

## Uplands Care Centre Limited

# Uplands

### Inspection report

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Date of inspection visit:  
28 November 2018

Date of publication:  
24 December 2018

### 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 service was inspected on the 28 November 2018.

Uplands Care Centre provides accommodation and personal care with nursing. The service is registered for 23 beds however following refurbishment they have reduced their bed numbers to 17. At the time of our inspection 16 people were using the service with two people receiving long-term care. The service aims to provide rehabilitation for people who are recovering from a period in hospital before they can go back to their permanent residence. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. 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 managed safely.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had sufficient amounts to eat and drink to ensure their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. The environment was appropriately designed and adapted to meet people's needs.

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

Records we reviewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The provider had a number of ways of gathering people's views to gain feedback on the service. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 visit took place on the 28 November 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection visit we spoke with ten people, the provider, registered manager, deputy manager, a nurse and two care staff. We also spoke with a visiting healthcare professional. We looked at a range of records relating to people's care and the running of the service. These included care records, medication records, management audits, incident reports and complaints and compliments.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "I was nervous before I came here as I didn't know what to expect. Now I feel very safe here, there is always staff around to help me."

Staff were trained and able to identify how people may be at risk of harm or abuse and what they should do to protect them. In addition, there was a safeguarding champion at the service to promote good practice. One member of staff said, "I would intervene and let the manager know, if necessary I would report to a social worker or the police."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe and ensured people had all the equipment they needed for their support. For example, people told us they had walking aids, transfer boards and wheelchairs to use when needed. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in first aid and told us if there was a medical emergency, they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. Since our last inspection, further fire evacuation equipment had been added to aid the safe evacuation of people if needed.

People were supported by a team of highly experienced staff. The registered manager recruited staff with the skills to provide rehabilitation for people. The core staff consisted of nurses, physiotherapist, occupational therapist and rehabilitation assistants. People told us there were enough staff to support their needs and were very complimentary of the staff. One person told us, "I give full marks to the staff here, they do their level best at all times." The registered manager believed in values based recruitment to ensure they employed the best staff and had safe recruitment processes in place.

The registered manager had effective systems to monitor accidents and incidents and to learn lessons when things went wrong to prevent them from happening again. There was an audit in place to monitor any accidents and incidents for themes and the actions taken following these. The registered manager had addressed previous incidents and put systems in place to prevent these from happening again.

People were cared for in a safe environment. Staff followed processes which lowered the risk of infection and since our last inspection, more hand washing dispensers and personal protective equipment dispensers had been added for ease of staff use. The provider had systems for the on-going maintenance and refurbishment of the service.

Medication was managed safely. The provider had an electronic system for the safe administration of medication. Qualified nurses were responsible for ensuring people received their medication on time and when they needed it. Some people were supported to manage their medication independently in preparation for their discharge home. There were risk assessments and audits in place to monitor medication practices.

## Is the service effective?

### Our findings

Staff were supported to complete training to develop their skills and help them perform their role. Staff told us they were supported to complete nationally recognised qualifications, one member of staff said, "I have been put forward to go to university to train as an associate nurse." The provider and registered manager were very keen to recognise talent in staff and to support the development of their skills and careers. By developing staff skills, the provider also recognised this as a way of retaining staff at the service.

Staff felt supported at the service. New staff were given a full induction and one member of staff said, "I was given training by experts and completed shadow shifts when I first started." The registered manager and deputy manager had regular meetings with staff and staff had supervision to discuss their skills and development. The managers also observed staff practice and completed yearly appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are 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.

The majority of beds at the service were used for rehabilitation and most people were only admitted for a four-week program of rehabilitation before going home. People were assessed as having capacity to engage and take part in the rehabilitation program. However, the service did have some long-term beds for people with acquired brain injury. The registered manager had made referrals to DoLS as appropriate and had involved independent advocates with people's care to ensure they were supported with important decisions about their treatment and care. Staff knew to support people with making decisions about their care and understood their rights under the MCA. This told us people's rights were being protected.

People had enough to eat and drink at the service. When people were first admitted their fluid intake and diet was monitored to ensure they were receiving adequate nutrition. One person told us, "They are always topping up my drinks for me." The service employed two chefs and all food was cooked fresh each day. Another person told us, "The chef comes around every morning and asks me what I want to eat. He is a lovely boy."

People had access to a full range of healthcare. People were admitted to the service to engage in rehabilitation before they were then discharged home. The service worked closely with the local hospital to provide this service. There was a dedicated social worker who arranged aftercare packages when people were ready to go home. A physiotherapist set goals with people on admission and worked with people to achieve these goals and an occupational therapist arranged any additional equipment people needed and took them home to assess their environment for any changes needed. In addition, all people were registered temporarily with a GP who attended weekly to review people's care.

The premises and environment met the needs of people who used the service and had been suitably adapted.



## Is the service caring?

### Our findings

The service continued to provide a very caring environment. People were very complimentary of the staff and support they received. One person told us, "All the staff are brilliant." Another person told us, "They are all so lovely here."

