

# Coveberry Limited

## 66 Park Lane

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 22 March 2016 and was unannounced.

66 Park Lane is registered to offer support and accommodation for up to five people who have a range of needs including learning disabilities and a past or present experience of mental ill health. On the day of our visit there were four people living at the home.

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.

Staff supported people to maintain their safety. Assessments were undertaken to identify any risks to a person's safety and management plans were in place to address those risks. Staff were aware of signs and symptoms that a person's mental health may be deteriorating and how this impacted on the risks associated with the person's behaviour.

People were supported as appropriate to maintain their physical and mental health. People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them.

Staff worked in combination with other professionals to ensure people received adequate support. Any concerns about a person's health were shared with the person's care coordinator so they could receive additional support and treatment when required.

Safe medicines management processes were in place and people received their medicines as prescribed.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, in a friendly and respectful manner.

People were encouraged to express their opinions and views about the service. There were regular meetings with people and individual support was provided through a key worker system.

There were sufficient numbers of staff to meet people's needs. There was a recruitment process in place however; it was not always followed to ensure people's safety. Staff had the knowledge and skills to meet people's needs, and attended regular training courses.

Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service.

The management team undertook checks on the quality of service delivery. A range of audits were undertaken to ensure the service was delivered in line with the provider's policies and procedures, and that people received the support they required.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of staff to support people safely and meet their needs.

However recruitment was not always robust to ensure the safety of people.

People were protected against risks associated with the management of medicines.

### Is the service effective?

**Good** 

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent to their care and treatment.

People were supported to have a balanced diet.

People's health and welfare was maintained by access to the healthcare services they needed.

### Is the service caring?

**Good** 

The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

People's independence, privacy and dignity were respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual activities that took into account their interests and choices.

A procedure was in place to manage complaints.

### Is the service well-led?

Good ●

The service was well led.

The management team adopted an open and inclusive style of leadership.

People and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

# 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 22 March 2016 and was unannounced. This inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to most of the people who lived at the home. We spoke with the registered manager and team leader, two support staff and three people who lived at the home.

We looked at the care plans and associated records for two people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for three members of staff.

# Is the service safe?

## Our findings

We saw people were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. One person said "It's okay here." Another said, "It's the best place I have lived in in 30 years."

There were sufficient staff to meet people's needs. Staff were available 24 hours a day. There were at least two staff on duty during the day and one at night, and this was increased according to people's needs during the day.

Staff were available to support people as required to meet their needs and ensure their safety. Shifts were organised so that there was time for handover of information between staff to enable continuity in care and support provided. An out of hours service was available so staff could obtain further advice and support from a senior member of staff if required.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There were no current safeguarding concerns and previous safeguarding issues had been suitably reported, investigated, recorded and learned from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in how to use them. Staff said they understood what abuse was and the action to take if they came into contact with it. They said protecting people from harm and abuse was part of their induction training.

People's care plans contained risk assessments and they were reviewed regularly and updated if people's needs and interests changed. Risks assessments were based around people's needs and abilities and encouraged positive risk taking. For example working with people to gain trust of others so they felt able to go out alone.

There were general risk assessments for the home and equipment used that were reviewed and updated. For example, one member of staff had the role of ensuring that infection control was managed and was completing the audit on the day of the inspection. There was also a fire safety plan for the home and each individual who lived there. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

There were accident and incident records kept and a whistle-blowing procedure that staff understood. Accidents and incidents were recorded in a way that allowed the manager to identify patterns and offer assistance to staff if needed.

The recruitment process ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We looked at three recruitment files; one had a full employment history, references, DBS check and copies of the questions asked at interview. The other two had only one reference each and no DBS checks and one of those did not have a copy of the questions asked.

Following the inspection we were sent information regarding the two DBS checks and could see this had been done. However there was only one reference available for two of the staff. There were no risk assessments in place to show this had been considered as part of the assessment of the members of staff being safe to work with people.

The recruitment of staff had failed to check their suitability for working in a care home. This was a breach of Regulation 19(3) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The recruitment procedure recorded all stages of the process prior to staff starting in post and included a six month induction/ probationary period with reviews. However this process had failed to highlight the lack of references for two staff and record the action taken.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. There were read and sign sheets attached to all documents that staff needed to look at.

