

Astley Care Homes Limited

# Uplands Nursing Home

## Inspection report

43 Uplands Road  
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Birmingham  
West Midlands  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Uplands Nursing Home is a care home providing personal and nursing care to 30 people at the time of the inspection. The service can support up to 38 people. The home accommodates people within one large, extended and adapted home across the ground and first floors. Some rooms had en-suite facilities and there were also a small number of shared bedrooms.

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

Since the last inspection there had been some improvement to the provider's governance systems to monitor the delivery and quality of the service provided for people. However, further improvement was required to make sure governance processes were embedded into staff working practices.

People were safe using the service. Staff knew how to protect people from risk of harm and reduce the risk of accidents and incidents. At the time of our site visit, we found there were enough suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by staff who knew their needs well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. People were happy with the choice of food available and where appropriate, received additional support with their dietary needs. The provider worked well with external health and social care professionals and people were supported to access these services to maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service required some improvement to ensure the provider continued to support this practice.

Staff were knowledgeable about people's care and support needs. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

Some of the people using the service at the time of the inspection could not always tell us about their experiences. However, whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were supported. Relatives we spoke with gave us positive feedback on the service and were happy with the way the staff supported their family members to remain safe. Staff provided care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and families knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a culture amongst the staff team in providing person-centred care.

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: The last rating for this service was requires improvement (published 27 March 2019) and there was one breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Uplands Nursing 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector and a specialist advisor on the first day and two inspectors on the second day. The specialist advisor was a healthcare professional with a nursing background.

#### Service and service type

Uplands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means they 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 on the first day with an announced visit on the second day.

#### What we did before the 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. The provider was not asked to complete the required Provider Information Return. This is information providers send to us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our

inspection.

#### During the inspection

We spoke with eight people who lived at the home and five relatives about their experience of the care provided. 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 also spoke with five staff including care and domestic staff, the clinical lead, two nurses and the registered manager.

We reviewed a range of records. This included eight people's care records and 10 medication records. We looked at one staff file 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 spoke with four relatives and requested additional data relating to medicine records and action taken following issues identified at the inspection.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to ensure contractors had left the home environment safe. We found at this inspection there had been an improvement to the whole home environment. People had not been exposed to risk of harm during the ongoing upgrading of the home.

- Daily checks were completed to monitor the settings for pressure mattresses to ensure they were correctly adjusted to reduce the risk of people developing sore skin. Where people had been admitted to the home with sore skin, we saw the tissue viability nurses had been contacted promptly, individualised care plans were in place with clear instructions for staff and people were regularly encouraged to change position to help the sore skin to improve.
- We saw people that required support to move from their chair to wheelchair with the use of a hoist, were moved safely. Staff gave people lots of reassurance and encouragement during the transfers.
- Risk assessments were in place and had been reviewed regularly. Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe.
- We saw from care records, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- Everyone living at the home had a personal evacuation plan in place in the event of a fire and regular testing of the fire alarm system had taken place.

Using medicines safely

At the last inspection we found improvement was required in the management of medicines because they were not always dated when opened, thickener added to drinks was not always dated when opened and it was not always evident why medicines had not been administered. At this inspection there had been improvement.

- The medicines had the date of opening recorded on the packaging. This included thickener to be added to people's drinks to reduce the risk of choking.
- Staff had recorded the reasons why medicine had not been administered.
- Staff had recorded on body maps where people required their prescribed creams to be applied.
- We saw the provider had requested input from a pharmacist for medicines to be administered disguised in food or fluids to make sure it was safe to do so. This was for people who may not always want to take their medicine and lacked the mental capacity to understand the consequences of missing their medication.
- Some people required medicines 'as and when required' and could not always verbally indicate when they might be in pain. There were protocols in place to help staff understand when a person might be in pain although some more detail was required. Discussions with staff demonstrated they were aware of signs to look out for that could indicate a person required their 'as and when medication'.

- Some people required their medicines to be administered through a tube into their stomach. We saw although there were protocols in place for their feeding routine, there were no protocols in place for their medicines. We spoke with two nursing staff and they were able to give us a clear description how they supported the person with their medicines safely. We discussed with the registered manager the importance of a protocol being in place should agency staff, unfamiliar with the person, be supporting them. This would ensure a consistent and safe approach to the administration of the person's medicine. These protocols were immediately put in place whilst we were on site.
- Medicines were safely stored and disposed of in accordance with best practice. Fridge and room temperatures were recorded to make sure the environment remained at a safe temperature. We saw staff administering medicines to people in a safe way.

#### Staffing and recruitment

- People, relatives and staff all told us there were no issues with staffing levels. Our observations showed staff attended to alarm activations promptly, people were supported in a timely way and the home environment was calm and relaxed.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

#### Learning lessons when things go wrong

- The provider analysed incidents and accidents and introduced action plans, where appropriate, to reduce the risk of reoccurrence.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was a safe place to be. One person said, "I feel very safe here, there is always someone around to help you if you need it." A relative told us, "I feel that the people living in the home are very safe and staff are attentive to all the people living there I've not seen any bad practice."
- The management team and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse.
- There were effective systems in place to monitor and manage allegations of abuse or harm.

