

# Waypoints (Upton) Ltd

# Upton Manor

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Upton Manor is a residential care home providing personal and nursing care to up to 67 people aged 65 and over. At the time of the inspection there were 26 people using the service. The service has purpose-built premises which is provided over three floors, two of which were almost vacant during our inspection. The upper floor accommodates people living with dementia and the provider intends to support people with residential and nursing care on the other two floors.

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

At our last inspection in September 2020 risks were not sufficiently managed, at this inspection improvements had been made. Robust risk assessments had been completed to minimise risks to people during care delivery or from the environment. The use of restraint had reduced and staff were supportive of people taking some risks in order to lead fulfilling lives. Management of healthcare conditions had improved, and person-centred care plans ensured care delivery was how people wanted it. Safety of the premises and of equipment was monitored. Staff were safely recruited and completed an in-depth induction and shadowing period on commencement. The provider was recruiting to staff vacancies before admitting new residents to the service to ensure staffing levels remained safe. At our last inspection, medicines had not been managed safely. This inspection found that significant improvements had now been made to the way in which medicines were administered and stored and the auditing procedures were more robust. At our last inspection we were not assured that infection prevention and control was effective. Improvements had been made and the provider was no longer in breach of this regulation. There had been concerns that suitable mental capacity assessments and best interest decisions had not been completed before including people in COVID-19 testing. There were now clear assessments in place which were in line with legislation.

At our last inspection we were concerned that a lack of oversight and auditing increased risks in the service. There have been significant improvements and we were now assured that audit processes were being used effectively to reduce risk and drive improvements. Relatives and staff were regularly asked to comment on the service. There were positive relationships with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2020). There were multiple breaches of regulations. At this inspection we saw many improvements and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an inspection of this service on 17 September 2020. Breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, good governance and need for consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Upton Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Upton Manor

## 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 Care Act 2014.

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 team consisted of one inspector.

#### Service and service type

Upton Manor is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager who had applied to be registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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. We used the information the provider sent us in the provider information return, PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. The PIR had been

submitted by a previous manager. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 staff members who held various roles including the manager, quality service manager, registered nurse, hotel service manager, five care staff, called homemakers and chefs. The provider supplied our email and phone contact to relatives of people using the service however we received no responses. We did speak with two relatives at the service. We reviewed a range of records including the training matrix, premises safety documents, seven recruitment files, risk assessments and care plans. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems were either not in place or not robust enough to demonstrate that risks to people were appropriately managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has made significant improvements and is no longer in breach of this regulation.

- Robust risk assessments were now in place. These covered people's care needs and the environment. Staff were aware of the risk assessment process and had access to assessments relevant to their job role.
- Measures had been put in place to minimise risks however people were still encouraged to take positive risks to ensure they lead fulfilling lives.
- Improvements had been made which ensured that restraint was only used as a last resort.
- Management of tissue viability had improved. Equipment used to help prevent pressure ulcers were being regularly checked to ensure these were set correctly and working effectively. Care plans detailed how frequently people should be repositioned and records showed this was happening in practice.
- Care plans for health conditions such as diabetes, epilepsy and swallowing difficulties were detailed and ensured that care could be delivered safely. One person who had type 1 diabetes had a person-centred care plan which included a detailed escalation plan should their blood glucose levels be outside of a certain range.
- Epilepsy care plans had details of how people's seizures usually presented and how long they were likely to last. They detailed how best to support them with their seizures and what action they should take should the seizure be unusual or last longer than expected.
- People's hydration was well managed and individualised fluid intake targets had been set and these were carefully monitored.
- Appropriate risk assessments had been completed to help ensure the safety of fire and water systems. All recommended actions had been completed.
- Regular checks and services of equipment such as hoists and electrical items took place and remedial actions were completed as required.
- As part of the refurbishment and updating of the service, the provider had added a smooth, level pathway around the grounds. Prior to this, the garden had been inaccessible to many people using the service however now it was a safe place for them to enjoy.
- There was clear oversight of risks to health and safety within the home and regular reports were generated identifying any actions needed to address shortfalls.
- Accidents and incidents including falls and wounds were recorded and audited regularly. There had been a significant decrease in falls which was in part due to the analysis and learning shared from audits.

## Staffing and recruitment

At our last inspection, the information which must be kept and made available in relation to the recruitment of staff was not provided. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008, The provider took immediate action to remedy this and had made sufficient improvements, so they are no longer in breach of this regulation.

- We reviewed seven staff records which included recruitment, induction, training and supervision or one-to-one information. We saw staff were safely recruited and the provider was able to demonstrate that all the required staff recruitment checks had been completed.
- Staff participated in an effective induction when they commenced in post. This included a mix of training and shadowing sessions with a 'buddy' staff member over a period of two to three weeks depending on each staff member's previous experience.
- The manager and quality service lead had made changes to the online training system, and had categorised the training into statutory, mandatory and additional courses meaning that staff were not inundated with too many courses to complete. Focus was given to the statutory and mandatory training initially enabling staff to learn the essentials for their roles. When we inspected, the provider had arranged for all staff to complete the 'Bournemouth University Eating and Drinking Well with Dementia' training. This was being introduced to staff individually by the quality service lead and enabled all staff to have a good knowledge of supporting people with their nutrition and hydration.
- Registered nurses were supported to undertake training which helped to maintain their clinical skills. This included courses such as venepuncture and use of syringe drivers.