Medicine was safely administered, stored in a locked facility and appropriately disposed of when no longer required. There was a rigorous training plan for staff with regard to medicines. All staff who administered medicines were appropriately trained and this training was updated as needed. The training consisted of eLearning from the provider and an online course provided by the local pharmacy. Staff did not administer medication until shadowing and observation of practice had been confirmed as successful.

People were assessed and supported as part of their recovery from mental ill health and any planned move to independent living in the community, to self-administer their medicines. This was discussed with the person and a multi-disciplinary team which included internal and external professionals. A risk assessment was carried out for each individual. For example, one person had wanted more control over their diabetes medicines; after an assessment they were given their blood monitoring equipment and insulin. For a second person they wanted more control over the administration of their medicines and had agreed to go to staff in a set time frame to ask for their medicine. For a third person they were prescribed a medicine for pain, they understood their own needs and would sometime ask for one late evening knowing they would need one during the night. This was then signed out to them and if they did not take it they returned it to staff in the morning for disposal.



# Is the service effective?

## Our findings

People told us they felt that staff helped them to do the things they wanted to do with their lives. One person said, "Staff are okay." From observation people were friendly with the staff asking two of them if they would like a cup of tea; they knew what the staff liked and whether they liked sugar. This showed an effective friendly relationship between staff and people using the service.

Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. Staff were able to fully participate in their supervision. One member of staff told us, "Supervision is good but I can talk to [name] at any time."

Induction and annual mandatory training was provided for staff. All aspects of the service and people who use it were covered and new staff spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. This included infection control, manual handling, medicine, food hygiene, first aid and health and safety. Additional training in more specific areas were also made available through the provider offering training to all staff in 66 Park Lane and the independent mental health hospital they have locally to the care home. There was also access to training for other issues such as learning disability and health care needs such as diabetes.

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. The application 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 were being met.

Staff were aware of the Deprivation of Liberty Safeguards (DoLS). No one was subject to DoLS at the time of our inspection. People told us they were free to come and go from the service as they wished. Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. A few people had been discharged from hospital to the home under the Mental Health Act 1983/2007. Staff we spoke with were aware of any restrictions placed on people.

People were supported to make choices with regards to personal care, medicine administration, activities and meals.

Staff had a good rapport with people which helped them with their keyworker role. A key worker is a named person that someone can approach at any time who takes a more in depth approach to the relationship.

The key worker would work with the person on their 'wellness recovery action plan' (WRAP) or the mental health Recovery Star, which is designed for adults managing their mental health and recovering from mental illness. These tools are used with the person to help them manage and plan their goals; for example where they are going to live.

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. People were supported by their key worker when they were to have their six monthly reviews with the psychiatrist and with the MAPPA review (Multi Agency public protection arrangements). These can be overwhelming for people with long term mental health needs and staff were aware of this. They discussed with the person beforehand how they were feeling and what they may need support with at the meeting. The key worker and senior member of staff prepared a report on the home's and person's behalf prior to the meeting including what care and support had been given and any changes.

Some people required specific healthcare support and there was evidence in care plans that this was provided. The team leader told us how the service dealt with people's changing health needs by consulting with other professionals where necessary.

## Is the service caring?

### Our findings

People made decisions about their support and how they wished to spend their time. Staff were familiar with people's life style choices and were aware of their needs. They provided a comfortable and relaxed atmosphere that people enjoyed.

Staff had received training about respecting people's rights and dignity. Treating people with respect underpinned their care practices. People said that the staff treated them with dignity, respect and enabled them to maintain their independence. The staff met their needs; they enjoyed living at the home and were supported to do the things they wanted to. One person told us, "I like the staff." Staff told us they enjoyed interacting with people at the service and this provided them with job satisfaction. "I have not worked in community type care before only hospitals, it's a great change."

We observed staff engaging people in conversations, and speaking with them politely. Staff were quick to respond if people requested help. They were very patient with people for example one person was very anxious about their health, staff reminded them of the action that had been taken and what they waiting for from the GP. They were reminded of this each time they expressed their anxiety and supported to look at something positive for example what they wanted to buy at the shops when they went out. They were also encouraged to relax in the reclining chair in the lounge. Staff were also aware of when people wanted space and took direction from the person as to whether they wanted to engage in conversations. Staff respected a person's privacy. Staff did not enter a person's bedroom without their permission, unless there were concerns about their safety.

People were told by staff why we were there and asked if they would like to speak with us or not and given the time to decide for themselves. Some people decided they were happy to chat, whilst others declined. The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, ongoing training and contained in the staff handbook.

