

Marches Care Limited

The Uplands at Oxon

Inspection report

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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 

Overall summary

This inspection took place on 24 March 2015 and was unannounced.

The Uplands at Oxon provides accommodation, personal and nursing care for older people and people living with dementia for a maximum of 81 and the home was fully occupied when we inspected.

The home had a registered manager in post who was present for our inspection. 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.

People told us that they felt safe living in the home. Staff told us that they had received safeguarding training and knew how to protect people from potential abuse. Staff were aware of their duty to share concerns of abuse with the manager and other agencies. Accidents were monitored and action taken to reduce them happening again. People were supported by staff to take their prescribed medicines.

Summary of findings

People told us that they had been involved in their assessment and received care and support from skilled staff. Staff told us that they were supported by the management team and had access to regularly supervision and training. People told us that staff asked for their consent before they received care and treatment. Where people lacked capacity to consent a best interest decision had been made to ensure they received the appropriate care and support. People told us that they were happy with the meals provided and that they had a choice. We saw that people had access to other healthcare professionals when needed.

People told us that staff treated them with kindness. We saw that care was provided in a way that promoted people's privacy and dignity. People's involvement in their care planning ensured they received care and treatment the way they like.

People told us about their interests and confirmed that they had access to a variety of social activities in and outside the home. We saw that complaints were recorded and showed what action had been taken to resolve them and people told us that they would be confident to share their concerns with the manager.

Quality assurance surveys were given to people to enable them to tell the provider about their experience of using the service. Audits were carried out to monitor the service provided and staff told us that they had access to regular meetings and that their views were listened to. People and staff were aware of the management team and told us that the home was run well.

Summary of findings

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.

Staff were aware of how to keep people safe and there were enough staff on duty to ensure people's needs were met. Staff had access to risk assessments to ensure they knew how to care for people safely. People were supported by staff to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who had access to regular training and supervision by the management team. Where people lacked capacity to consent to their care and treatment, best interest decisions had been made to ensure they received the appropriate support. People had a choice of meals and were supported to eat and drink sufficient amounts. People had access to healthcare services when needed.

Good



Is the service caring?

The service was caring.

People were involved in their care planning and received care in a kind and compassionate way, their rights to privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their needs and staff were aware of how to care for them. People were supported to pursue their social interests. Action was taken to resolve people's complaints.

Good



Is the service well-led?

The service was well-led.

People were able to have a say in the way the home was run and the management team supported staff to provide an effective service. Quality monitoring audits were in place to drive improvements.

Good



The Uplands at Oxon

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2015 and was unannounced.

The inspection team consisted of two 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. The expert by experience was experienced in caring for older people.

Before our inspection we spoke with the local authority to share information they held about the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 17 people who used the service, seven relatives, two care staff, two nurses, the deputy manager, two healthcare professionals and the registered manager. We looked at two care plans, risk assessments, medication administration records, accident reports and quality audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, “I feel safe here and I can ask the staff anything.” Another person told us, “I sleep well because I feel safe.” One relative told us, “I feel that [Person] is safe because the staff are so caring.” Staff told us that they had received safeguarding training and were aware of various forms of abuse. They were aware of their responsibility of sharing concerns of abuse with the manager of other agencies to protect people. Records were maintained of allegations of abuse and showed what action had been taken to protect the person from further harm.

Risk assessments were in place that told staff how to care and support people safely and these were routinely reviewed to ensure they reflected people’s changing needs. Risk assessments told staff how to support people with their mobility safely and equipment required to assist them and we saw people with this equipment. Discussions with staff confirmed that they knew how to care for people safely. Accidents were recorded and were reviewed to find out if there were any trends and showed what action had

been taken to reduce this happening again. One person had sustained a number of falls and it was identified that they had been wearing the incorrect spectacles and action was taken to address this.

One person said, “There are plenty of staff here.” Staff told us that there were enough staff on duty to care for people. We saw that staff were nearby to assist people when needed and that call bells were responded to quickly. The deputy manager told us that the provider’s recruitment practice ensured that appropriate safety checks were carried out before people start to work at the home. This was confirmed by the staff we spoke with. These safety checks ensured that people were suitable to work in the home.

People were supported by staff to take their prescribed medicines and the medication administration records were signed to show when people had received their medicines. Where people did not receive their medicines this was recorded to show the reason why. Medicines were within their ‘use by’ date and were suitable for use and were stored securely. Records were maintained of medicines that had been disposed of.

Is the service effective?

