Uplands Care Centre Limited

Uplands

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

The Inspection took place on the 6 September 2016.

Uplands Care Centre provides accommodation and personal care with nursing for up to 17 people. At the time of our inspection 12 people were living at the service. The service aims to provide rehabilitation for people who are recovering from a period of time in hospital before they can go back to their permanent residence.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a GPs and specialist doctors.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were supported with the opportunity to participate in activities which interested them. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and people were supported to take it when people required it.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People's food choices were responded to and they were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. People were supported with activities to meet their social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards and to drive it forward.

Uplands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 September and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with eight people and two relatives, we also spoke with the manager, deputy manager, provider, a qualified nurse and three care staff. We reviewed five care files, three staff recruitment files and their support records, audits and policies held at the service.

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Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "It been a Godsend being here." Another person said, "I feel safe here the staff are always around or checking you are okay."

Staff knew how to keep people safe and protect them from safeguarding concerns. The registered manager had an identified member of staff as the safeguarding champion for the service. This member of staff had undergone additional training and part of their role was to train staff about safeguarding and what to do if they had any concerns about a person's welfare. The registered manager had policies and procedures for staff to follow if they had a safeguarding concern. In addition the service also had a policy for staff to follow on 'whistle blowing'. The registered manager also advertised an anonymous help line people, their relatives or staff could call to report abuse. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns I would first check the person was okay, then I would report my concerns to a nurse or the manager."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. One member of staff said, "I am trained in CPR if it was an emergency I would raise the alarm and call for an ambulance." Staff carried out regular fire safety checks and everyone had a personal evacuation plan in place.

People were cared for in a safe environment. The service has recently undergone a major refurbishment to create an environment suitable for people's rehabilitation. This had included making rooms bigger to accommodate the use of wheelchairs and hoists, and creating en-suite wet rooms for people to use. The registered manager employed a maintenance person who arranged for the maintenance of equipment used including the hoists, and fire equipment and held certificates to demonstrate these had been completed. The registered manager had also put in place an emergency contingency folder with instructions for staff to follow in the event of a major emergency that could affect the running of the service.

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff sometimes we use agency but not often." People told us that they felt there were enough staff on to meet their needs, one person said, "If I push my call bell staff always come to see what I want, sometimes two come." Another person said, "The staff are excellent always there for you."
We observed throughout the inspection staff were always available in the main areas of the service and were constantly engaging with people or responding to their needs. The registered manager told us that they matched the staffing numbers dependent on the needs of the people currently using the service. Further to the nurses and care staff the registered manager and deputy manager were additional to the staffing numbers. The service also employed a dedicated cook, laundry staff, cleaners and administration staff. The provider's aim was to recruit staffing numbers above the need of the service so that shortfalls could always be covered. Whilst going through the process of recruiting more staff if there were shortfalls the registered

manager used regular agency staff for consistency at the service. Any agency staff that were used the manager kept an up to date copy of their training and ensured they held a DBS certificate and were suitable to work at the service.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, checking gaps in employment history, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "A friend told me about the job, so I came in and spoke with the manager then I had an interview and provided all the paperwork that was required."

People received their medications as prescribed. One person told us, "I am on blood pressure medication and have to have my blood pressure checked before my medication which the staff do for me." A relative told us, "The staff are always good at checking if [person name] needs pain killers and they keep coming back and checking even when they say no, in case they need them later." Qualified nurses who had received training in medication administration and management dispensed the medication to people. The service used a computerised system to dispense medication through electronic medication administration records (MAR). The registered manager told us that this worked well as it automatically highlighted when people were due their medication and meant medication could be re-ordered directly through to pharmacy when required. The aim of the service was rehabilitation to facilitate this, each person had a locked medication cabinet in their room which stored any medication they needed. We observed part of the medication round, the nurse identified what each person needed from the MAR chart, they then had a conversation with the person about their medication to check they knew what their medication was for and when they needed to take it. The person was then given the medication box to read the instructions for themselves and dispense the medication, all under the supervision of the nurse. The nurse told us, "This is the first stage for them to becoming self-medicating; so that we can be sure when they leave here they are able to manage their medication independently."

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person said, "The staff all seem to know what they are doing, they do their best for me." Another person said, "The staff are excellent, very efficient."

