnership with others, Continuous learning and improving care

- The service worked with the local authority to ensure people were suitably assessed before being offered a place at Upton Grange care home.
- Throughout the inspection the registered manager was open and proactive in their response to our findings. They were clear that the people living at the service were at the heart of any changes and improvements.

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 The service did not have robust processes in place to effectively assess, monitor and improve the quality of the service. Audit records did not highlight issues we found with record keeping within the service.