



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Uphill Court
Address:	62 Uphill Road South Weston Super Mare North Somerset BS23 4TA

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Paula Cordell	2 6 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Uphill Court
Address:	62 Uphill Road South Weston Super Mare North Somerset BS23 4TA
Telephone number:	01934412207
Fax number:	01934628386
Email address:	uphill.court@virgin.net
Provider web address:	

Name of registered provider(s):	Shreyas S.A.I.N. Ltd
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	25
Additional conditions:		
The maximum number of service users who can be accommodated is 25		
The registered person may provide the following category of service only: Care home with nursing - Code N to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)		

Date of last inspection	2	1	1	0	2	0	0	8
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Brief description of the care home
Uphill Court is a listed building that has been converted to a registered care home with nursing. It provides accommodation for up to 25 older people with nursing needs. Accommodation is provided over two floors with a passenger lift giving easy access to one of the upper floors. The other upper floor is accessed by a stair lift. There are nineteen single rooms and three that may be shared. Seven of the rooms have ensuite facilities and all have a call bell system. Communal space is provided in a lounge in the main building and a conservatory dining room attached to the lounge. This looks out onto an enclosed garden. Provision is made within the home for some activities and outings, which also enable close links with the local community to be maintained. All local facilities are within easy walking distance but some are closed in winter.

Brief description of the care home

Information about the home is available through a brochure that incorporates key information from the Statement of Purpose and Service User Guide. CSCI reports are displayed in the entrance to the home and available for all to read. The fees range from 348 to 650 pounds per week, with additional charges being made for hairdressing, chiropody, newspapers, escorts, toiletries and some transport. This information was provided in February 2009.

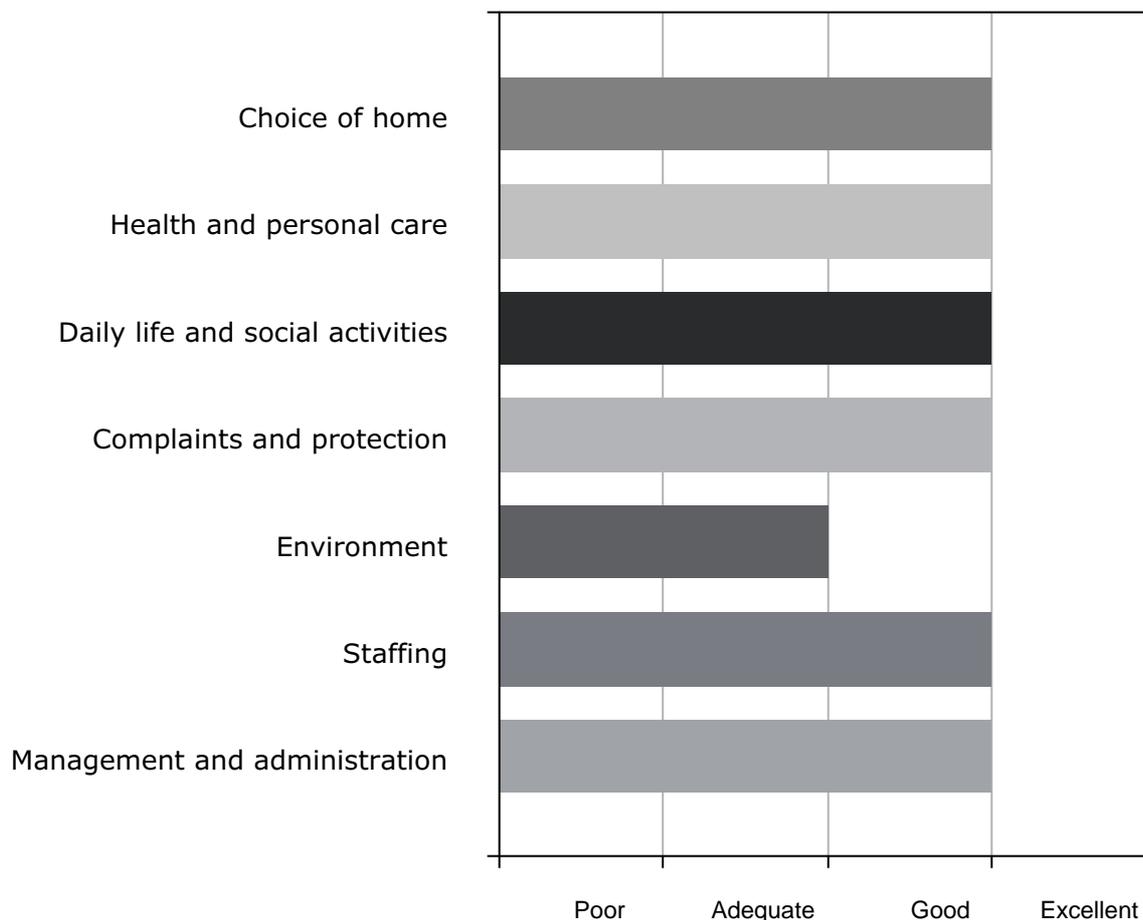
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced visit as part of a key inspection process. The purpose of the visit was to review the requirements and recommendations from the last key inspection in October 2008.