Daily records were maintained and demonstrated how people were being supported. For two people their fluid and or food intake was being monitored because of health issues and concerns. One person checked with staff how much fluid they could have that day as they were aware that they were restricted due to health reasons. They had a rough guess and were nearly spot on; staff were able to confirm how much they had left. Another person who did not eat well told staff they had a large slice of cake that staff had baked whilst we were there. They were proud of this achievement. Records had information on people's mood, any activities they participated in and if they enjoyed them. The records communicated any issues which might affect people's care and wellbeing. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

People's bedrooms were individualised and reflected people's preferences.

## Is the service responsive?

### Our findings

People said that the home's manager and staff asked for their views and opinions and we saw this happened during our visit. This tended to happen on an informal daily basis although the team leader said there was a plan to reintroduce monthly meetings but as they spoke with people every day there was little or no attendance at a more formal meeting.

Each person had a care plan in place for each identified support need. The care plan identified each person's needs and their short and long term goals. Information was included in people's records about how the person could support themselves and how staff could support them to achieve their goals. We saw from daily records and how staff supported people, that people were supported in line with the information in their care plans.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. Information was provided to staff about what increased a person's anxiety and how the person was to be supported to reduce their anxiety. Staff encouraged people to talk about their feelings and any changes in mood. For some people this helped them to manage their behaviour.

Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff and the reasons why. Staff encouraged people to do things for themselves and become more independent, for example, would be responsible for their own personal care, cooking and laundry when they were able to do so.

The team leader told us one complaint had been received last year. We saw how this had been managed and a copy of the response letter telling the person what action had been taken.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach using mental health recovery tools. People were enabled to discuss their choices, and contribute to their care and care plans, if they so wished. The care plans were developed with them and had been signed by people when they wanted to. The care plans were underpinned by risks assessments and reviewed monthly or as required.

Daily records were used to record what people had been doing and any observations about their physical or emotional wellbeing. Staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

## Is the service well-led?

### Our findings

The registered manager is also registered as the manager for a nearby independent mental health hospital belonging to the same provider. Much of the day to day management of the service is left with the team leader and senior care staff. The registered manager is available to support the staff and they do visit the home regularly.

During our visit staff paid attention to and acted upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the staff team. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood. Staff said the team was very supportive and they liked the new manager. Their suggestions to improve the service were not always listened to but they persevered. For example the team had produced and implemented a care plan monitoring tool which was worded and pictorial and it looked 'user friendly', but the new manager had requested a previous recording tool be reintroduced which was a more formal tool. Staff told us people participated more in the review of their support plans when using the newer record. The manager told us she had reconsidered the decision and said she may introduce the newer tool to the another service she managed.

Staff said they really enjoyed working at the home. A member of staff said, "I had not worked supporting people with poor mental health, the team is supportive, I would not do anything else now." The records we saw demonstrated that regular staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform external professionals and teams of any relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The home had tools to identify service quality. There were staff meetings. Quality audits took place that included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited. The team leader showed us examples of weekly and monthly reports they submitted to the registered manager. These included any actions that had been identified and when they had been completed. However there was no audit tool at the home regarding recruitment as much of the administration took place off site at the providers registered office.

Day to day communication systems ensured any issues were addressed as necessary. For example people told us they felt the team leader and staff acted on their views. The team leader was always available and also spent time supporting people.

Staff we spoke with responded positively to the team leader and registered manager. They felt there had been positive changes since the new manager had been in place. Some staff had moved to work at the

service as they had worked with the registered manager previously. On a day to day basis the staff worked with the team leader, and described them as being "part of the team" and "a good listener." There was an opportunity for staff to talk with either the team leader or registered manager on a one to one basis through supervisions and informal conversations.

Staff logged accidents and incidents. These logs would be analysed to identify any trends for behaviour incidents, and if needed the team leader or manager would have discussions with individual staff members and other professionals.

The team leader and manager encouraged an open, transparent and inclusive culture whereby both staff and people were actively encouraged to go to the office and share their views and be part of the 'team'. We saw examples of staff and people using the service seeking guidance from the team leader during the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(3) Schedule 3 Staff have not been recruited in a way that ensures people's safety. There were no risk assessments for staff when full checks had not been received.</p> <p>This was a breach of Regulation 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.</p>