

Marches Care Limited

The Uplands at Oxon

Inspection report

The Uplands
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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

About the service

The Uplands at Oxon is a care home providing nursing care to a maximum of 81 people. At the time of the inspection, 75 people were using the service. Accommodation is provided in one purpose-built building consisting of four units over two floors.

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

People felt safe living at the home and with the staff who supported them. The provider's staff recruitment procedures helped to protect people from harm. Staff had been trained and knew how and when to report any concerns about people's well-being. Risks to people were assessed and there were plans in place to mitigate risks. People received their medicines when they needed them from staff who were trained and competent. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were assessed to ensure their needs and aspirations could be met. People were provided with enough food and drink to meet their needs and preferences. People were positive about the quality and quantity of the food they received. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. People lived in a home which was well-maintained and adapted to meet their needs. People saw healthcare professionals when they needed. People were supported by staff who were trained and competent to carry out their role.

People told us they were supported by kind and caring staff who respected their wishes and treated them with respect. People were supported to live their lives as they chose and were regularly consulted about the care they received. People's privacy was respected, and they could spend time alone in their bedroom when they wanted. People were supported to be as independent as they could be.

People told us staff knew them well and what was important to them. People were supported to maintain contact with those who were important to them and were provided with opportunities for social stimulation. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. Systems to monitor and improve the quality of the service provided had improved. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of legal requirements and of their responsibility to be open and honest when things go wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 23 July 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Uplands at Oxon on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Uplands at Oxon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Uplands at Oxon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Uplands at Oxon is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who lived at the home and four relatives. We spoke with 14 members of staff which included the registered manager, operations manager, registered nurses, care staff, human resources manager, receptionist and activity staff. We looked at eight care plans and medication administration records on each unit. We looked at staff training records, three staff recruitment files and records relating to health and safety and the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

- At our last inspection on the two units caring for people living with dementia we found items had been left out which, if ingested, could pose a risk to people's health and safety. At this inspection, we found action had been taken to address this and people were no longer at risk of harm.
- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition and hydration, skin integrity and exposure to infections.
- Staff demonstrated a good understanding of how to manage people's risks and keep them safe. For example, where people's skin integrity was at risk, appropriate pressure relieving equipment was in place. Where people had been identified at risk of falls a range of measures had been considered. These included low profile beds, crash mats and bedrails.
- Staff had been trained in moving and handling and we saw people were assisted to move safely using specialist equipment.
- Where people experienced episodes of distress, their care plans guided staff how to safely support the person and mitigate any risks or further distress.
- There were systems in place to ensure people were protected from the risk of fire. Fire detection and alarm systems were checked each week, staff received training in fire safety and a fire risk assessment was in place. Each person had a personal evacuation plan which detailed the support they needed should they need to be evacuated in the event of an emergency.
- There were regular checks on the environment and equipment used by people had been regularly serviced to ensure they remained safe for people to use.

Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate people's medicines were safely managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found time critical medicines were not always administered at the correct times. We also found analgesic skin patches were not being rotated on the body in accordance with manufacturers guidance. Stock checks failed to identify medicines which had passed their expiry date and stocks of medicines did not always tally with the medication administration records.
- At this inspection we found action had been taken to address these concerns. There were effective systems to ensure people received their medicines at the correct time. One person said, "I take medicines for my [condition] and staff always discuss this with me, and I get my tablets on time."
- There was a clear audit trail of medicines held at the home. Records of medicines received, administered and disposed of were maintained.
- Medicines were securely stored at temperatures within the manufacturer's guidelines.
- Staff received training on the management and administration of people's medicines and checks were made to ensure they remained competent in the task.

Staffing and recruitment

- People told us staff were available when they needed them. One person said, "There are plenty of staff around to help me." Another person told us, "Someone comes quickly if I use my call bell."
- We observed a good staff presence and people did not have to wait long for assistance. Staff were also seen spending quality time with people.
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a DBS check were obtained before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "The staff are very nice and treat me well. I feel safe here." Another person told us, "I am safe here. There are lots of staff around and I can lock my door if I want to."
- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe.
- The registered manager understood when and how to inform us and the local authority of reportable incidents that occurred in the home and we saw they worked in partnership with other professionals to help keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found systems were either not in place or robust enough to demonstrate person-centred care was effectively managed. This related to the mealtime experience for people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Action had been taken to ensure people who were living with dementia enjoyed a pleasant mealtime experience and they received food and drink which met their needs and preferences.
- The lunchtime experience was relaxed, and staff were available to assist people in accordance with their needs. People who were living with dementia were shown plated meals which helped them to make an informed choice.
- People were positive about the meals offered and they were offered snacks and drinks throughout the day. One person said, "The food is good and you can have what you want. There are choices of starters, mains and pudding." Another person told us, "I can have cups of tea whenever I want. I have one at 6am and I love it."
- People's weights were monitored which helped to identify any weight loss. Fortified meals and supplements were provided where there were concerns regarding a person's weight. Records of people's food and drink intake were maintained and reviewed each day which helped to identify any concerns.

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

- People were assessed before a placement at the home was offered. This helped to ensure the home could meet people's needs, preferences and aspirations.
- People's care plans showed diverse needs such as religion were discussed with them prior to moving to the home.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the registered manager liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills and training to meet their needs. One person said,

"They [staff] know what they are doing, and they care for me very well." A relative told us, "The staff appear to be well trained."