Our findings

Staff told us that they were supported by the management team and had access to regular supervision and training and the records we looked at confirmed this. One staff member said, “The manager is very supportive and they look after their staff.” The provider’s recruitment procedure ensured that new staff had an induction. One staff member said, “My induction was carried out over a month and it was good.” One person told us, “The staff are good and they seem to know what they are doing.”

People told us that staff asked for their consent before assisting them. One person told us that they had discussions with staff about their treatment and had signed a consent form agreeing to this. They said, “I was told I can change my mind if I want to.” The manager and staff had a good understanding of the Mental Capacity Act (MCA). We saw that MCA assessments had been carried out to find out if people had capacity to consent to their care and treatment. Where people did not have capacity other healthcare professionals were involved in making a best interest decision to ensure the person received the appropriate care and support. The manager told us that a Deprivation of Liberty Safeguard (DoLS) was in place for some people. DoLS are required when this includes

depriving a person of their liberty to ensure they received the appropriate care and treatment. Staff were aware of people who had a DoLS and the restrictions in place to ensure they received the appropriate care and treatment.

One person said, “The meals are lovely and you get a choice.” Some people required a special diet because of their health condition and staff were of what people liked to eat. People had access to special equipment to promote their independence to eat and drink. Where people required support with their meal, we saw that staff assisted people in a kind and dignified manner. During the inspection we saw that people had access to drinks at all times. Where there were concerns that people may not be eating or drinking enough, charts were in place to monitor this. Some people had difficulty swallowing and staff were aware of the support they required to prevent choking. Information relating to the support people required with their meals was identified in their care plan. When required people had access to a speech and language therapist and a dietician to support them. People told us that they had access to other healthcare professionals when needed. One person said, “The GP pops in every week.” This was confirmed by staff and a record was maintained of healthcare professional’s visits.

Is the service caring?

Our findings

One person said, “I am well cared for and staff treat me with kindness and dignity.” Another person told us, “Staff are kind, caring and fantastic.” We saw staff treat people with kindness and compassion. One person was distressed and we saw a staff member approach them in a calm manner and reassured them and took the time to make the person comfortable. A person was walking through the corridor and required support; a staff member assisted them in a friendly manner and asked whether they would like to go for a walk in the garden before returning to the lounge.

People told us that they were involved in planning their care and we saw care plans located in bedrooms. One

person said, “I am aware of my care plan.” Another person told us, “I am fully involved in developing my care plan.” Staff were aware of people’s specific needs. One person required support to manage their behaviour and staff were aware of how to do this, a staff member said, “All staff are consistent with how we support this person.”

People told us that staff respected their right to privacy and dignity. One person said, “The staff do respect my dignity.” We saw a staff member rearrange a person’s clothing to ensure their dignity was maintained. People were supported with their personal care needs in a private area. We saw staff knock on doors and asked permission before entering.

Is the service responsive?

Our findings

People told us that they were involved in the assessment of their needs before they moved into the home. One person told us that a pre admission assessment was carried out with them whilst they were in hospital. They said, “My family were involved in the assessment and developing my care plan.” People told us that they were happy with care they received and found that staff had a good understanding about how to care for them.

One person told us about their interests and we saw that they had access to books about this. Another person said, “I like to go into the lounge and get involved with some of the activities.” Another person told us that the activities coordinator informed them about activities available and provided them with a list of what was going on in the

home. During the inspection we saw one person working in the reception area. A relative told us that staff encouraged [Person] to be involved in daily activities to improve their skills to enable them to go home in the future. People were able to maintain relationships with people important to them. One person said, “I visit my relative regularly.” During our inspection we saw people visiting the home.

People told us that they had not made a complaint but were confident that concerns would be addressed. One person said, “I know who the manager is and would be confident to approach them with any concerns I had.” Complaints were recorded and showed what action had been taken to resolve them. This included responding to the complainant in writing or meeting with them to discuss their concerns.

Is the service well-led?

Our findings

People told us that they were asked if they happy with the service and were sometimes given a questionnaire to tell the provider about their experience of using the service.

Meetings were carried out with people and their relatives giving them the opportunity to be involved in the running of the home. Staff told us that meetings were regularly carried out and the manager did listen to their views.

One staff member said, “The management is fantastic, they care and are approachable.”

Staff were aware of the management structure and told us that they felt supported. During the inspection we saw the manager talking with people and their relatives and were available to support both people who used the service and staff when needed.

Two healthcare professionals said, “This is a very good home.” Quality audits were routinely carried out to ensure people received an effective service. Audits of care plans were carried out to ensure staff had access to up to date information about how to care for people. MCA assessments and DoLS were audited to ensure these were still relevant to the individual. The audit for the management of medicines was robust and had identified discrepancies before medicines had been given to people.