

Barchester Healthcare Homes Limited

Upton Bay Care Home

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 ●

Summary of findings

Overall summary

About the service

Upton Bay Care Home is a residential care home registered to provide personal care and support to up to 68 people. The purpose built home provided care to older people across three floors accessed via stairs or a lift. At the time of our inspection there were 22 people using the service over two floors.

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

People, their relatives, professionals and staff were complimentary about their experience of Upton Bay Care Home. People told us it was a safe place to be.

We have made a recommendation to the home in regard to the environment for people who are living with dementia.

People had personalised care plans in place. The registered manager and deputy manager were making changes to the format and had planned, 'study days' for staff to read plans and contribute to them.

People had risk assessments in place for their care and support needs. General risk assessments and maintenance checks meant the home functioned safely. Staff were well trained and knew how to recognise concerns, how to raise them and confident they would be followed up.

People were supported by enough staff who were there when they needed them. Safe recruitment processes were in place which meant staff had the necessary skills and experience to support people at the home. Medicines were managed safely by staff who had been appropriately trained.

The home was clean, tidy and infection control measures were robust. The home was compliant with guidance and safe processes relating to COVID-19. 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.

People had enough to eat and drink and were positive about the food. Special menus and diets were catered for. Staff sought medical services in a timely manner, staff who knew people well and could identify changes in their wellbeing. Staff were supported and had regular supervision sessions and training updates.

Everyone we spoke with told us staff were kind and caring, nothing was too much trouble for them. People were happy living at Upton Bay. One person said, "Staff are kind and keep an eye on things." Another said, "They have made me very happy." People were supported with dignity and respect to keep their abilities and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had personalised care, the home-made efforts to get to know people well. People were supported to live full lives and to plan for their wishes at the end of life. The home had received compliments about its end of life care.

People had access to a wide range of activities to keep them active, involved and stimulated. Some people told us they preferred their own company and that was respected by staff. People were encouraged to continue with or develop new hobbies and interests. An activities co-ordinator made links with activity providers outside the home and developed activity plans that were varied.

The home had a complaints procedure in place and people were confident the registered manager would address any issues. The home had not received any complaints at the time of the inspection. Quality assurance systems operated effectively within the home, the provider had additional oversight of the home by monitoring visits and an electronic compliance system. Audits monitored the quality and safety of the home and actions were completed as planned.

People, their relatives, professionals and staff were complimentary about the leadership of Upton Bay Care Home. Staff felt proud to work at the home and were complimentary about their colleagues. Staff told us the reason they were working at Upton Bay was for the people they support. One member of staff said, "If I can put a smile on someone's face or make someone laugh especially with my awful singing voice and...dancing then I have succeeded." The home sought to engage well with the local community, groups and schools. Health and social care professionals told us they had a good working relationship with the home.

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

Rating at last inspection

This service was registered with us on 25 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 ●

Upton Bay Care Home

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 one inspector 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

Upton Bay 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. Upton Bay is a care home without 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority service improvement and safeguarding teams 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager and deputy manager. We received feedback from four health and social care professionals who work with the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People had risk assessments in place for all of their care and support needs. The home was proactive in their approach to managing risks. Risk assessments were reviewed monthly or in response to a change.
- Risk assessments were detailed; staff understood the risks and knew people well. The registered manager told us improvements were being made to ensure the safe working practices were clearly detailed for staff to follow and written information more accessible.
- Risks to people's health and wellbeing were discussed daily within handovers and meetings. This meant staff were involved and knew the presenting risks for people. For example, the chef was involved where there were risks to a person's health in regards eating and drinking.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Management staff completed a daily walkaround and checks at night to monitor the quality of the service.
- There was an open culture within the home to learn from accidents and incidents. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again. An example was where analysis had identified a time of day where a person would fall, observations of the person were increased at this time to reduce occurrence.
- The registered manager used real life events within the home for reflective practice sessions for staff. This meant they could learn from events that had occurred and discuss what they could have done differently and how they would work in the future.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Upton Bay Care Home was a safe place to be. Some comments we received were: "I have heard from the residents that they are happy living here", "Our loved one [name] is definitely safe here", "I feel safe, I am very pleased to be living here", "I enjoy living here", "It is lovely here, just what I need. Staff and residents are friendly, I feel very safe."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. One member of staff told us, "Every resident and staff member have the right to feel safe within the home."
- There were clear communication channels for raising concerns within the home, the organisation and outside of the home. Posters displayed around the home reminded staff of the, 'Speak Up' process which detailed options available to them and who to report to.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken.