There has been one additional visit in November 2008 to ensure that the home was staffed adequately and in response to one of the concerns that were forwarded to the Commission for Social Care Inspection. Comments of this visit are included in this report.

There have been three complaints made to the Commission for Social Care Inspection since the last visit one of these was reported to North Somerset Council as part of a

safeguarding concern. Action was taken to address this concern with an investigation completed by a social worker in conjunction with the provider. This concern was not upheld. The provider has completed an investigation into the other concerns and taken appropriate action where required.

Since the last visit the provider has employed a new manager who commenced in post at the beginning of February 2009.

The home has been subject of an ongoing safeguarding strategy process since May 2008. This has meant that North Somerset Council are not placing at the home until such times they have been assured that the care has improved.

The home is registered to provide care to 25 persons. Presently there are only thirteen people living in the home.

Information was received prior to this visit which assisted in the planning of the visit. This included three completed surveys from people living in the home, two staff surveys and one visiting health professional and correspondence. The provider submitted an improvement plan after the last visit in October 2008 as required by the Commission for Social Care Inspection when a home has significant shortfalls which put individuals at risk. This was used to both plan the visit and to monitor the quality of the care provided to the individuals ensuring that the visit was focused.

The visit was conducted over two days. On the first day an expert by experience visited the home. This is a lay person who has had training to look at how the home provides care to the individuals living in the home. A pharmacy inspector also visited. Their comments are included in this report.

During the visit an opportunity was taken to review records relating to the running of a care home in accordance with the National Minimum Standards for Older persons and the Care Home Regulations. This included all care documentation, medication, quality assurance initiatives, staff records and general risk assessments in respect of health and safety to name a few. A tour was conducted of the home which enabled staff to be observed in their day to day role and opportunities were taken to speak with both staff and the people living in the home. The provider and newly appointed manager made themselves available throughout the two days.

What the care home does well:

Individuals living in the home expressed a good level of satisfaction with the support from the care staff.

There has been a commitment from the provider to ensure that staff have training relevant to the needs of the people living in the home.

What has improved since the last inspection?

Individuals have benefited from more comprehensive assessments and care plans being developed and implemented which are tailored to the individual.

Staff have more confidence in the care planning processes used in the home and have benefited from training in topics relevant to the home.

Individuals can be assured that they are better protected in relation to wound care management with clearer plans of care and staff's increased knowledge.

Individuals can be assured that the systems in place for safe administration of medication are robust and are there to protect them.

Individuals can be assured their safety in the event of a fire with staff having regular training and participating in fire drills.

Generally the morale in the home has improved with new staff being employed including a new manager. It was evident that the provider has spent considerable time in the home with the consultancy company improving the systems in place to support both the staff and the individuals living in the home.

What they could do better:

The home has demonstrated compliance with the requirements and recommendations from the last visit with the assistance from the consultancy company. This level of care must continue as the occupancy of the home increases with staffing kept under review to ensure that the needs of the individuals can be met.

