

Mr & Mrs M Turner

Underhill House Residential Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Underhill House Residential Care Home (hereafter referred to as Underhill House) is a residential care home in the coastal city of Plymouth, providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people. The service is in a large adapted house set over three floors with three lounges and two dining spaces.

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

People told us they felt safe, relatives said they felt happy their relatives were being well supported and cared for. Where risks had presented themselves these had been assessed, reviewed, and appropriate action was being taken to mitigate them. The building was checked regularly in terms of fire and other environmental factors.

There were enough staff to meet the needs of people at different times of the day. These staff were recruited safely, using a robust process. People and relatives told us the service was always very clean and smelled fresh.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had choices over what they ate and drank, where they sat, and how they spent their time. The service arranged for local entertainers to come in but also catered for quieter tastes.

Staff were kind and caring and the service had a homely feel. People were treated with dignity and respect and their families welcomed whenever they visited.

People accessed healthcare services where needed and professionals we spoke with had a positive view of the service. There was an emphasis on putting people first and making sure they were happy and well. Care plans included information about people's life histories and what care and support they needed from staff.

The service was well-led. Aspects of the running of the service were regularly audited and there was a good understanding of regulatory requirements, including the need to be open and honest when things went wrong. There was an open culture where staff felt supported through supervisions, training, and the open-door policy of the management team.

We made one recommendation that signage in the service was reviewed to ensure it met the needs of people living in the service.

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 2 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

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

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 ●

Underhill House 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 (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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider who was also the registered manager, deputy manager, care workers, housekeeping staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training, and staff supervision. A variety of records relating to the management of the service, including complaints, safeguarding, audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further evidence we requested from the registered manager. We spoke with two professionals who regularly visited the service. We also received feedback from three relatives and four staff.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People said, "I feel safe here, I fell at home, but they check on me here", and "The staff make me feel safe." Relatives said, "He [is] so much safer here", and "They calm my father down when he gets agitated very, very well."
- There were systems in place for staff to report any concerns about people. Staff knew what abuse might look like and who to report it to.
- Accidents, incidents and safeguarding concerns were recorded, and action taken as appropriate by the management team.
- Risks that people faced were assessed. We identified some further information could be added to diabetes risk assessments and fed this back. This was added into care files within a day of the inspection visit.
- Regular checks were completed on environmental aspects of the service. This included checking windows were restricted, testing of electrical items, servicing on mobility, fire equipment and gas safety, and testing of fire alarms and emergency lighting.

Staffing and recruitment

- There were enough staff to meet the needs of people. Staff were visible in shared areas.
- Staffing levels were adjusted according to people's need, if a person was nearing the end of their life, staff would sit with them to keep them company.
- Robust recruitment processes were in place that included application, interview, references and DBS (police checks). In this way the service checked to see if potential staff were suitable to work with people who might be vulnerable.

Using medicines safely

- Medicines were stored securely in a locked unit chained to the wall when not in use. Staff were conscious not to leave it unattended whilst in use.
- We observed staff administering medicines and they were patient and friendly and waited for people to take their medicine before moving on. Staff explained what the medicine was for when administering it.
- One person said, "They make sure I don't forget to take my medicines."
- Medicines administration was recorded without gaps in records and staff had been trained in how to administer medicines safely and then observed to check for their ongoing competency.

Preventing and controlling infection

- The service was clean, tidy and smelled fresh in the bathrooms, lounges, and people's room that we went

into. Relatives and people told us, "It's always clean and tidy" and "Its spotless, I could eat my dinner off the floor."

- There were dedicated cleaning staff who cleaned to a high standard.
- Care staff were using personal protective equipment such as gloves and aprons and had completed training on infection control.

Learning lessons when things go wrong

- Learning from incidents was shared with the team as appropriate.
- Falls were tracked and the times, staffing levels and location were recorded and reviewed to look for trends.
- The registered manager and deputy manager were open about learning from mistakes. They recognised that sometimes mistakes were made but could be learned from, to prevent them from happening again.

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.

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

- Needs were assessed holistically. Social, physical, and emotional aspects were considered. People's histories were considered in how they contributed to people's current situations.
- The service sought advice on best practise where required.

Staff support: induction, training, skills and experience

- Staff said they felt very supported. They said "I feel very supported, the manager at Underhill is friendly, approachable and understanding to everyone's needs. Nothing is too much trouble" and "It's really good team work, good management ... I couldn't ask for a better manager."
- Records showed supervision and appraisal were taking place regularly.
- There was a mixture of skill and experience in the service to meet people's needs.
- Staff were supported to meet the unique needs of people through training. This included safeguarding, first aid, fire safety, dementia, person centred care and equality and diversity.

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

- We observed people making noises of satisfaction during lunch and eating healthy amounts.
- People said, "The food is lovely" and, "The food is delicious, its big portions too."
- One relative said, "The food seems very good, the chef they have there now, he caters very well for my dad's vegetarian needs, he made a nice cake for mums' birthday."
- People were offered a range of drinks with their food and throughout the day to stay hydrated, and these were in reach.
- Where people required specialist diets because of diabetes or needed their food a different texture or consistency this was catered for sensitively.

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

- Professionals had a positive opinion of the service and staff ability to support people with a smooth transition when they moved in or out of Underhill House. One professional said, "They would always ensure the care was the best it can be...they would always action when I asked them to do something."
- People had access to healthcare services such as the GP, dentist, chiropodist, district nurses, memory service and older persons mental health team where required.
- People were supported to achieve positive health outcomes such as losing weight and maintain good skin integrity and oral health.

- Staff were able to identify when a person became unwell as they knew them so well, and referrals were made promptly to health and social care services and followed up.