Staffing and recruitment

- There were enough staff on duty. People and their relatives told us staff were available when they needed them. The registered manager told us staff helped each other and had a register of bank staff who were available to them.
- Staff told us staffing levels were good. The registered manager told us they had a number of dual roles within the home. For example, where a staff member was trained to deliver care, but their main role was administrative. This meant they had flexibility when there had been unplanned shortages such as staff sickness.
- The home had linked with a local college to offer work placements to students who were studying health and social care courses.
- The home had a robust recruitment procedure in place and checks the service made demonstrated staff had the necessary skills and knowledge to carry out their role.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. The home had arrangements for the ordering, storage and disposal of medicines. The registered manager told us that they had a good working relationship with the clinical pharmacist. Daily checks were made to ensure safe storage of medicines and safe temperatures were maintained.
- Staff responsible for giving medicines had been trained and had their competency assessed by a senior member of staff.
- Medicine Administration Records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found.
- Guidance was in place for staff when using prescribed creams, this included body maps which detailed where creams were applied.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The head housekeeper was the infection control champion, their role was to observe hygiene practices within the home and ensure enough PPE was available and used correctly.
- 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.

- The home was following government guidance in regards infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection and were pre-arranged. There was a dedicated visitor's room with protective screens which was in place if restrictions changed in response to the COVID-19 pandemic.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Upton Bay Care Home was purpose built and accessed over three floors by stairs or a lift. At the time of inspection only the lower ground and top floor were being used.
- The design and décor in the home was bright, spacious and airy. However, in some areas of the home the décor did not always support people to orientate themselves to their surroundings. We observed people were not always able to locate their bedroom or the bathroom. We discussed this with the registered manager who told us they would develop plans to enhance the environment for people who were living with dementia.

We recommend the provider consults good practice guidance around providing a dementia friendly environment for people who use the service.

- People were encouraged to have their personal belongings with them in their bedrooms, they told us it was important to them.
- The home was accessible for people who needed support with their mobility. Level access was given to outside spaces and secure gardens for people to enjoy. People could access the outside with the support of staff to escort them to the ground floor.

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

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the plans. Staff training and knowledge about nutrition and moving and handling demonstrated the plans had been created with evidence-based practices in mind.
- The home held a daily meeting called, 'Daily Stand Up' meeting, attended by management and senior staff it was an opportunity to discuss important issues and daily events.

Staff support: induction, training, skills and experience

- Staff were selected to work at Upton Bay Care Home on their values, experience and training. They had been assessed through their application, interview and references. The registered manager told us that they wanted staff to feel proud to work at the home and welcome visitors confidently, with a smile and offer them refreshments.
- Staff told us they received enough training to enable them to carry out their role effectively. One member of staff said, "Yes we get enough training and are supported by all Upton Bay team members."

- Staff induction was comprehensive and included a programme of both online learning and face to face practical sessions. During induction, staff had training in subjects such as safeguarding, infection control, health and safety as well as completing shadow shifts. Staff new to care undertook, 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 told us they felt supported, they had received supervision sessions with senior staff and records showed these were two-way. Opportunities were given for staff to receive feedback on their performance and request development if they needed.