There is one recommendation for the home to document clear guidance for staff to follow when they commence work on a POVA first whilst they are waiting for a satisfactory criminal record bureau disclosure. This is only to be used in exceptional cases. This will ensure that individuals are protected by the home's recruitment processes.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information is available to individuals living in the home that clearly describes the service provided at Uphill Court.

Significant improvements have been made to the documentation of care including assessments which means that individuals can now be confident that the home is meeting their assessed and changing care needs.

Evidence:

The home has a statement of purpose that meets with the National Minimum Standards and the Care Home Regulations. A copy was displayed in the entrance hall of the home along with the certificate of registration. The Statement of Purpose will need to be amended and updated to reflect the new manager who has recently been appointed.

The home has implemented a new care planning process and it was evident that all

Evidence:

the individuals have been reassessed using the new format. Information was informative and reflected the needs of the individual and the placing authorities assessment and care plan. It was evident from talking with the new manager and the provider that this format would be used for new individuals moving to the home. The assessment process is clearly described in the statement of purpose.

The Commission for Social Care Inspection had sent a notice of proposal to stop any new admissions as reported at the last visit to the home. In light of the improvements this will not continue.

In addition to the above North Somerset has stopped contracting with the home until they are satisfied that the individuals in the home are fully protected and receive a good standard of care. The provider will liaise with the local authority informing them of the outcome of this visit.

The home is registered to support 25 people who require nursing care aged over 65 years of age. From talking with the new manager it was evident that a full assessment of need would be undertaken to ensure that the home could support the person and this would take into account the staffing arrangements in place. From talking with the manager and the provider staffing would be increased depending on the occupancy and the dependency of the individuals living in the home.

As the home has not had any new admissions, information was reviewed for the individuals presently living in the home. As already mentioned each person has been reassessed as part of the new care planning format. Assessments were informative and covered all areas as detailed in the National Minimum Standards.

Copies of the contracts were viewed individuals had signed these where they had capacity or their relative or representative. The information in the contract met with the National Minimum Standards including the services that are provided, room occupancy and the fees.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Significant improvements have been noted in how individuals are supported. Individuals can be confident that the home is meeting their assessed care needs with clearer plans of care to direct and support the staff. Individuals can be confident that their personal and health care needs are being met. Individuals can be assured that the practices and procedures relating to medication protect them.

Evidence:

An opportunity was taken to review four out of the thirteen people's care documentation to determine the outcomes for people living in the home.

In response to an ongoing requirement and enforcement the home has implemented a new care planning process to address previous shortfalls and serious concerns. This has included giving staff training on the new care planning format. The process commenced in December 2008 with each person living in the home being reassessed and a new plan of care being implemented. The provider has utilised the skills of a

Evidence:

consultancy company who have assisted in providing support in implementing the new care planning documentation and improving wound care management.

The four files viewed were informative and reflected the needs of the individuals. Staff spoken with were confident in the new system. One member of staff stated that they were more accessible and easy to follow than the previous system. It was evident that staff were confident in the the new system and understood the importance of recording of information ensuring that it reflected the changing needs of the individuals. Staff spoken with during this visit were knowledgeable about the content of the plans of care and the needs of the individuals.

It was evident from reading the care documentation and speaking with staff that communication had improved in the home. Staff clearly described how they were supporting individuals and had more confidence in their roles. Staff had a good awareness of the management of wounds and the importance of recording and reporting any physical changes to both the registered nurses, the tissue viability specialist and the manager. It was evident that the provider was knowledgeable about the needs of the individuals and was working closely with staff and the individuals in improving the care to the individuals.

From reading the assessments it was evident that these had informed the plan of care for the individuals. Whilst this is a relatively new system it was evident that reviews had taken place and reflected the changing needs of the individual.

One individual had a plan of care that stated that exercises had to be completed daily. This was being completed by one named member of staff with records being completed. However, it was not being completed daily in accordance with the plan of care, on average this was being undertaken five days per week. The provider has agreed to ensure that this is completed in accordance with the professionals advice on a daily basis. The individual confirmed they were supported to do the exercises. Staff described an increase in mobility and physical dexterity further confirming that these exercises must continue on a daily basis with the individual's consent.

