

# Coveberry Limited

## 66 Park Lane

### 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

This inspection took place on 16 July 2018 and was unannounced.

At the last inspection, the service was rated Good. At this inspection the service remained Good.

66 Park Lane is a 'care home'. People in care homes receive accommodation and 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.

66 Park Lane accommodates five people who need support with their mental well being.

There was a registered manager in place. 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.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adult's procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to assist with learning being shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005 and Mental Health Act 1983/2007. 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. An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. Staff empowered people to make choices

about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

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.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 66 Park Lane

## **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 checked 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 16 July 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. For example, information shared by members of the public and healthcare professionals and statutory notifications. Statutory notifications are information about important events which the service is required to tell us about by law. We also reviewed the information included in the 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 used this information to plan the inspection.

During the inspection we spoke with three people using the service, a team leader, two support workers, and the registered manager. We reviewed one person's care records and sampled one other person's records, we looked at staff records which included supervision notes. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

People confirmed they continued to feel safe living at the service. One person told us, "Yes I am safe."

People continued to be protected against the risk of harm and abuse. One staff member told us, "If I saw something a staff member shouldn't be doing I would tell them it was inappropriate. I would always report it [abuse] to the [registered] manager." Staff were supported to undertake training in safeguarding and were aware of the steps to take if they suspected abuse, who to report this to and how to escalate their concerns. Twice daily handovers ensured any potential concerns were shared with staff to ensure repeat incidents were minimised and where necessary changes were made to the delivery of care in a timely manner. Staff confirmed they felt comfortable raising any concerns with the registered manager.

The service maintained and developed risk management plans in order to protect people from identified risks. We reviewed the risk assessments and found these identified the risk, what the impact would be on the person and how staff could support them to minimise the risk. We also found risk management plans were regularly reviewed with people where appropriate. Risk management plans looked at all aspects of people's lives and included, for example, finances, eating, hygiene, medicines and the environment. Records relating to risk management plans were kept securely, only people with authorisation had access to them.

People received care and support from staff who learnt from incidents and accidents to minimise the risk of repeat incidents. Records confirmed all incidents were recorded and fully investigated, with the relevant healthcare professionals informed. We identified one record whereby following an incident control measures were updated and changes to the risk assessment were made. For example, where a person experienced seizures with no warning placing them and staff at risk when out in the community, staff support had been renegotiated with the local authority so the person received the support of two staff when they went out. All staff had received specific behavioural management training to respond safely to people who could engage in behaviours others may have found challenging.

People continued to receive care and support from sufficient numbers of suitable staff to meet their needs. People told us they felt there were enough staff on duty at any one time to support them and keep them safe. We asked staff if they thought there were enough staff on duty to support people safely day to day. One staff member told us, "Yes. We have bank staff we can call on but we don't use agency staff." We reviewed the staff rotas and found the numbers of staff on duty reflected what staff told us. The registered manager explained staffing levels were flexible in order to meet people's changing needs.

At the last inspection we found that not all employment records showed a robust recruitment process. At this inspection records confirmed the provider had undertaken robust employment checks to ensure the suitability of staff employed. Staff records contained two references, work history, an application form and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

People were protected against the risk of unsafe medicines management. The service demonstrated good

practice in medicines management. Staff received ongoing medicines training and confirmed they felt competent in medicines administration. People were supported to self-administer medicines as part of their pathway to independence. We reviewed the medicines charts and found all stocks and balances were in order, medicines were stored correctly and medicine administration records (MARs) were completed correctly with no errors or omissions. Protocols were in place instructing staff when to give people their 'when required' medicines and staff were able to explain to us the behaviour people showed which may have indicated they were in pain so pain relief could be provided. There were systems in place to ensure safe disposal of unused medicines.

People continued to be protected against infection as the service had systems and processes in place to manage those risks. The service undertook regular cleaning of the building and people had cleaning schedules in their rooms and were supported to ensure these were completed as agreed. Staff told us they had received training in infection control and records confirmed this. The environment was clean and odour free.