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

- People had enough to eat and drink. People were given a choice of meals and there were alternatives and lighter meals available for them. People's comments about the food included: "The food is very good", "Agreeable and pleasant", "I can't complain, I think it is good. We all eat together in the dining room", "The food is nice."
- People were given the opportunity to discuss their likes and dislikes. We spoke to the chef and they told us they attended the daily meeting and visited people at least monthly to discuss their needs and levels of satisfaction. One person told us, "The chef is wonderful."
- People's preferences and dietary needs were recorded in their care plans, in the kitchen and discussed with the chef. Input from specialists was included where required. Dietary needs were assessed and recorded which included; cultural, allergies and where there may be a risk of choking.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people were supported to eat, this was carried out in a respectful way. The home had created a, hostess position which was a member of staff to support people with eating and drinking if they needed.
- People were able to contribute their views regarding the food. Feedback was sought through meetings and individually with the person. The chef told us they tried to cater for everyone. An example was where a person saw a sample menu item and was disappointed to see it wasn't on the home's actual menu. Staff now ask people what their favourite meal is and ensure they have this during their stay.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses.
- The registered manager and deputy manager said they worked well with all professionals and were comfortable seeking their input when needed. The provider had a clinical development nurse who was accessible to the home for advice.
- People had a summary of care needs and risks. This was used for staff handovers and gave the staff a quick view of people's needs.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner. A health and social care professional told us, "Staff are knowledgeable and always try and do their best for their residents."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices during the inspection.
- Where the home had found that a person lacked the capacity to make a specific decision it was followed up with best interests meetings. The meetings or discussions involved the person, those closest to them and professionals involved in their care. Where relatives were legally able to make decisions for people the home had checked the necessary documentation was in place.
- Staff had received training on the MCA and were confident about consent and involving people in decisions. One staff member told us, "This is so important as they [people] have the right to refuse and make their own decisions and how they want to be cared for. I always ask consent when I carry out any tasks with a resident."
- The registered manager and deputy manager had identified where people needed to be deprived of their liberty. They had applied for this to be authorised under the DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in their care. Meetings were held every month and people were given an opportunity to feedback and make suggestions within the home. Records showed topics of discussion included, food choices, activities and social events.
- Staff told us they always gave people choices throughout the day with all their care and support needs.

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

- People and their relatives told us staff were kind and caring. Comments included: "They are kind and compassionate", "The girls are loving", "Staff are caring and kind", "The staff are lovely and there is nothing that is too much trouble", "All the staff are very friendly", "All the staff know my name and will stop and have a chat with me", "Upton Bay is truly a caring home."
- Staff had received training in equality and diversity. Staff told us they would support people from any background with their care needs, understanding and appreciating people's differences was important to them.
- People were supported to observe their faith if they chose to and the home had linked with a local church who provided a service every month for those who wanted to attend.
- People who were living on the 'Memory Lane' area of the home had cards in their bedroom which told staff what was important to them. Used as prompts for conversation and ensuring staff could learn about people's history and ways to support them.
- The home had received compliments about the care it provides. We read the following: "Thank you for your amazing care with my loved one [name]. You all are like angels...with a bit of magic", and, "We are so grateful for the excellent care and kindness you showed our relative [name] during their stay".

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected, the home displayed 'do not disturb' signs on door handles at the request of the person or during times of personal care. Confidential documents were kept securely locked away when not in use. Staff were aware of the procedures for handling sensitive information within the home.
- People and their relatives told us staff treated them with dignity and ensured their privacy was respected. People had access to hair and nail care, they told us this was important to them to help maintain their dignity. One person said, "I do enjoy getting my hair done and my nails." The home had a visiting hairdresser and people were able to receive visits from their own choice of professionals if they wished.
- We observed staff supporting and encouraging people to walk, making sure they had their walking aid at hand.

- Staff told us it was important to know what the person can do for themselves so they could keep doing that activity for as long as possible. One member of staff told us, "It's important, so they can stay being them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- People received personalised care that was responsive to their changing needs. Care plans were person centred and had the involvement of the person and their loved ones. The registered manager and deputy manager were making changes to the format and had planned, 'study days' for staff to read plans and contribute to them.
- People's care plans explored their needs as well as their skills and abilities. Specific care plans detailed people's individual health conditions, for example, needs related to Diabetes.
- People had been given the opportunity to discuss their end of life needs and last wishes. This included speaking with people's relatives to help them to make their wishes known including any spiritual or cultural needs. The home had worked in partnership with healthcare professionals to ensure people received dignified and comfortable care at the end of life.
- People continued to be treated with kindness and compassion when they left the home. The registered manager told us that staff were present when people left Upton Bay. The home had received compliments about their end of life care. One relative said, "Not only did they [staff] treat our loved one [name] with the respect and dignity they deserved but they looked after us, their family."