At our last inspection, systems were either not in place or robust enough to demonstrate that risks to people were appropriately assessed, planned for and managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Immediate improvements had been made by the provider and they were no longer in breach of this regulation.

- When we last inspected there had been insufficient staff to meet people's needs and also provide oversight of communal areas. Also, there had not been enough staff to get everyone out of bed each day. Improvements had been made and we now saw that there were enough staff deployed to meet people's needs at all times. Everyone, unless requiring care in bed, had been provided with appropriate personal care and was up, dressed and participating in their chosen activity. At lunchtime, though people ate at slightly staggered intervals, there were enough staff to support people and spend time with them.
- Staff told us they were happy with the current staffing levels and though they would always like to have additional staff, they were now able to meet people's needs safely.
- The provider had not admitted new people to the service until they had completely refurbished and addressed the concerns identified at the previous inspection. They had now begun to plan for new admissions and this process included commencing an ongoing recruitment campaign so new staff had been inducted and were familiar with the service and their duties prior to new people arriving.

## Using medicines safely

At our last inspection, systems were either not in place or not robust enough to demonstrate that people received their medicines as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has made extensive changes to the systems for medicines administration and are no longer in



breach of regulation.

- The provider had a robust medicines policy and procedure and had good oversight of medicines practice. Medicines were only accessible by registered nurses; medicines storerooms were locked using a keypad and only authorised staff were given the access code.
- People who needed as and when required, or PRN, medicines when they experienced pain or other temporary symptoms had detailed PRN care plans to ensure they received these medicines in a responsive manner.
- Short term care plans were used to enable the safe administration of medicines such as antibiotics which were prescribed for just a short period of time. These showed exactly what the person had been prescribed and how best to administer the medicines. All medicines care plans reviewed were person centred and not generic.
- An overview was held of clinical concerns such as infections and pressure wounds along with details of treatments and when and who would review them.
- There had been significant improvements in the administration of covert medicines. This is giving people medicines without their knowledge. Appropriate assessments of capacity and best interest decisions were documented, and people's GPs and the pharmacist had agreed and advised on how best to approach to medicines covertly.
  - Topical and liquid medicines had been labelled with the date of opening and when they should be discarded. Medicines were appropriately stored in temperature-controlled stores or in locked fridges.
- The systems in place for use of pain relief patches had improved and were now in line with best practice guidance.
- Pain assessment tools were in use and the provider was trialling the use of an electronic application that would inform them if a person was experiencing pain. The app used artificial intelligence and responded to people's micro expressions that were not discernible to staff. Until its introduction, descriptions of the signs and symptoms shown when a person felt pain were used.
- Registered nurses had been trained to administer medicines and had been assessed for competency prior to giving medicines. In the event of a medicines error, the staff member would immediately be retrained have their competency rechecked and complete a reflective learning exercise. They would not resume the responsibility for medicines until the provider was assured of their competency.
- An electronic medicines administration record, (EMAR) was in use. Staff were competent in its use and explained how the system would safeguard against errors. All medicines had barcodes that were scanned before administration, if it was too soon or a medicine had already been given the system would raise an alert. The system also provided visual cues if people were due medicines, could have PRN medicines or if they had no medicines due. The system was also a tool for auditing medicines stock and for reviewing performance such as administration of medicines on time for example.

## Preventing and controlling infection

At the last inspection, systems were either not in place or robust enough to demonstrate infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, significant improvements had been made. This meant there is no longer a breach of this regulation.

- 94% of staff at Upton Manor had completed their infection prevention and control training. There was additional training in hand washing for staff using a UV lamp to detect possible contaminants on hands after washing and most staff had completed a specific COVID-19 training course.
- We saw robust cleaning schedules and records of cleaning completed. The service was very clean and had

recently been refurbished providing a clean, safe environment.

- The provider had replaced all necessary equipment such as lidded, foot operated bins and staff ensured an adequate supply of soaps and towels were available in all areas. Handwashing was offered or antibacterial hand cloths used to cleanse people's hands before eating..

At our last inspection we saw where people were unable to give consent, the requirements of the Mental Capacity Act 2005 and the associated code of practice had not been followed. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A full review of all assessments and decisions mean the provider is no longer in breach of regulations.