- Staff received a thorough period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. Staff were not expected to work alone until they felt confident and assessed as competent to do so.
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, "The training is really good and we are now having more face to face training. We have bespoke training to meet the needs of our residents."

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

- People told us they were able to see healthcare professionals when they needed. One person said, "They [staff] would definitely call the doctor if I was poorly."
- People's care plans showed they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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

- The home was purpose built and accommodation was provided over two floors, each floor having two units. Stairs and a lift provided access to the first floor. Grab rails helped people mobilise around the corridors and there were raised lavatory seats and assisted baths. Each bedroom had a wet room. On the dementia units, there were contrasting coloured handles on lavatories and bathrooms to assist people to orientate themselves.
- Improvements had been made since the last inspection to enhance the environment for people living with dementia. A programme of redecoration was in progress and people had been involved in choosing colour schemes. Corridors and communal areas now provided people with sensory items such as fairy lights and fiddle boards.
- People had their own bedroom which they could personalise in accordance with their tastes and preferences.
- People had access to landscaped gardens, the provision of outside space on the first floor and an extended reception and café with seating areas for people and their visitors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People told us they were never made to do anything they did not want to do. One person said, "I can do anything I want to do." Another person told us, "I can get up and go to bed when I like. I only have to ask the staff to help me."
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- The registered manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place.
- The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.
- Assessments of people's capacity had been assessed and discussions had taken place to ensure any decisions were made in the person's best interests. These included discussions around the use of bedrails and the administration of medicines covertly.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who supported them. One person said, "The staff are very nice. They treat me well and always treat me with respect. They couldn't treat me better." A relative told us, "The staff are all very kind and caring and I know my [relative] thinks so too."
- Staff interactions with people were kind and respectful. Staff supported people in a gentle and unhurried manner.
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.

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

- People told us they were consulted about the care they received. One person told us, "The staff know me well. I have been here a long time, so they know my ways. They keep me updated about things." A relative told us, "The staff talk to me about my [relative's] care and update me about any changes in their medication." Another relative said, "The staff are always willing to spend time with us as a family to answer questions."
- We saw staff offered people choice such as drinks, food and how and where they wanted to spend their day.
- There were regular meetings for people where they were encouraged to express their views on all aspects of life in the home. At a recent meeting chaired by the registered manager, people were able to comment on activities and meals and put ideas to the chef and activity staff. One person had asked for different vegetables and this had been arranged. When asked about the care they received, people responded very positively.

Respecting and promoting people's privacy, dignity and independence

- Each person had their own bedroom where they could spend private time when they wanted.
- We observed people moving freely around the home choosing where they spent their time.
- People were supported with their personal care needs in the privacy of their own rooms. Care plans detailed how to support people to be as independent as possible such as choosing their clothes and being involved in meeting their personal care needs.
- People were provided with the mobility aids they needed to enable them to mobilise independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preferences were recorded in their plan of care and people were supported to attend religious services at the home in accordance with their beliefs.
- People living at the home and where appropriate their relatives were able to voice their opinions about the care they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.
- The registered manager told us that information could be provided in accessible formats, such as large print, for people where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with the important people in their lives. We observed visitors spending time with their loved one in the privacy of the person's room and in the gardens.
- Care plans contained information for staff about who was important to people and staff demonstrated a good understanding about the people they supported.
- People told us they enjoyed the activities which took place at the home. One person told us, "There is singing and there are lots of things like board games that I like."
- Activity staff provided a varied programme of activities covering seven days. An activity coordinator told us, "Some people don't like to join in with activities or find it hard, but we still try and find out what they like to do. One person enjoyed knitting, so we set up a knit and natter group which they enjoy."

Improving care quality in response to complaints or concerns

- None of the people we spoke with raised any concerns about the care and support they received and all knew how to make a complaint if needed. One person said, "If anything happens I tell the nurse and they sort it out." A relative told us, "I would go to the manager, but I haven't had to do this because they are all so good."
- There was a complaints procedure in place and records showed that concerns had been investigated and responded to within agreed timescales.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.
- The provider had the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.
- People's care records contained information about their religious preferences and their preferences during their final days and following death.
- Staff had received training in end of live care and spiritual awareness and worked with other professionals to make sure people were comfortable and pain free during their final days.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection the provider's systems had failed to identify and address the shortfalls we found. At this inspection, improvements were noted.
- There were audits and checks in place which were effective in identifying where improvements were required.
- The provider had followed their action plan to address the shortfalls found at our last inspection.

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

- Staff were very positive about the support they received from the registered manager. One member of staff said, "[Name of registered manager] is like a breath of fresh air. They are very approachable and always ready to listen. [Name of registered manager] visits each unit every morning to check everything is ok and they know the residents really well." Another staff member told us, "This is a friendly service where the residents are well cared for. I would be happy for a relative of mine to live here. We have a good strong team who supports each other and the residents."
- Staff morale was good and there was a happy and relaxed atmosphere in the home.
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters.
- There was a clear staffing structure in place and staff understood their role and responsibilities.
- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's

website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us their views were sought on a daily basis. People, their relatives and staff completed an annual survey where they could comment on the quality of care provided. Results of the last survey had been positive.
- The registered manager had established positive relationships with people's relatives and ensured they were kept up to date about their loved one's well-being where appropriate. Relatives were supported to visit people when they wanted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.