The manager told us that before they re-launched the service to provide rehabilitation to people staff went on a number of courses to provide them with the skills and knowledge they needed. This included reablement/ rehabilitation training and supporting people with strokes. One member of staff said, "We did a lot of training through the summer including, supporting people with exercises and balance, physiotherapy, how to use walking aids, kitchen skills and we covered writing notes." We saw from records that the registered manager and provider had prioritised making sure that staff were all up to date with such training as safeguarding, mental capacity act, food hygiene, health and safety, first aid as well as a range of other appropriate training to support staff with their role. Qualified staff told us that they were supported to revalidate their skills as required by their professional body. The registered manager used a mixture of face to face training as well as computer based training, in addition they had trained staff to be trainers so that they could deliver training at the service. In conjunction with this the registered manager had also sourced specialist trainers to come into the service to deliver training to staff such as the tissue viability nurse (TVN). The TVN had trained staff on how to recognise poor skin conditions, or pressure ulcers and how to prevent and treat these. This told us staff had been well supported to gain the skills they needed to support people.

New staff had an induction to help them get to know their role and the people they were supporting. One member of staff said, "When I first started I was given time to get to know everything and shadowed other staff for a couple of weeks." The registered manager told us that any new staff that did not have experience working in care or hold a relevant qualification would be enrolled into completing the 'Care Certificate'. This is an industry best practice training qualification to enable staff who are new to care to gain the knowledge and skills required to support them within their role. Staff told us that they had regular supervision, staff meetings and yearly appraisals. This told us staff were well supported to perform their role.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. As the service now ran as a rehabilitation centre the registered manager and provider felt that all people using the service needed to have capacity to be able to engage with their rehabilitation program. Before anyone was admitted to the service their capacity would therefore be assessed to ensure they had the capacity to agree to treatment.

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and how to make applications under the act. Although the service had changed its focus, two people remained at the service who required DoLS assessments, these had been arranged and independent advocates were in place to support them. This meant people's legal rights were protected.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. Every room we went into we saw people had fresh jugs of drinks and had drinks within their reach. One person told us, "The chef comes around every day to see what I want to eat, and comes and keeps my drinks topped up." People were very complimentary of the food, one person said, "The salads are out of this world." A relative told us, "When [person name] first came they were off their food and they would always make something else like an omelette or sandwich if they didn't want what was on the menu."

The service chef catered for people's special dietary needs. These included providing diabetic diets or low sodium diets. The chef engaged with people throughout the day to check what their dietary requirements were and to ensure they had enough to eat and drink throughout the day. Following each meal the chef would talk to people to gather feedback on the food provided. The registered manager also employed a speech and language therapist (SALT) who could provide assessment and treatment advice for people who may have difficulties swallowing. In addition staff monitored people's weight and took the appropriate action if there were concerns.

People were supported to access healthcare as required. The registered manager employed a physiotherapist and occupational therapist to support people with their rehabilitation programs and care staff had been trained as rehabilitation assistants. In addition qualified nurses worked at the service to continually monitor people's healthcare needs. People were supported to attend any follow-up hospital appointments and staff registered people temporarily whilst they were at the service with a local GP. One person told us, "I need to go back to the hospital next week to see the specialist; the staff will take me and stay with me." Another person said, "The staff keep in touch with my GP and discuss all my medication with them and if I need any changes." We spoke with a healthcare professional who gave very positive feedback on the service, they said, "I can't praise the service enough; they give really good continuity of care."

Good

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "All the staff do a great job, they are very good." Another person said, "The staff here are lovely, really look after you." A relative told us, "The staff really have a passion for what they do, it's not just a job."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection and showed a genuine fondness towards people. Staff were unrushed in their interaction with people and took time to make sure their needs were met. One person told us, "The staff are always smiling." People felt well support by the staff and felt the staff were caring towards them, one person said, "I was having a few problems earlier and the nurse stayed with me for an hour until I was alright." A relative told us, "I am really impressed with the level of care here."

Staff knew people well including their preferences for care and their personal histories. The service had care plan boards in people's rooms that gave a snap shot of people and what they liked and their preferences. These were completed by people and were a quick reference point for staff. Each person had an identified named nurse who was a qualified member of staff and an identified key worker who was a rehabilitation assistant. People and their relatives were actively involved in making decisions about their care. One person told us, "They treat you like a human being, the staff know you and discuss with you all your treatment needs. I can discuss any concerns with them too."

The service respected people's religious and cultural needs. One person told us, "I only eat kosha food and the chef has arranged for this to be bought in for me." The registered manager told us that they arranged this to meet the person's needs whilst they are at the service. Staff described to us how one person liked food to be delivered and opened in front of them, and we saw staff respected this request. This told us people's diverse needs were respected.

People told us that staff respected their privacy and dignity. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. We saw that people took pride in their appearance and staff supported them with this, one person was helped to have their nails painted by staff.

