



# Inspection Report on

**The Uplands**

**Newport**

## **Date Inspection Completed**

16/08/2022  
16 August 2022

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## About The Uplands

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	27 June 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

The Uplands provides care services for up to five people. The manager who oversees the day to day running of the service is registered with Social Care Wales, the workforce regulator. The responsible individual (RI) visits the home regularly and has good management oversight, supported by the area manager. Care workers enjoy their jobs and feel well supported by the management team.

People and their families gave us very positive feedback about the quality of care and support provided. Personal plans are clearly written but on different formats which could be confusing for care staff. Medication is safely administered but some records require review. Overall, records are kept accurately and consistently.

The home is secure, clean, light and homely. We saw some loose hanging render from an outside wall, which we were assured was removed the day after our inspection. Works are planned to have the outdoor walls re-rendered and re-painted. Safety checks are carried out as required and maintenance tasks are dealt with promptly.

## Well-being

People have control over their day-to-day lives as much as possible. Risks to people are assessed and well managed so they are supported to stay safe, and their freedoms respected. People choose where to spend their time. The atmosphere of the home is relaxed and welcoming, care staff interact with people with dignity, warmth and respect.

The home welcomes visitors in line with current guidance and the providers risk assessments. Family members told us they are always made to feel welcomed when visiting and the home support positive relationships. People receive the support they need to maintain their health and wellbeing. The service completes a range of assessments and personal plans, which identify each person's aspirations, and care and support needs and how these can best be met.

People are encouraged to engage in activities of their choice. A key worker system is in place where a named member of the care staff team is chosen by each person to be their first point of contact with regard to reviewing their goals and chosen activities. Detailed reports are completed by each key worker on a monthly basis. These reports contain pictures of activities participated in, a review of progress towards their chosen goals and any changes in their aspirations. The provider uses a 'wheel of engagement' to record and review people's engagement in activities.

People have their own rooms, which are personalised to their individual tastes. People have their own posters and pictures of interest on the walls in their rooms, which gives a homely and familiar feel to their surroundings. All individuals living at the home are invited to monthly meetings to discuss communal living concerns or suggestions, as well as menu choices and group activities.

The service helps to protect people from abuse and neglect. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has an up-to-date safeguarding policy, which reflects current guidance and is kept under regular review.

## Care and Support

People receive the care and support they require. We saw care workers interacting positively with people throughout our inspection. The care needs of each person are clearly documented, and care workers access this information which helps to inform daily routines. We saw social history records were recorded for some people, but not everyone. This helps care workers to know the person and their background as well as their current care and support needs. Plans are kept under regular review to ensure they reflect any changes to the persons needs or aspirations. Different formats of plans are in place for different people, which may be confusing for care staff. The manager assured us that this was being addressed as a priority to ensure all plans are recorded on the same format.

Overall, accurate records are kept by care staff to ensure people are supported as detailed in their personal plans. Care staff consistently record detailed notes, but we saw occasional gaps in recording charts. The manager assured us this was being addressed as the files were due to be re organised to ensure it is clear where charts should be filed. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept in the daily notes of all appointments and outcomes for review. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

Systems are in place for the safe management of medication. However, we saw a list of a person's current medication in their care files was not updated after recent changes to their prescriptions. Temperatures checks are completed of medication storage areas, but no action is taken when these temperatures are recorded as being above the recommended limit, the manager assured us these issues would be addressed. People receive appropriate support with their medication, which helps to maintain their health. The records we checked were completed accurately.

Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. Regular COVID-19 testing of staff is carried out. We were asked for evidence of a negative lateral flow test result and had our temperature taken before entering the home.

## Environment

The interior of the home is clean, tidy and well organised. People's bedrooms are personalised to their own tastes. The home is well maintained, the décor is in good order and promotes a 'homely' feel. The outdoor area has paint coming off the walls and some loose render hanging from a dividing wall with the neighbouring property. The manager assured us the loose render was removed the day after our inspection and that planned works to re-render and re-paint the external walls was imminent.

There is a spacious lounge downstairs with sturdy, well maintained furniture. The manager told us there are plans to convert the existing conservatory to a sensory room. There are separate kitchens on the ground floor and first floor, both containing dining tables and chairs. Kitchens are well maintained. Communal bathrooms and toilets are kept clean and tidy, the first-floor bathroom has recently been fitted with a new bathroom suite, decorated, re-tiled and new flooring laid.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. The home has a four-star rating from the food standards agency which means that hygiene standards are good.

## Leadership and Management

People benefit from effective leadership and management. The service's statement of purpose accurately reflects the service provided. Throughout our visit, we saw there was a sufficient number of care workers on duty to support people. We viewed four weeks of staff rota's which evidence sufficient care staff are consistently deployed.

Care workers receive regular supervision. with their line manager. This one-to-one support provides opportunities for care staff to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Monthly team meetings are held to give all staff an opportunity to discuss key areas of how the home runs as well as specific issues relating to the people they support. Care staff feel valued and supported in their roles. Communication between the team is good and care workers enjoy their jobs.

The manager oversees the day-to-day running of the home. The provider makes necessary referrals to external agencies and usually notifies the regulator of required events in a timely manner. On one occasion, the regulator was not notified of a case of COVID at the home. The manager and RI assured us this was due to a one-off communication breakdown which they have learnt from. The required notification was submitted promptly when this was identified. Care workers personnel files are well organised and contain the required information. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Training compliance is good.

The RI has undertaken regular quality assurance checks by visiting the home to talk to individuals and care staff and review documents. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well and any identified areas for improvement, with a clear action plan of who is to complete what actions and by when.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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