

# Anchor Hanover Group

# Upton Grange

## Inspection report

Salacre Lane  
Wirral  
Merseyside  
CH49 9AS

Tel: 01516776067

Date of inspection visit:  
20 July 2022

Date of publication:  
03 October 2022

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Upton Grange is a residential care home providing support for up to 52 people, some of whom live with dementia. At the time of the inspection, there were 51 people living in the home.

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

Most risks to people were assessed, monitored and mitigated and these were recorded within people's plans of care. However, there was no evidence that people's risk regarding COVID-19 had been assessed. These assessments had been archived and the registered manager agreed to review this straight away.

People told us the home was a safe place to be. The building and equipment were well-maintained, and people were supported by sufficient numbers of staff who had been safely recruited. Procedures were in place to manage any safeguarding concerns and staff understood their responsibilities in relation to this.

Safe medication administration procedures and protocols were in place and medicines were administered by staff who had undertaken training and been assessed as competent.

Infection prevention control policies and procedures (IPC) were in place to help reduce the risk of infections, including COVID-19. However, procedures regarding COVID-19 testing for staff require review to ensure all staff consistently undertake tests at the frequency recommended in current guidance. Staff had plenty of PPE available and we saw this was used appropriately. People's friends and family were supported and encouraged to visit safely.

People's consent to their care and treatment was sought in line with the principles of the Mental Capacity Act (MCA). 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.

People's nutritional needs were assessed and met, and people told us they enjoyed the meals available to them. Referrals were made to the dietician or speech and language therapy team as required.

People and their relatives told us staff were caring and treated people with respect. We observed staff engaging with people during the inspection, in a caring and warm manner and people told us they were encouraged to remain as independent as possible. Care files contained detailed, personalised plans of care, which helped to ensure staff knew people's needs and preferences and how to meet them. People were involved in decisions regarding their care.

People were supported and encouraged to participate in activities and events of interest to them and to maintain relationships that were important to them. There was a variety of activities and events that people could participate in if they wanted to.

A range of audits were completed regularly, that covered all areas of the service. They showed that when areas for improvement were identified, action plans were created and followed up on.

The registered manager was fully aware of their responsibilities and regulatory requirements were met. There were clear systems in place to gather feedback from people, staff and relatives, including meetings and surveys, to help encourage engagement. People and their relatives told us they felt the home was well-managed and staff told us they enjoyed their job and would recommend the home.

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

#### Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection. The last rating for the service under the previous provider was good (published on 10 January 2020).

#### Why we inspected

This was a planned inspection of a newly registered service.

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.

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Upton Grange

## 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

The inspection was undertaken by an 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Upton Grange 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 the information we had received about the service and contacted the local authority quality and commissioning teams for their feedback. 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 the registered manager, the deputy manager, operations manager and four other members of the staff team. We also spoke with six people who lived in the home and eight relatives, about their experience of the care provided.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place and displayed within the home. Staff had completed relevant training and were knowledgeable about how to refer any concerns they had.
- People living in the home told us they were safe there. One person said, "Yes, I do feel safe. It's because the staff are very kind."
- Relatives agreed and told us, "Oh yes [they are safe]. It's because they're with people all the time", "Yes, definitely. It's because they follow all procedures. Covid rules were rigidly applied" and "Yes. It's because the staff are attentive, and they're looked after well."

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risks.
- Care files showed that people's individual risks had been assessed and measures had been put in place to reduce those risks and these were reflected within plans of care.
- However, there was no record to show that people's risk regarding COVID-19 had been assessed. The registered manager told us these had previously been completed but as part of a transition to returning to life pre-COVID-19, they had been archived.
- Regular internal and external checks made of the building and equipment to ensure people's safety.
- Personal evacuation plans were in place to ensure people could be safely evacuated in the event of an emergency.

Staffing and recruitment

- There were systems in place to ensure sufficient numbers of safely recruited staff were available to support people.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- There were enough staff on duty during the inspection and a dependency tool was used to determine how many staff were required. Staff told us they often worked extra shifts, which helped maintain the staffing numbers. The registered manager told us they are recruiting additional staff, but staffing levels are maintained.
- Most people and their relatives told us there were enough staff. Their comments included, "There always seems to be staff around", "There seems to be sufficient staff. They always answer the phone readily and are

willing to help" and "I do think [there is enough staff], if anything there's too many."