Again it was noted that two of the individuals continue to spend much of their time in their wheelchairs. Staff stated that both individuals are offered alternative seating. However, this was not seen during this visit. From observations and talking with staff it was evident that the seating arrangement suited the individuals to enable them to access the garden area.

Two individuals are smokers and use the garden area to the rear of the property. The new manager said that they were exploring options to provide a shelter in the garden

Evidence:

suitable for the individuals. Care plans were more clear relating to the support that the individuals require with this task.

Assessments clearly identified areas of need including risk of falls, pressure wounds and other health related matters. Where an area of need was identified a clear plan of care was in place. Care files included risk assessments for nutrition, wound care management, dependency levels and falls. Information recorded has improved considerably detailing how the staff are supporting the individuals. Where individuals are able they have signed the care documentation. Staff confirmed that they had consulted individuals on the plan of care including seeking their views on how they would like to be supported.

As already mentioned the home has employed a consultancy company to assist with the wound care management. Care plans contained information to support the person, including the equipment that is in situ. Good records were maintained including the care plan, daily records and the handover record for staff of any concerns or changes. A Tissue viability nurse completes a monthly assessment of individuals, including a review of the pressure area, the dressings that are being used and the equipment. All staff have had training in the wound care management. It was evident from talking with staff they had a better knowledge that has been seen on previous visits.

Everyone is registered with the local surgery and the GP visits the home on a fortnightly basis. Individuals in conversation with the expert by experience said that the home will always respond to a request to see a GP. Good records were maintained of the visits to the GP and other medical appointments. The home was encouraging other professionals to complete the appropriate care record. This is good practice. The home receives a breakdown of the GP visits from the surgery detailing the outcome of the visit and what was discussed. This cross referenced with the records maintained by the care staff. This is good practice.

The medication system was reviewed by a pharmacist that works for the Commission for Social Care Inspection. The home has responded to the requirements from the visit in October 2008. Clear records were seen of medication entering and leaving the home and administration. Information about the person's medication was clearly described in the plan of care and corresponded with the information held by the prescribing GP. Storage was suitable. All medication is administered by the registered nurses. Although there was an understanding that if a person wanted to self medicate this would be supported. Good systems were in place for the home to audit the medication held in the home.

The provider stated that they were in the process of reviewing the homely remedy

Evidence:

policy and would be liaising with the GP.

Individuals spoken with during this visit told the expert by experience that they felt safe and that their privacy and dignity was maintained. Individuals said that the staff were responsive to their needs and always knocked. Staff were observed knocking on bedroom doors prior to entering.

Comments received from the expert by experience included that everyone was seen to be wearing clean and well kept clothes.

Care records better evidenced personal care and how each person wanted to be supported. Daily records of personal care were maintained including where the individual had refused. Staff stated that individuals can have a bath whenever they wanted depending on need and choice. However, it was noted that generally bathing was completed on a weekly basis.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Social Activities are available to individuals living in the home. Further improvements in this area are being implemented taking into account the interests of the people living in the home.

Individuals can maintain contact with friends and family.

Individuals have a varied and healthy diet and can make choices on what they would like to eat.

Evidence:

Uphill Court has employed an activity coordinator to assist the care staff with social activities. The person is employed for ten hours per week. In addition the administrator spends the afternoons talking with individuals, doing nail care and reading the newspapers with individuals. One person was engaged in a sing song with a member of staff for a short period of time. Individuals were observed listening or watching the television either in their bedrooms or in the communal lounge and this appeared the main stimulus for people in the morning on both days.

One member of care staff stated that the shifts are very busy and little time is spent sitting with individuals just to chat due to the level of dependency of the individuals.

Evidence:

However, the member of care staff said the domestic staff, the maintenance man, the cook and the administrator spend time with individuals engaging in conversation regularly throughout the day. This was observed throughout the two days that in the main it was not the care staff that were interacting with individuals but the administrator, the provider and the manager other than when the individuals required assistance. Care staff were seen to be busy throughout both days assisting individuals with personal care.

The new manager was in the process of devising a new activity plan which included a monthly theme night and a monthly challenge the chef with individuals choosing what the chef should cook. It was evident that the individuals were aware of the activities. Each person had a record of activities that had been completed. It was evident that there has been improvement in this area.