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 encouraged to engage and socialise with each other if they wanted. People told us they spent their days how they wished. Staff had supported people to continue and revisit hobbies and interests. One person told us, "You have to mix and be sociable. It helps you get on a lot better and adjust to living here." One person told us they had been asked to deliver the mail for people in the home, they had a mail bag and uniform. They said, "They asked me, and I thought I would. I am not sure if it helps but I have a quick chat to people. I do get some satisfaction from it. I am not so busy now, but at Christmas I was very busy."
- People had been supported to maintain contact with their relatives, friends and loved ones by telephone, video calls and face to face visits. This has been especially important to people throughout the COVID-19 pandemic where there had been restrictions on visitors to the home.
- People had access to a wide range of activities which included group activities both inside and outside the home and one to one sessions. We saw photographs of people celebrating events such as, England football matches, animal visits to the home and watching Ladies Day at Royal Ascot, people were encouraged to dress for the occasion and had enjoyed afternoon tea.
- The home had an activities co-ordinator who arranged the schedule for people. They supported people and their relatives to complete a, 'Getting to know me' document, which helped to find out what activities a person enjoyed. They were supported by a volunteer and students from a local college. There was an

activities room where people could do crafts, a cinema room for film screenings, a mini bus for outings and gardens. One person told us, "I enjoy taking part in activities, especially gardening." A relative told us, "The activities co-ordinator [name] does their utmost to entertain and keep residents busy."

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.

- People's communication needs were detailed in their care plans. These needs were shared with external professionals when needed.
- Staff supported people in ways they preferred and met their communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and who to speak to if they had any concerns. They felt confident that the registered manager would address any issues they had.
- Information on how to make a complaint or raise a concern was displayed within the home and included in brochures given to all people and their loved ones.
- The provider had a complaints policy and procedure in place. The registered manager told us the home had not had any complaints up to the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Quality assurance systems in place were robust and effective in managing the risks to the quality of the service. The provider had an electronic system in place which meant they had oversight of the home. The deputy manager was responsible for managing the clinical governance within the home and inputting the information into the system, this included; falls, skin care, nutrition and accidents.
- A range of audits were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. These included; kitchen, housekeeping, calls bells and health and safety audits. Each audit had clear action plans which had been followed up and completed. This meant the home was continually learning. Outcomes, where appropriate, were shared in staff meetings and handovers.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the home.
- The registered manager was passionate in their vision for the home. Leadership demonstrated a positive culture based on agreed values.

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

- The registered manager told us they actively engaged staff in decisions about the home. There was a positive culture in the home, staff told us they felt included.
- Staff were proud to work at Upton Bay Care Home, their comments included: "I feel proud at the end of my shift that I have made a difference to the residents lives supporting them through the day", "We have such a good, fun, committed and very passionate team", "I have the chance to make a difference to the day of every resident", "I feel like we are one big family and that we work together to achieve the best care possible."
- People, their relatives, professionals and staff were complimentary about the leadership of Upton Bay Care Home. Some of their comments included: "The registered manager [name] is so professional and friendly", "The management are extremely friendly and sensitive to the residents and families and their colleagues", "The registered manager [name] is not just a manager, they are a friend", "The deputy manager [name] acts straight away with any problems and is always there for us", "The registered manager [name] is a wonderful manager, very supportive and their door is always open for anyone", "Both the deputy manager [name] and the registered manager [name] have an open door policy. It's nice to have managers who just don't stay in their offices."
- Staff felt appreciated and the provider had recognition schemes in place, such as, 'Employee of the month'. In addition to this, Upton Bay had created their own staff scheme, 'Upton Bay Stars' which was

awarded quarterly.

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 and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- Upton Bay is a newly built home in a residential area in Poole. The registered manager and staff had made efforts to engage positively with their local community and members of the public. The home had made good links within the local area including community groups, churches and schools.
- People were offered the opportunity to be involved in the home by attending a monthly meeting. Relatives meetings were held every three months. Topics for discussion had included; feedback, organisational news and upcoming events. Relatives told us they were kept updated and involved. The home issued a newsletter every quarter and used social media to keep in touch.
- The home undertook satisfaction surveys for people. The most recent survey showed positive results. The registered manager and staff encouraged people and their relatives to complete online reviews of the home, we saw these were positive with one scoring 10 out of 10.
- Upton Bay worked and communicated well with health and social care professionals to support people. One health professional told us the standard of their partnership with Upton Bay was, "Good, positive." Another said, "Communication with the home was good."