People were supported and encouraged to maintain relationships with their friends and family. Visiting was encouraged around people's therapy times. We saw throughout the inspection people's visitors were made to feel welcome at the service and that there were facilities available for them to make drinks for themselves and their relatives. The service provided wifi so that people could skype their relatives if they wished. We saw one person had a computer in their room they told us, "I use it to skype my children and grandchildren."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported to have individualised care and support.

The service had changed its focus in June 2016 from being a long term nursing home to becoming a short term rehabilitation environment. To meet the needs of people needing rehabilitation the service had undergone a major period of refurbishment. This had included making rooms larger to accommodate any equipment needs such as overhead hoists or wheelchairs and walking frames. In addition the service had built a rehabilitation suite, this contained such equipment as practice stairs, parallel bars and there was an activities of daily living kitchen. This suite was used for people to build on their skills and to practice what they needed to do to become fully independent again. One person told us, "Before I came here I couldn't walk, now I will be flying out that door soon to go home." Another person asked us, "Have you seen the stairs? I can get up and down them no problem now." We saw from feedback one person had written, 'An individual and intensive physio plan took me from being able to move my fingers to walking and being prepared to go home.'

The provider and registered manager worked closely with the local clinical commissioning groups and local hospital to identify people who would benefit from the service. Before people came to the service their needs were assessed to see if they could be met by the service. The registered manager told us that the aim was for people to be at the service for up to eight weeks to regain their independence and move back to their permanent residence with the support they needed. Once people were assessed and their care needs identified a rehabilitation program was developed in conjunction with the multidisciplinary team (MDT). People's progress was then reviewed weekly by the MDT with the emphasis on making plans for discharge as soon as appropriate. The physiotherapist and occupational therapist completed home assessments before people were discharged to see if any adaptations were needed to people's homes. One person told us, "I have had a home assessment and they are arranging for me to have handrails and grab bars fitted." Another person told us, "I can manage the stairs at home, but I am going to have a stair lift fitted to be on the safe side." A social worker was also part of the MDT and they could arrange any further social support people may need when discharged from the service.

People were encouraged to follow their own interests at the service or in the community. One person told us, "I have been out with my family and I am gradually managing to walk further." When people were not taking part in therapy they were independent to follow their own interests, such as reading, doing crosswords and watching television. Staff did also spend time talking with people.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the registered manager. Staff new how to support people with making complaints and if people wished to complain anonymously there was a dedicated box to place complaints into. In addition the registered manager displayed a 'you said we did' this was a board that displayed any concerns or suggestions that had been gathered and how they had been addressed. The service also received a number of compliments, one

said, 'the staff were excellent, helpful and caring'.

Good

Is the service well-led?

Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The registered manager had a very good knowledge of all the people living there and their relatives. One person told us, "The manager and deputy are very good, they go around doing their manager duties." The registered manager had been in post for just over a year, they told us that they felt very supported in their role, and that they had frequent meetings and contact with the provider.

The registered manager's vision for the service was 'for everyone to achieve their goals, to have a worthwhile stay'. Staff shared the managers vision one member of staff said, "It is great when you see positive outcomes for people, especially when they come here in a wheelchair and can walk out when they leave." Another member of staff said, "We want to successfully manage people's discharge so they can re-join life in the community with their families."

People benefited from a staff team that worked well together and understood their roles and responsibilities. Staff had regular supervision and meetings to discuss people's care and the running of the service. The manager had also commenced yearly appraisals for staff. Staff said they had regular team meetings to discuss any issues and to learn from any events and share information. The registered manager held general meetings with the staff as well as more specific meetings for the qualified staff to share ideas and how to meet people's needs at the service. Staff told us that they felt listened to by the registered manager and that their ideas were taken on board. One member of staff told us, "We brought up that some of the gloves and aprons that we were using were of poor quality so the manager has changed these now." Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book and memo's to share information. One member of staff said, "We have a general handover meeting then we go around to each person for a more detailed handover on their care each shift." This demonstrated that people were being cared for by staff who were well supported in performing their role.

The registered manager gathered people's views on the service through regular meetings with relatives and people. The registered manager spent time talking to people to get their direct feedback on the service. People were also asked to complete a questionnaire about their stay at the service once they were discharged. We reviewed these questionnaires and saw some very positive feedback on the service. For example one said, 'Uplands fulfils a much needed step from hospital to more independence'. In addition the chef also spent time talking directly to people to get their feedback on the food provided. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care

plans, accident and incidents, health and safety, and environment. This information was used as appropriate to improve the care people received.