Surveys from two individuals living in the home said that activities are organised usually and one person said that regular manicures and reflexology is offered. However, they prefer not to participate. Another person said that occasionally staff will do a manicure but they do not like to go in the lounge as they prefer their bedroom. On the first day of the visit a clothes party had been organised for the individuals living in the home.

The home organises a hair dresser to visit the home on a fortnightly basis. On the day of the visit a chiropodist was visiting the individuals in the home.

Care records included information about interests and a brief history of the person's life with significant dates of importance. The care documentation included how the person likes to meet their spiritual needs. Presently none of the individuals attend church but from conversations with the manager if individuals expressed that they wanted to go to Church this would be supported. Holy communion is offered to the individuals on a fortnightly basis.

From talking with the new manager it was evident that she was planning other activities and more structure to the present plan so that each person had an opportunity to participate in more meaningful activities. In addition she was hoping for the home to take more of an active role in the life of the village by joining the Uphill Village Committee and organising a village fete in the grounds of the home.

The home maintains a visitors records. Relatives were seen visiting throughout the two days. Staff stated that individuals can meet with their visitors in the communal areas or their bedrooms.

Evidence:

Feedback given to the expert by experience was positive in relation to the food. One individual we spoke with said that the food has greatly improved. Observation of the meal was that it was unhurried and in a relaxed atmosphere. Where staff were supporting individuals this was done sensitively. Individuals were supported to take their meals in the communal dining room, their lounge area and their bedrooms.

The expert by experience said that the meal looked appetizing and the vegetables were freshly prepared. Individuals could choose to have the planned meal of the day or the chef would prepare an alternative. There were no specialist diets but from talking with the chef it was evident she had a good understanding of the likes and dislikes of the individuals and tried to cater to their preferences.

Care files included a nutritional assessment and where relevant a care plan and risk assessment. Staff were very aware of the changes that were written in the plan of care and areas of concern. This further demonstrated improved communication between the staff as this had been less apparent on previous visits.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is actively seeking the views of individuals about the care that they are receiving and improvements have been noted by the people living in Uphill Court. Individuals can be confident that their concerns will be listened to and acted upon. Individuals can be assured that they are protected from harm with improvements noted in the recording of care. Individuals said they felt safe living at Uphill Court.

Evidence:

The home has a complaints procedure which is included in the statement of purpose/service user guide and displayed in the foyer of the home. It contains timescales to inform the complainants when they can expect a response. This includes the contact details for the Commission for Social Care Inspection.

The home maintains a record of complaints and compliments. The home has responded to a requirement to record all complaints in a central file. There have been three complaints since the visit in October 2008. Two were anonymous and related to care and payments of staff and the other related to a complaint from a neighbour about shouting being heard in the garden. The latter was reported to safeguarding with a social worker visiting the individual. The complaint was not upheld. In addition the provider completed their own investigation which included meeting with neighbours, staff and the individual to determine the likelihood of the incident. The provider has responded to the complaints and has kept the Commission for Social Care

Evidence:

Inspection informed of the actions that have been taken to address the concerns in accordance to the timescales in the home's policy.

The home seeks the views of individuals in respect of the service being provided. The home presently sends out annual questionnaires to individuals and their relatives, but the new manager plans to increase the frequency to six months. It was evident from talking with the provider and individuals that they are frequently asked on an informal basis how they feel about the care they are receiving and how this can be improved. Individuals spoken with during this visit said they were happy with the care that was provided and staff were responsive to their needs. Some of the individuals spoken with said that the care has improved.

Staff were knowledgeable about reporting concerns to the provider and the new manager. Guidance was available for staff in the event that an allegation of abuse is made. This was displayed clearly in the office. Staff, as evidenced in training files and through conversations, have attended safeguarding training.

The home has recently introduced care documentation relating to the mental capacity act. This was completed in consultation with the individual and their relatives. Where the individual did not have capacity information was available on who could be contacted. Staff have recently attended training on the Mental Capacity Act and the Deprivation of Liberties.

Appropriate checks are in place to ensure that staff are suitable to work with vulnerable adults. Where staff are employed on a POVA First they work alongside a more experienced member of staff until a full criminal record bureau disclosure is received.