- Many of the people living at Upton Manor lacked capacity to consent to testing for COVID-19 and the provider had ensured that appropriate Mental Capacity Act 2006 assessments had been completed with a best interest decision to enable testing to take place. The manager told us that positive feedback had been received from social workers regarding their work around capacity.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections. A self-contained visiting pod was in place with an intercom to facilitate contactless visiting. In addition, visitors to the service took a COVID-19 test and completed a brief questionnaire before accessing the premises.
- We were assured that the provider was meeting shielding and social distancing rules. Seating was arranged to encourage social distancing wherever possible.
- We were assured that the provider was using PPE effectively and safely. All staff wore appropriate PPE and if there were any problems with wearing face masks for example, risk assessments had been completed. One staff member, due to a health condition was able to take time away from people to remove their mask to minimise risks to their health.
- We were assured that the provider was accessing testing for people using the service and staff. When we inspected, a staff member had tested positive for COVID-19. All staff and people were tested immediately and the monthly tests for residents was bought forward to ensure that everyone was clear of the virus. There were no additional positive results and the staff member returned to work following an appropriate period of isolation.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- When we inspected, only one of the three floors of accommodation was fully occupied and there was an entire floor empty. Should an outbreak occur, the provider had opportunities to care for people with the virus in isolation from other people.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had participated in training about safeguarding and were able to tell us the signs and symptoms they may see should someone be experiencing abuse. Staff members were confident that the management team, would act if concerns were raised about a person.
- There were robust record keeping systems in place and a procedure to alert the local authority safeguarding team and thoroughly investigate allegations of abuse.

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

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

At our last inspection, the provider had failed to ensure governance systems were operated effectively to ensure risks were managed, people were protected from harm and improvements were made when required. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that the provider had made the necessary improvements and was no longer in breach of this regulation.

- The manager who had applied to CQC to become registered, commenced in post in November 2020 and the quality service lead shortly after. The new management team had worked hard to engage with the staff team, support them during the pandemic and involve them in the many improvements that had been made.
- The provider developed an action plan based on our findings at our previous inspection and any other concerns they had about the service. All identified actions had been completed and we were assured that all regulatory breaches had been met.
- Regular audits were undertaken to monitor all aspects of the quality and safety of the service. Accidents and incidents and training completion were carefully monitored. The provider's system allowed reports to be produced which identified areas where safety or quality might be compromised allowing action to be taken to address this.
- On the second day of our inspection, the provider introduced a new electronic care planning record. They ensured systems were in place to prevent key information not being lost whilst this new tool was being introduced. We reviewed the new system, the care plans, assessments and records and other information was clear and accessible to care staff using it.
- The provider had ensured that all relevant events in the service had been notified to CQC and that follow up information needed had also been submitted in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and quality service lead had worked extensively with the staff team to improve morale and recent events in the service had shown that staff were feeling more empowered and felt able to speak to the manager and quality service lead confidentially if they were concerned about something.

- Care plans and care delivery were person-centred, and people's needs and wishes were reflected in records.
- Homemaker's, (care staff) had been appointed to lead roles within the service including infection control, skin integrity, nutrition and hydration and learning and development. This provided them with an opportunity to become more skilled in and cascade learning and new information to the wider team.
- Staff who had not previously felt able or supported to apply to more senior positions had been supported by the manager to take on different and more senior positions and to develop their careers. The manager told us they had a staff team with a great deal of talent who would be supported to develop.
- There was an honesty and accountability within the management team of the service. This was also evident in the provider. All opportunities were taken to share positive feedback with staff to boost morale and thank them for their contribution and efforts.
- Short, daily meetings took place daily to ensure all staff were updated about events in the service. The manager ensured that if the registered nurses were still administering medicines when the meeting took place, the minutes were immediately taken to them so they were included in any updates. Group supervisions had also been introduced. This enabled the management team to share new information with a larger group and gave some staff additional confidence to raise concerns they may not felt confident to if speaking with a manager on a one-to-one basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- One relative had, before the pandemic, attended the service each day to support their family member to eat and drink. During the pandemic, when the service closed to visitors, daily calls were made by the staff team to ensure the relative remained involved. Once visiting was able to resume, as the person ate more when encouraged by their relative, the relative attended the service at mealtimes to provide encouragement to their family member. We spoke with the relative and they were extremely positive about the care delivered to their family member.
- The provider had issued a staff and relatives questionnaire in 2020. The results of the staff questionnaire reflected poor morale and staff feeling unsupported. The management structure at the time the questionnaire was completed has completely changed and staff now reflected a feeling of being supported and appreciated when we spoke with them.
- The provider continued to engage with the local community throughout the pandemic as able. Local businesses had sent in gifts for the team to thank them for their work.
- The service, having changed ownership relatively recently had been gradually transitioning policies, procedures and introducing the new way of working with the care staff now referred to as 'homemakers' rather than health care assistants. Staff were more engaged than previously with the changes and several told us they looked forwards to the changes being fully made.
- We provided a phone number and email for relatives to comment on Upton Manor as part of this inspection however received no feedback.
- The provider had forged positive relationships with health and social care professionals in their locality. A safeguarding lead was attending a staff meeting to speak with staff and there were regular visits from the GP, and other healthcare professionals.
- The GP was working with Upton Manor to pilot a scheme allowing the provider to access online health information about people using their service, the home had been identified by the GP surgery as the preferred service to take part in the pilot.
- The Dysphagia Team were delivering training to staff members at Upton Manor to enable the service to refer directly to the Speech and Language Team, (SaLT), rather than have to request a referral from the GP.

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 provider had a policy and procedure covering their responsibilities under the duty of candour. Since the new management team had commenced there had been no concerns that had required the manager to make an apology or duty of candour response.