



Inspection Report on

The Uplands

Newport

Date Inspection Completed

11/12/2023

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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 | 16 August 2022 |
| Does this service promote Welsh language and culture? | 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 home provides an excellent standard of care and support to the people living there. People are well looked after, kept occupied with meaningful activities and supported to achieve positive outcomes.

The Responsible Individual (RI) visits the home regularly and has a good oversight of the running of the service. There is a consistent, experienced, and effective management team in the home. The manager and deputy manager maintain a positive environment and support the care staff compassionately. The care staff work closely together as a team. They know people who live at the service well and support them with genuine warmth and dignity.

The environment is well maintained, safe, and meets the needs of the people living at the home.

Well-being

People are supported to have as much control over their lives as possible. The service works closely with other agencies and relatives to ensure that decisions are made in people's best interests where they are not able to make those decisions themselves.

We received very positive feedback from the family members we spoke to, one relative told us *"They are brilliant, absolutely fantastic. They are so welcoming; we can visit any time we want. X always looks so well. He started losing weight before he came here, but the food is lovely here and the staff are wonderful. X is eating much better now thanks to them. The place is always so clean, and X is always showered and shaved and looking great. The place is immaculate really, we don't have any complaints at all."* Another family member told us *"We are thoroughly pleased and have nothing but praise for them. They look after Y so well. He is always clean and tidy and does loads of different things throughout the day. We have never had any reason to complain at all, we just can't fault them."*

Each person has their own keyworker, this is a nominated member of care staff who they get on well with. The keyworker system is highly effective, they meet with the person and/or families regularly and review what the person would like to achieve and how they can best be supported to do so. Plans are agreed and recorded clearly to support people to achieve their goals. We saw evidence of people regularly being supported to achieve their goals, which include visiting places of special interest to them, learning new skills, joining clubs, and gaining confidence in the local community.

The home is well designed and maintained to meet people's needs. There is an additional kitchen on the first floor to allow people to be supported to cook and eat uninterrupted if they choose to. The garden space has raised planters for easy access to gardening activities. The conservatory is planned to be used as a sensory room. People are protected from abuse or neglect. The care staff team know people well and report any changes to people's usual behaviour to the manager. Care staff are trained in safeguarding of adults, and they know how to report concerns.

Care and Support

Care staff support people with warmth, compassion, and good humour. People living at the home have very positive relationships with the care staff team. We saw people are relaxed and comforted by care staff supporting them, and they enjoy each other's company.

Personal plans inform the care staff all about each individual, their background, social history, and current care needs and preferences. Care staff refer to these plans and ensure they are updated regularly, and whenever there is any change. The plans are clearly written, and person-centred. Each identified area of care or support informs the reader of what the person wants to achieve in this area, what their strengths are, and how best to support them. This is considered to be best practice. Key workers complete monthly reports to summarise the persons progress, any challenges they have experienced, and to measure their progress towards their chosen goals.

People are supported to maintain good physical and mental health. Each person is registered with a local GP and other health referrals are made promptly as required. Advice from health and social care professionals are clearly recorded in personal plans, the staff follow this advice and make clear notes to evidence the support they provide. People are assessed regarding their ability to manage their own medication. Support is provided with medication as required, and accurate records are kept. Medication management is good in the home.

People are encouraged and supported to engage in a wide range of activities. On the day of our inspection, people were supported to attend an accessible arts education and therapy centre. Another person went out into the local community to do shopping and visit a café. We saw evidence of people enjoying other activities, including horse riding, cake baking, bowling, going to shows and the cinema.

The home is very clean and tidy throughout. Care staff complete specific training in infection prevention and control and follow best practice in their day-to-day duties. Personal Protective Equipment (PPE) such as gloves, and aprons, are worn in line with current guidance.

Environment

The home is well maintained and meets the needs of people living there. Since our last inspection, the provider has had the external walls re-rendered and painted and the garden area cleared to be more easily accessible for residents. The décor throughout adds to the 'homely' feel of the environment. A new fully fitted main kitchen has recently been installed, and decoration is planned for the walls and doorframes in this area. New flooring has also been laid in the kitchen, and new carpet up the stairs. The manager told us they plan to have a sensory room created in the existing conservatory.

People's bedrooms are personalised to their own tastes. There are adequate shared bathroom and toilet facilities, which are well equipped and kept clean and tidy. The first floor has an additional fitted kitchen for use as required. Although clean and tidy, we saw some tins of paint and archive boxes stacked in this kitchen. The manager addressed this when we brought it to their attention. All cleaning products are stored safely.

The front door is kept locked for people's safety. We were asked for proof of our identification before entering. Each person has an emergency plan for staff to follow in case of the need for an evacuation. Safety checks are completed regularly and recorded by the staff team; external contractors service equipment as required. The home has a four-star rating from the food standards agency, this means hygiene standards are good.

Leadership and Management

The RI has effective oversight of the management of the service. They visit the home regularly to speak with staff and gain feedback about how residents are doing. Quality of care reports are completed every six months. These reports analyse key events within the home and any trends or patterns that may be learned from. The reports also clearly evidence which areas the home is doing well at and what could be improved. Action plans are reviewed from each previous report to promote continuous improvements. The Statement of Purpose accurately describes the service being provided.

The manager is very experienced and is assisted with management tasks by the deputy manager. They both feel well supported by the RI and regional manager. There are sufficient staff working at the home to support people. The manager allocates additional care staff if there are planned group activities or appointments to attend. Care staff told us they enjoy their jobs and feel very well supported by the management team.

Care staff are safely recruited. We viewed a selection of staff files and saw the required checks are completed, which include references from previous employers, proof of identification, Disclosure and Barring Service (DBS) checks, and registration with Social Care Wales, the workforce regulator. Care staff are confident in their duties, we saw that overall training compliance is good, but the home is working to improve their face to face and specialist training compliance. Care staff have a thorough induction when they start working at the home. They also have frequent one to one supervision meetings with either the manager or deputy manager. These supervision meetings allow time to reflect on the performance of the staff member, check on their wellbeing, and agree any actions to be reviewed at the next meeting.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | 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. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | 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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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