The provider said that individuals are encouraged to look after their own finances if they have the capacity. However, small amounts of personal money are held for four individuals. Good records were maintained of all personal money including receipts.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Uphill Court provides individuals with a homely environment which is clean and free from odour which will be enhanced by the planned refurbishment plan.

The home is meeting the needs of the individuals presently accommodated. The provider has owned the home for two years it is evident that some remedial repairs have been completed but due to the age of the building this is going to be an ongoing process.

Evidence:

Uphill Court is a large building with accommodation spread over two floors. There is a passenger lift to the second floor and a stair lift to the annexe.

Individuals have access to a bedroom with many having ensembles, a communal lounge and a dining area. There is a pleasant garden to the rear of the property and to the front a large car park.

The home was clean and free from odour. The home employs domestic, catering staff and a minor maintenance man to compliment the care staff.

The home has a building renovation plan which includes a complete overhaul of the building, including replacement of windows, re-plastering and decoration of all rooms,

Evidence:

new carpeting and new lighting. Some works have been completed which have included installing a new fire detection system, replacement of the boiler and the water tanks. Some of the works have been on hold due to home not being able to admit. Reassurances were given by the provider that these would commence once more income is generated to enable the works to commence. The provider has employed the contractors to commence the works although a date had not been confirmed for them to start.

It is evident that this would be to the benefit of the individuals that live in the home and the working environment for staff. Staff were aware of the refurbishment plans.

Feedback from the expert by experience was that the home was homely, clean and free from odour but could benefit from some modernisation and decoration being completed.

The provider stated that the work will be done in stages and will mean that some individuals will be moved to enable the contractors to safely access the areas. The provider stated that the first stage will be on the first floor. As part of this plan one of the double bedrooms will be split into two. The provider must ensure that the bedrooms meet the National Minimum Standards in relation to the spatial requirements. Both bedrooms will have an ensuite.

It was noted that the bathroom on the ground floor was in need of some works to make it safe. The edging seal was cracked and could pose a potential risk to individuals. The provider has agreed that this will be made safe within seven days and that the other bathroom will be used as an interim measure. There are sufficient toilets and bathrooms located throughout the home providing sufficient facilities for the number of individuals living in the home. As noted during the visit in May 2008, July 2008, October 2008 and this visit the toilets near to the lounge are out of order due to poor state of repair. The provider stated that works are planned to change this area into a hair dressing salon with one rather than two toilets. It was noted that there were other toilets on the ground floor for individuals to use which are in close proximity to the lounge.

The home has completed a fire risk assessment with the assistance of an independent assessor. It was noted at the visit in October 2008 that the independent assessor had advised that the doors did not have sufficient seals and fire equipment was not being checked at regular intervals and this must be rectified by the 30th September 2008. In response a request was made to the local fire officer to complete a check on the premises. This was completed in November 2008. Requirements were made for the provider to replace seals in doors leading to the laundry, the office and the door

Evidence:

leading to the emersion cupboard. In addition the fire officer advised that the home devise a plan of evacuation in the event of a fire and remove a fire exit sign which was above a bedroom door. Evidence was provided that this has now been addressed.

Fire doors were closed unless an automatic closure had been installed. Routine checks are completed by the staff and an external contractor to ensure the fire equipment is in good working order.

A variety of specialist equipment was seen in the home for the benefit of the individuals, including hoists, specialist beds, pressure relieving equipment and mobility aids. It as evident from looking at the records of maintenance that these are routinely being serviced and checked at six monthly intervals. Care records included the equipment that should be insitu for each person. It was observed that new profiling beds have been purchased. The provider stated that all beds in the home will be profiling. The home has employed a consultancy company who has been checking on the equipment and providing training to staff on its use.

The home has guidelines on infection control. The home has a hand gel dispenser in the main hall of the home, staff and visitors were observed using this. Training records indicated that the staff had attended training in infection control. There were sufficient hand washing facilities throughout the home with a good supply of protective equipment including gloves and aprons.