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

- The service had some sloping floors and a lift to ensure people could access the shared areas of the home.
- Grab rails were installed where needed to encourage people to be more independent and help them feel more secure whilst navigating the home and its facilities.
- The building was of an older style and had been renovated and added to over the years, this made the layout mildly disorientating. The registered manager had tried to create a balance in the service between having signage and wanting it to still feel like people's home. Some further signage may have made the service easier to navigate.

We recommend the service review what signage is available in the service to meet the needs of people.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where required applications for Deprivation of Liberty Safeguards had been made.
- We saw evidence of best interest decisions in care files. One professional said, "If there was a decision that needed to be made they always followed the best interests process and ensured advocacy was there, it was fully best interest right through to the end."
- Staff understood consent and we heard and saw them asking for consent before completing care and support.

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 now remained the same. 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

- Every person and relative we spoke with told us of the "family feel" in the service. One person said, "They staff are always smiling." Another person said, "It's gold star service."
- Relatives said, "It's like one big massive family," and another said, "They are very caring and supportive."
- Staff were kind and considerate in the observations we undertook, there was banter and laughter and staff used humour and touch appropriately to make people smile and include them in conversations.
- Peoples equality needs were assessed. The service captures people's religious and spiritual preferences and supported people where required in this area.

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

- People were offered choices in what they ate, and drank, what they wore and where they spent their time and how.
- People told us they had ownership over their days. One person said, "There are no rules", and another said, "I can get up when I want and eat when I want, it's very flexible here."
- People and relatives were asked for feedback about how their care was delivered through day to day conversations and more formal questionnaires. Some people were involved in the review of their care, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We asked people if they were respected, and they said, "Oh yes absolutely", and "I tell you, they are very aware of my dignity."
- We observed staff discreetly supporting people if they had spilled their food. Staff ensured people retained independence whilst eating by encouraging them to sit at a table and eat for themselves without staff support.
- People were encouraged to move and remain mobile to increase their independence. The registered manager told us of one person who moved back home because the service supported them to regain their strength and become more independent.

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.

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

- Care plans captured the richness of people's life histories and painted a picture of people's past and current needs.
- We fed back that although some areas were detailed there could be further specific instruction in how staff were to deliver support. For example, how people wanted their personal care to be delivered, using what toiletries, and giving guidance to staff on how to deliver it. The registered manager assured us this would be added promptly.
- When we observed staff supporting people in shared areas they knew people's needs and preferences well. For example, one person liked sherry at lunchtime and another person liked to spend time by themselves listening to music. When we spoke with people they confirmed this.
- One person said, "There are no rules I get up when I like" and another said, "I'm in charge...I can do what I want, when I want."

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.

- Assessment of needs included factors that might affect communication such as hearing, sight and cognitive needs.
- There were posters displayed regarding key information about the service that included pictorial elements to make them easier to understand.
- The service had purchased several large print and audiobooks for people to use if they struggled to read small print.

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 service encouraged families and friends to come and visit as often as they like, there were no restrictions on visitors.
- People told us they had enough to do and didn't have any suggestions for further activities or outings. One person said, "I like being by myself with my radio and they let me relax down here." Another person said, "I don't need any more entertainment or activity than what's on already."
- There were entertainers and activities regularly taking place in Underhill House such as quizzes, singers, exercises and people said they enjoyed listening to the radio and watching the television. People told us

they were happy with the level of activity.

Improving care quality in response to complaints or concerns

- There was a complaint policy and it was on clear display in an accessible format.
- Complaints were investigated thoroughly, and action taken where required until an outcome was achieved.
- Relatives and people living in the service said they felt comfortable approaching staff and managers if they needed to make a complaint.

End of life care and support

- Underhill House did support some people who may be nearing the end of their lives. We saw cards from relatives of those people that had passed away thanking the service for their care and support during a difficult time.
- Staff talked with compassion about people passing away and the registered manager told us it was important to them that people were not alone. They made arrangements to ensure this did not happen.
- The service had made efforts to sensitively capture information around end of life care planning in some cases. However, it required following up with some people and relatives. The registered manager assured us this would be followed up.

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 remained the same. 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 values the registered manager told us of putting people first and creating a family feel were evident in the behaviour of staff and shone through when we spoke with them. People all said the service was a happy, positive place to live and staff were approachable and kind.
- People achieved positive outcomes such as gaining weight, growing in confidence and becoming more sociable.
- Staff told us they felt supported and could go to the management team with any worries. Staff told us they were well looked after and there was flexibility around their families and personal lives. This contributed to them feeling part of the Underhill House family too.

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

- The registered manager understood their duty of candour We saw examples where family and other stakeholders had been contacted when something had gone wrong.
- One relative said, "When we had an issue they told us straight away and took action."

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

- There was a clear management structure in the service, with the registered manager and deputy manager available to support staff and people where required.
- Audits were completed regularly with key areas such as infection control, health and safety, care planning, equipment checks, and staffing records checked. Where actions were identified they were undertaken promptly.
- There was a registered manager in post which met the relevant condition of registration.
- Risks were assessed and effectively managed which resulted in low levels of falls, pressure ulcers and incidents in the service.

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

- People were engaged in the running of the service through having choices about what they ate, how they spent their time and what activities were provided.
- Feedback was sought from people, families and professionals.

- The service assessed people's needs and equality characteristics and were aware of how they might meet these specific needs.

Continuous learning and improving care; Working in partnership with others

- The service was keen to keep up to date with best practise and supported additional training for staff and managers where possible.
- The managers attended local workshops and events where other local managers were in attendance to learn from the practice in other services.
- There was a philosophy of putting people first and any discussions regarding suggestions for improvements were taken seriously and actioned where necessary.