# Is the service effective?

## Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required. People told us they liked living at the home, one said, "I like all the staff but can I say I have a favourite? I like [name] because they are straight talking I like that."

Staff told us they "Really enjoyed" working at the service and that they were "Ready to learn new things." Staff stayed up to date with good practice guidance and any changes in legislation. Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included training in mental health, and supporting people who could display behaviour that challenged others. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Upon commencement of their role, staff members were supported to complete a comprehensive induction programme that covered, job role, information about the visions and values of the organisation, duty of care, principles of safeguarding, health and safety and equality and diversity. Each staff member was supported to complete a competency assessment in all areas, which was subsequently signed off by senior staff when they were deemed as competent.

The registered manager encouraged staff to reflect on their working practices through regular team meetings, supervisions and annual appraisals. One staff member told us, "We get supervisions regularly. It's about me and how I'm managing. If there's anything at all I want to bring up I know I can." This meant that people received support from staff who learned from mistakes, sought guidance to increase their knowledge and skills and strove for improvement.

People continued to be supported by staff members that had access to comprehensive training to further their knowledge and enhance their skills. Training was delivered and tailored to the individual needs of staff. Staff spoke positively about the training they received and confirmed they received frequent training, which they put into practice. Records confirmed what staff told us, we identified staff training included, safeguarding, MCA, DoLS, infection control, management of behaviours that challenge, management of schizophrenia and food safety. This meant that people received support from staff who delivered care following up-to-date practices.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We

checked whether the provider's policy supported this practice.

We asked staff about consent and their understanding of the Mental Capacity Act 2005 (MCA). Staff had an excellent understanding of the MCA and DoLS and confirmed they had received recent training in both areas. Records confirmed the registered manager had followed legislation in assessing people's capacity and had submitted DoLS authorisation requests to the relevant local authorities when required to support people to stay safe. At the time of the inspection no one using the service was subject to a DoLS authorisation. One person had been placed at the home under the Mental Health Act 1983/2007.

Staff were aware of the need to ensure people were involved and supported to make as many decisions as they were able to. People were asked to give their consent and this was recorded, and we saw care plans had been signed and commented on by the individual. Throughout the inspection we observed discussion between staff and people enabling them to explore their decisions. Staff were seen to respect people's choices. Most staff had received training in the principles and operation of the Act and were able to tell us about people's rights to take risks when they had capacity.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff supported people to eat and drink sufficient amounts to meet their needs, and were aware of people's dietary and health requirements.

The service had an embedded culture of coordinating and planning people's care collaboratively with other healthcare professionals to ensure people received the best possible care. People who had specific healthcare needs, were supported to access specialists in that field to ensure they received the best care possible. For example, clinical psychologists, physicians, mental health nurses and links to local gyms and safe dating. This meant that the care people received was tailored to their individual needs and ensured continuity of care from familiar healthcare professionals.

66 Park Lane is a large family home. The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wished. We observed people using the kitchen to make themselves, staff and visitors drinks and making their own meals and snacks. Each person's bedroom was personalised and provided ensuite bathroom facilities.

## Is the service caring?

### Our findings

The service had a warm and friendly atmosphere where people were encouraged to share their views and opinions. People told us they were happy living at the home. Comments included, "I am happy here" and "It's great" and "Love it." We also observed people actively sought staff's company, guidance and support and felt comfortable in doing so.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships. Staff supported people to practice their faith for example being supported to attend church weekly.

People were supported and encouraged to express their views and have their decisions about the care they received respected and implemented. People confirmed they were involved in day-to-day discussions and plans. They also confirmed they were able to do what they wanted and where staff support was needed, this was then provided. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the support given was of a consistently high standard. Care plans detailed people's preferences, likes and dislikes and how they should be asked to make decisions. One staff member we spoke with told us, that when someone did not want to do something, this was always respected.