An opportunity was taken to visit the kitchen. The home was visited by environmental health in December 2008, where a requirement was made for the kitchen to be repainted. The cook confirmed that they had chosen the colour and this was being completed shortly but there was no date confirmed for completion. The provider has agreed that this must be completed within seven days. It was noted that there was flaking paint in the corner of the kitchen. In addition dirt had collected in between a seal on the window. This must be remedied ensuring ease of cleaning.

The home has good measures in place in relation to Food Hygiene. This included food hygiene risk assessments, records of food prepared, food and fridge temperatures and good protocols in relation to the preparation, storage and the cooking of food. Staff have attended a food hygiene course as evidenced in training records.

The home has a laundry facility which is used to launder items of clothing., in addition the home sub contracts work out. A person is employed solely to work in the laundry enabling carers to concentrate on supporting the individuals. The laundry area was well organised. Individuals in conversations with the expert by experience were happy how the home looked after their personal items including clothing.

Evidence:

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals are supported by sufficient staff but as occupancy levels increase so should the staffing.

Individuals are supported by competent and trained staff.

Evidence:

Uphill Court is staffed 24 hours. Presently there are three carers and a registered nurse in the morning, and two carers and a registered nurse until 10pm and then a registered nurse and a carer staffing the home at night to support thirteen people.

Uphill Court Statement of Purpose states that the home will be staffed according to the needs and the numbers of people accommodated at Uphill Court. Due to the occupancy numbers being reduced and the provider being unable to admit it is difficult to predict future staffing levels. However, reassurances were given that the staffing would be continually reviewed when it comes to new people being admitted to the home and increased to meet the needs of the individuals.

A random visit was conducted in November 2008 to look at the staffing levels of the home. The provider agreed that due to the concerns raised by the Commission for Social Care on the staffing levels at night an additional carer would work until 10pm so that three staff would be available to assist people to bed. The rotas seen confirmed

Evidence:

that this was still in place. Again as the home increases occupancy this must be kept under review.

The home has a protocol for emergencies at night which includes the details of staff that live in close proximity to the home who are able to respond.

As already mentioned in addition to the care staff, domestic and catering staff are employed and an activity coordinator. The provider stated that care staff rarely have to complete household tasks which enables them to focus on the care of the people living at Uphill Court.

Discussions with individuals about the staff support did not highlight any concerns. Responses included "the staff are lovely they cannot do enough" and one person said they always respond to the call bell and one other said "the staff are very busy but always willing".

The expert by experience commented that the staff were willing to support individuals and that they worked very hard. There was a good atmosphere in the home between the staff and the individuals. Good interaction between staff and individuals was noted during the lunch time.

Staff recruitment was checked for four staff. Files were well organised and contained the information as required in accordance with the Care Home Regulations. Three staff have recently commenced working in the home. The provider stated that they were still waiting for a full criminal record disclosure but a POVA first had been received. The provider said that the three members of staff are supervised at all times and work alongside more experienced members of staff. The provider said that only one of these members of staff would work per shift. A member of staff confirmed that they had recently supported one of the staff and was aware that the staff member had to be supervised at all times when involved in personal care. From the conversations with staff it would appear that all personal care in the majority of cases is completed by two staff due to dependency levels of the individuals living in the home. Good practice would be that this was clearly recorded with all parties involved signing to say they understand the procedure where staff do not have a full criminal record bureau disclosure.

The home has responded to a requirement to ensure that a registered general nurse is in the home at all times. The member of staff that this relates to has since left the home's employment.

It was evident from reviewing staff files that they complete an induction in accordance

Evidence:

with guidance from Skills for Care. This includes the newly appointed manager. The provider has recently purchased a distance learning package that covers all mandatory training. Staff complete the training and then this is sent to an external assessor. This will be reviewed at the next visit as yet it has not been fully implemented.

Staff training was reviewed. It was evident that there was a commitment for staff to have training as noted at the last visit to the home and this has been built upon since October 2008. Staff have attended training in manual handling, first aid, food hygiene, health and safety and infection control. Certificates were seen confirming this. In addition staff have attended training in protection of vulnerable adults, tissue viability and wound care management and prevention, prevention of falls and person centred care. It is evident that some of the training has impacted on the care provided as evidenced in conversations with staff, the individuals living in the home and the improved care planning documentation.