#### Using medicines safely

- Safe medication administration procedures and protocols were in place.
- Medicines were stored securely in a locked clinic room and the temperature was regularly monitored.
- Stock checks were completed and showed balances were all accurate.
- There was enough information available to staff to ensure people who were prescribed medicines as and when required (PRN), would receive them when needed.
- Medicines were administered by staff who had undertaken training and had their competency assessed.

#### Preventing and controlling infection

- Infection prevention control policies and procedures (IPC) were in place to help reduce the risk of infections, including COVID-19.
- However, the current systems in place regarding staff testing did not ensure tests were consistently completed twice per week by all staff in line with guidance. The registered manager assured us this would be addressed straight away.
- The home was clean and well maintained and cleaning schedules were in place and followed to help maintain this.
- Personal Protective Equipment (PPE) was available to all staff and visitors and we observed this to be worn appropriately.

#### Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were managed safely. Records showed that appropriate actions were taken following any accidents, such as seeking medical advice and regular observations.
- Accidents and incidents were reviewed each month to look for any potential trends and help prevent recurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Systems were in place to ensure DoLS applications were made and managed effectively.
- When there were concerns about a person's capacity to consent to a decision, mental capacity assessments were completed and best interest decisions made, with the involvement of relevant people.
- Records were maintained to evidence when people's relatives had legal authorisation to make decisions on their behalf.
- People told us staff asked for their consent before providing care. They said, "Staff ask me about my care" and "I have my say about my care."

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

- People's needs, choices and preferences were assessed and supported in line with standards, guidance and law.
- There was information available to staff around the home to help ensure they provided support in line with best practice guidance and a range of policies were in place to support staff practice.

Staff support: induction, training, skills and experience

- Staff received day-to-day support and were offered regular learning, training and development opportunities.
- Staff told us they were well-supported by the registered manager, and records reflected regular supervisions and appraisals took place.

- Training records showed that all staff had completed recent training to ensure they had the knowledge and skills to support people safely.
- Relatives told us staff were knowledgeable and knew how to meet people's needs. They told us, "Staff know what they're doing. I'm quite confident about them" and "They know what they're doing. No problem with any of them there."

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

- Care files showed that people's health and well-being was routinely reviewed, monitored and assessed.
- Records showed that referrals were made to other health professionals in a timely way, for their specialist advice and support when required.
- People and their relatives told us staff contacted GP's quickly when people were unwell. Comments included, "If they were not well, I'm confident the doctor would come in to see them. The staff have done it a couple of times" and "If I'm not well I can see the doctor quickly, they come in weekly."

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

- The home provided a safe environment for people.
- A lift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- The home is purpose built, with wide, well-lit corridors and handrails to support people's mobility needs.
- People's rooms were personalised with items of their choice. One person told us, "My bedroom is as I want it. This is my home."

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

- People's nutritional needs were assessed and met.
- People told us they enjoyed the meals available to them, always had enough to eat and drink and had a choice of meal. Menus were displayed for people to see and dining rooms were nicely presented.
- Comments included, "The food is lovely. If I don't feel like a meal at night, I have sandwiches. They're lovely and so fresh" and "They're very good with [family member] and staff bring them the food they like. They monitor their weight and have brought a dietician in."
- People's nutritional needs were monitored and if any concerns were identified, referrals were made to the dietician or speech and language therapy team as required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People and their relatives told us staff were caring and treated people with respect.
- People's comments included, "Most people are lovely aren't they. The staff know me well. I get on well with them" and "Yes, staff care and listen."
- Relatives agreed and told us, "A very kind and caring approach, cheerful and can always have a laugh and a joke with the staff. They are never abrupt, very patient" and "They're lovely with [relative], positive and lovely."
- Staff knew the people they supported well and spoke fondly of them.
- We observed staff engaging with people during the inspection, in a caring and warm manner.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and maintained their privacy and dignity.
- Care files reflected what support people needed from staff, but also what they were able to do for themselves.
- People were supported to be as independent as they could be by staff. Comments included, "They encourage me to do things for myself", "They keep my privacy and dignity. They close the door and curtains. Staff know me well and what help I need", "[Family member] is used to being in a wheelchair, but now staff help them to walk" and "They encourage [family member] to go down for meals. Staff enable and encourage."
- People's personal and confidential information was stored securely.