People were fully involved in making decisions about their care. When people were first admitted to the service they met with the rehabilitation team to discuss their goals and what they wished to achieve by the time they went home. Most people wanted to regain their independence and sometimes this was to do with becoming mobile again following a fall or broken bone at home. One person told us, "I have physiotherapy they make sure I am improving but they don't overdo it." Another person told us, "I have really started to improve since being here, they really motivate you to improve."

Staff knew people well including their preferences for care. Each person had a key worker who worked with them to discuss all their support needs and how they wished to be supported. One person told us, "I have discussed everything about my care." There was a board in people's room which displayed a quick reference to people's likes and dislikes and told staff a bit about the person. People were treated with dignity and respect and since our last inspection 'do not disturb' signs had been added to people's doors so staff knew not to enter when people were receiving personal care. One person told us, "I only want female staff to assist my personal care and they always respect this."

Staff showed concern about people's welfare and responded to their needs. We saw people were relaxed in the company of each other and staff. One person told us, "Everyone is very friendly I enjoy chatting in the lounge." Staff spent time checking people had all their care needs met, one member of staff told us, "Some people like us to just sit and chat with them as they like the company." We saw staff frequently checking people had enough to drink, one person told us, "I have a water infection so the staff keep making sure I am drinking enough." Staff told us they got a sense of achievement from helping people and seeing them improve whilst at the service. One member of staff said, "I love working here, there is no better feeling than seeing someone arrive on a stretcher and leave walking."

## Is the service responsive?

### Our findings

The service remained very responsive to people's needs. Before people were admitted for rehabilitation they were first assessed to ensure they were medically fit enough to undergo rehabilitation. A full assessment of people's needs was undertaken and a support plan put in place in agreement with people identifying their goals. Support plans were informative and regularly reviewed to contain all the information staff needed to provide support.

The registered manager and staff were good at identifying when changes were needed at the service, for example since our last inspection they had added a lift which was big enough to contain a stretcher should people need to be admitted or leave via ambulance stretcher.

The registered manager was very good at responding to complaints or concerns received from people and we saw they actioned these with a 'you said, we did' board. The service also received a number of compliments and one read, 'I did not know there was a marvellous place like this, when you held my hand in hospital you gave me hope.'

Staff were good at recognising the changing needs of people. For example, one member of staff had completed a great deal of research on wheelchairs and people's rights to have these replaced and updated when living with an acquired brain injury. We saw they had been very tenacious in acquiring funding for two new wheelchairs for people to ensure they had the correct support and equipment in place to meet their needs. The provider had also purchased a minibus with wheelchair access so staff could support people to access the community more easily. Staff were very passionate about ensuring people could live as full a life as possible in the community and supported them with activities that were meaningful for them.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw staff were very good at ensuring people could communicate in whatever form they found comfortable. Where one person did not have English as their first language, staff used a translation device to communicate with them. Staff also arranged for a daily telephone conference with the person's relative, who could translate and discuss any concerns or issues they had. The provider told us they had also provided braille information for one person who preferred this method of communicating. This told us the provider had considered people's needs under this standard.

Meaningful activities were supported at the service in conjunction with people's physiotherapy and rehabilitation programs. One person had a goal of being able to drive again so the physiotherapist supported them with exercises that would enable them to achieve the dexterity back in their hand to do this. People told us they had enough to keep them occupied when they were not doing their rehabilitation. One person told us, "I am okay I like doing my crossword puzzles."

Staff were trained in end of life care and could give this support if required, however the service generally focussed on rehabilitation.

## Is the service well-led?

### Our findings

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.

There was a clear vision and culture that was shared by the provider, registered manager and staff to rehabilitate people to a level of independence where they could return home. One member of staff said, "We want to try and help people to regain their independence and abilities whilst feeling safe."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported at the service and told us they felt they had a good team to work with. We saw staff were happy and relaxed in their role and staff said morale was good. Staff felt there was an opportunity for career progression whilst working at the service and felt supported to obtain new skills. The registered manager told us that they recognised staff commitment and there was an opportunity for staff and people to vote for employee of the month.

People were actively involved in improving the service they received. The registered manager asked people to complete a survey when admitted and discharged from the service to gain their feedback. In addition, the social worker that worked with the service frequently met with people to get their feedback on their progress and contacted people when discharged to follow up with their progress. From feedback people gave, we saw that the registered manager took action to ensure any issues were addressed by discussing these at staff meetings and where needed changed staff practice.

The registered manager and provider worked in partnership with other agencies and health professionals to provide a number of short term rehabilitation beds at the service. They had developed close links with the local hospital to provide a transition for people leaving hospital and support their rehabilitation before they were then discharged home with a package of care. The provider was currently in discussion with the local commissioning group to avoid hospital admission by people living in the community when they needed short term treatment such as antibiotic therapy. The plan being that people could be admitted to the service to receive this instead of needing to go into hospital.

The provider had many 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 length of stay, satisfaction, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there. The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.