The provider stated that six out of the eight care staff have or are in the process of completing an National Vocational Award at level 2. Some of these staff were planning to complete an NVQ at level 3. It was evident that the home was committed to meeting the government's target that at least 50% of the workforce have an NVQ in care.

The new manager stated that they are in the process of developing a new appraisal system to be completed by all staff, which looks at performance and identifies any gaps in training and learning. This will be followed up at future visits.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements have been noted in the management of the home, morale in the home has greatly improved. The provider is committed to improve further the quality of the care provided to the home. Good systems are being adopted to monitor the quality of the care provided.

Individuals and staff can be assured that their safety is paramount.

Evidence:

A new manager Mrs Julie Edwards has commenced in employment at the beginning of February 2009. She has many years experience of managing care homes and has been registered with the Commission for Social Care Inspection previously. Mrs Edwards has previously worked in the home prior to the new provider purchasing the home. She is a registered general nurse and has many years experience supporting older people.

Although Mrs Edwards has only been in post for three weeks it was evident that she has made some changes for the benefit of the individuals. This has included

Evidence:

introducing more activities, introducing a key worker (named nurse system) and has spent time getting to know the individuals and the staff.

One member of staff said they felt positive about the new manager stating that she knew her previously. From talking with staff it was evident that the morale in the home has improved with a more open culture of communication being developed. Staff stated the provider has worked closely with staff improving the standards of care and the documentation.

Staff were positive about the consultancy company that had come into to support them and it was evident they were acting on the guidance they had been given. During the period where there was no manager the provider and the consultant supported the home on a regular basis.

The home has a quality assurance system that includes auditing various aspects of the care service. This has included wound care management, falls, care plan reviews, the environment, training, employment information, supervisions, medication to name a few. The newly appointed manager has commenced this process and has scheduled dates to for this to be periodically reviewed throughout the year. In addition questionnaires are sent to seek the views on the quality of the service to relatives, people who use the service and professionals on an annual basis. The newly appointed manager stated that it is her intention to send these out every six months. Again this was scheduled on a notice board.

Over the last few months staff stated that the provider has worked in the home on a regular basis attending regular training with the staff and working alongside them. The provider stated that she has the confidence that the new manager will move the service forward and continue to provide a good standard of care for the people living at Uphill Court but will continue to have regular contact.

Care files included who had responsibility for the individual's finances. As already mentioned the home has responsibility for a small amount of personal money for four individuals. Good records were maintained in respect of money entering and being spent including receipts.

Supervision records were viewed and it was noted that the provider has supervised each member of staff since the previous manager was in post. The newly appointed manager stated that all staff will be supervised at least six times per year.

The home maintains a fire log which clearly documented staff training, drills and the checks on the equipment. These were satisfactory. The home has responded to the

Evidence:

comments made at the last visit in respect of the fire door seals and that of the visit from the local fire officer. A fire officer visited the home in November 2008.

The home has policies and procedures relating for health and safety and infection control. These were not viewed on this occasion.

Documentation was seen addressing risks including care of substances hazardous to health, infection control, fire and food safety. These had all been kept under review. As already mentioned staff attend statutory training in first aid, manual handling, food hygiene and health and safety. This was completed as part of the home's induction with periodic updates.

Periodic checks are completed on all manual handling equipment, the lift and electrical appliances. Certificates were seen supporting this. Safeguards like radiator covers and water temperatures being monitored were in place. Water is regulated to prevent scalds to individuals.

The home has procedures for staff to follow and it was evident from talking with the chef they had completed a food hygiene certificate. Records were maintained in respect of kitchen cleaning, fridge and food temperatures.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	24	24	For the provider to make safe the bath surround. (Room 28). Ensuring individuals safety is maintained.	05/03/2009
2	24	24	For the kitchen to be repainted. Ensuring a safe environment for food preparation and protection of the individuals living in the home.	12/03/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	29	Where staff have been employed on a POVA first, guidance should be developed so that staff are aware of the roles they can undertake in the home. Good practice would be for the provider and the member of staff to sign the agreement ensuring an open and transparent service is provided.

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