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

- People were supported to be involved in decisions regarding their care.
- People's feedback was sought through meetings and surveys and any changes made based on the feedback was displayed in the home.
- A resident's guide was available, which advised people what support they could expect when living in the home. This helped people to make informed decisions.
- Information about independent advocacy and support services was available. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care files reflected a person-centred approach to planning and providing people's care.
- Most care plans were detailed regarding people's needs and individual preferences in relation to their required support.
- One person's file contained inconsistent information regarding their swallowing risk. However, staff were fully aware of how to support the person safely and the inconsistency in the records was addressed straight away.
- Care plans were adapted based on assessed risks and were reviewed and updated regularly.

Meeting people's communication needs

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

- People's communication support needs were fully assessed and met.
- Care records contained up-to-date information in relation to people's communication support needs to help ensure staff knew how best to communicate with them.

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

- People were supported and encouraged to participate in activities and events of interest to them and to maintain relationships.
- People told us their friends and family could visit the home at any time. People were also supported to socialise out of the home with their relatives if they chose to.
- There was a variety of activities and events that people could participate in if they wanted to. This included activities such as singing, dancing, quizzes and reminiscence, as well as events such as garden parties and sports days with people who live in the providers others homes, and also day trips to places such as the theatre, pub lunch and sponsored walks.
- Relationships had been made with local schools and nurseries. Children visited the home and participated in activities with people, but people were also invited to events at local schools, such as tea dances.

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

- There was a procedure in place to investigate and manage complaints.
- The complaints policy was displayed within the home and people and their relatives told us they knew how to raise concerns and would do so if needed.
- Most people told us they had not had any reason to make a complaint. Relatives told us if they had raised any concerns, they were taken seriously and dealt with quickly.

#### End of life care and support

- End of life care and support was provided for people and their families when needed.
- People's wishes and preferences regarding end of life support was recorded within care plans so staff could provide support during this time in line with people's preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service helped ensure good outcomes for people.
- People and their relatives told us they felt the home was well-managed. Their comments included, "I think the home is managed very well. It's clean and residents are happy", "Staff really brighten people up", "I'm quite happy here; I'm here for life", "The manager is always there and is approachable, she has the time of day for you" and "It is a well-organised home."
- Staff told us they enjoyed their jobs, liked working in the home and were well supported. Their comments included, "I really enjoy my job, it is one of the best homes I have worked in. The manager is fab, very approachable and the deputy is really helpful," "I really enjoy working there, there is a nice atmosphere. The manager is really approachable, no matter how big or small the issue is I can go to her" and "I give 100% in my job and try my best."
- Staff said they would recommend the home and would be happy for their family members to be supported there.

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

- There were systems in place to ensure that duty of candour was understood and acted on.
- Accidents and incidents were reviewed, and relevant actions taken to ensure the service operated in a transparent way when something went wrong.
- Information was shared with other agencies, such as the local authority when necessary and lessons were learnt.
- Relatives told us they were always kept informed of any incidents regarding their family members.

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

- The registered manager was fully aware of their responsibilities and regulatory requirements were met.
- A range of policies were in place to guide staff in their practice.
- CQC had been informed of all incidents the provider is required to notify us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were clear systems in place to gather feedback from people, staff and relatives, including meetings and surveys, to help encourage engagement.
- Relatives told us they were well informed and always kept updated.
- The registered manager liaised with other health and social care professionals to help ensure people's needs were met.

#### Continuous learning and improving care

- There were effective systems in place to monitor the quality and safety of the service and drive improvements when needed.
- A range of audits were completed regularly, that covered all areas of the service. They showed that when areas for improvement were identified, action plans were created and followed up on.
- Provider oversight was evident through regular visits from the district manager.