People were encouraged to maintain relationships with friends and family members. Staff communicated with people's family members and always welcomed relatives to visit the service. Staff supported people to find holidays where they would have support. One person told us they had just returned from a holiday at holiday camp, and hoped to go abroad next year.

People were allocated a keyworker who met with them once a month to discuss anything they wished. Although these meetings were monthly, people could speak with their keyworker or other staff at any time and were encouraged to do so. A keyworker is a named staff member that advocates on the person's behalf. Keyworker meetings enabled people to express their views, concerns or wishes and this was then shared with the staff team and care plans updated to incorporate their views. People were also supported to access external advocacy services to ensure their views were listened to and voiced.

People's right to privacy and dignity was encouraged and respected. For example, it was a matter of policy that staff would never enter people's accommodation without permission, except in an emergency. Throughout the inspection we observed staff seeking authorisation to enter people's rooms. Where authorisation was not given, staff respected their decision. This meant that people were encouraged to maintain their independence in relation to their right to privacy and dignity.

Staff continued to encourage people to remain independent with all aspects of their daily living skills. For example, each person was assessed to ascertain if they could access the community without direct support from staff.

The Accessible Information Standard was introduced in August 2016 and applies to people using the service who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, and/or who have a learning disability. Plus, people who have aphasia, autism or a mental health condition which affects their ability to communicate. The registered manager told us they were aware of the accessible information standard. Information was provided to people in a way which would give them the best opportunity to understand it and be able to contribute. Policies and information on display were in larger than normal print.

## Is the service responsive?

### Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. People said, "I decide how I spend my days and what time I get up or go to bed." Staff explained that it was important for people to have choice and control over their lifestyle.

People's care records provided detailed information about their needs and how they were to be supported with their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated in line with any changes in people's needs or health. Detailed records were kept for any specific health needs; for example, epilepsy, diabetes and catheter care.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities, sessions to support their health and voluntary work.

People told us they would know who to approach should they have a complaint. The staff we spoke with were clear about their responsibilities in the management of complaints. They said they felt comfortable speaking to the registered manager or team leader if they had any concerns and were confident that any concerns raised would be taken seriously and dealt with appropriately. The provider's complaints policy and procedures were displayed in communal areas. We reviewed the complaint file and found the service had received one complaint since the last inspection. We saw this had been resolved.

We discussed end of life care with the registered manager as this had not been included in all the current care plans. The manager told us they had information available to support people to document their preferences for end of life care. End of life information included people's faith, whether they wished to make a will, people that were important to them, where they would choose to die, where items of importance should go, what type of funeral service they would like and where they would like to be buried. Records confirmed one person had requested this information and their views were clearly documented.

## Is the service well-led?

### Our findings

One staff member told us the manager was, "Brilliant. A lovely manager. Really supportive and she's hands on. She's really helpful." The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. Staff told us the registered manager was, "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team."

The registered manager and staff were able to clearly demonstrate the provider's values and vision. Staff confirmed they were always seeking to improve the quality of care provided. Care was delivered in a person centred way, ensuring people were at the forefront.

People and staff were observed seeking guidance and reassurance from the registered manager throughout the inspection. The atmosphere was relaxed and calm, with people and staff laughing and engaging in positive discussions. People continued to be treated equally and had their differences embraced.

Staff had a clear understanding of their roles and responsibilities and carried these out effectively and in line with the provider's governance guidance. Regular audits were undertaken to ensure the service was monitored and action taken to address any issues identified. Records confirmed audits were completed of care plans, medicines, health and safety and infection control.

The service continued to actively seek people's views through regular keyworker meetings and quality assurance questionnaires.

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The manager shared a business improvement plan with us showing how they were going to develop the service, part of the plan included the possibility of moving to supported living.

People continued to receive care and support from a service that sought partnership working. Records showed healthcare professional involvement was encouraged and guidance and advice given was documented and implemented into the delivery of care. For example, partnership working included involvement from the GP, Community Psychiatric Nurse (CPN), psychiatrists and the community police. This included the local authority and clinical commissioning groups who funded people's care. The registered

manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.