#### Preventing and controlling infection

- We saw staff using personal protective equipment (PPE).
- The home environment was clean and free from any unpleasant smells.
- No concerns were raised by people, relatives or staff about the provider's infection control.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into the service. The assessments considered people's needs including the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they thought the training they had received was 'good'. One staff member told us, "I felt very safe (supporting people) when I started, because staff showed me what to do. The training I have done is safeguarding which was new to me and I did not know much about dementia. I did not have to ask (staff) they would just show me, I am currently completing NVQ level 2 in health and social care to develop my skills."
- People we spoke with told us they were confident staff had the right level of experience and knowledge to support them effectively and safely. One person said, "I've recently come out of hospital and they (staff) have helped me, they (staff) are very good."
- We discussed with the registered manager how people were supported with the oral health care. We were told monitoring checks were completed on people's toiletries such as toothpaste, toothbrushes and denture cleaner to make sure people had enough supplies. We also saw the registered manager had actively sought a dentist practice that conducts home visits. Letters had been issued to people living at the home and their relatives asking if anyone wanted to see the dentist.
- Staff confirmed they received support from the registered manager that included an assessment of their competencies and supervision.

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

- People told us they were given a choice of meals. One person told us, "Whatever I want (food), I can have." We saw the mealtime experience was relaxed, people were offered plenty of choices and those that required support, received this at a pace suitable to their needs.
- People's dietary needs were being met. People at risk of choking had received appropriate assessments from healthcare professionals (Speech and Language Therapist – SALT).
- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.

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

- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health. One person told us, "The doctor visits every week if you need to see them."
- Although there had been one occasion where there had been a delay in contacting the GP, generally staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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

- The building design of the home met people's needs. The communal areas were, bright, clean and spacious. There was outdoor space available if people wished to use this.
- People we spoke with said they liked their bedrooms and were able to choose to spend time alone or with others.
- People were being supported to move safely between floors with the use of a lift.
- There was an electronic call bell system. Although the registered manager explained they did not monitor routine alarm activations, they did monitor emergency activation. However, we observed all alarm activations were being answered promptly and no concerns were brought to our attention about response times whilst we were on site.
- The rooms we were invited into we personalised and people we spoke with said they liked their bedrooms.
- There were communal areas available for people to relax in.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the mental capacity to make some decisions, the service had ensured decisions were taken in people's best interests in line with the MCA; although more information was required to some of the best interest decisions to demonstrate who had been involved in the decisions being made about people's health and wellbeing.
- Staff had received training to aid their understanding of the MCA and DoLS.
- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choice and asking for their consent. People told us staff would always seek their consent before supporting them. One relative told us, "[Person] is fully involved in their care, staff don't take for granted what they need, [person] is always asked and involved (in their care) as

much as possible."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us staff would treat them with dignity. One relative told us, "I bless the day when [person] went into the home, I felt relieved and although I did not want [person] to go in, it's the best decision as a family we made. [Person] has truly been looked after, they are poorly at the minute, if [person] is at the end of their life, I know they (staff) will take good care of them. If there is one place [person] will pass away with dignity, it will be at Uplands."
- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome by the staff. One relative laughed as they told us, "As soon as you walk through the door you are given a cup of tea and cake"
- People were encouraged to be as independent as they could. One person said, "Up until recently I could do a lot for myself, but I need much more help now and the staff help me." A relative told us, "[Person] finds it frustrating as they were very independent while at home, although they can't do much for themselves now, staff always give [person] the option, and support them in what they can do. [Person] tells me this helps them to remain as independent as they possibly can be."
- Where people were without family support to help them make decisions about their care and support, the service ensured advocates were requested. An advocate is independent and appointed to make sure the person's voice is heard on issues that are important to them and have the person's views and wishes genuinely considered, when decisions are being made about their lives.

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

- Our observations during the inspection showed staff treated people with patience, humour and respect.
- One relative told us, "I visit three or four times a week and never seen or heard any staff being rude to anybody. One person with dementia goes into people's bedrooms on occasions I witnessed staff supporting the person, they were kind, considerate and supported this lady with compassion, when guiding them to their own room. Excellent."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- People's equality and diversity was respected. For example, there were arrangements in place for people to practice their preferred faith and for people with specific, dietary religious beliefs.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- Staff told us they would always do their best to involve people in decisions about their care. One staff member said, "We will support and help people maintain some of their independence as much as possible, it's nice for them to have choices and choose for themselves. It is very important."

# Is the service responsive?

## Our findings

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 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

At the last inspection staff had been seen to stand over people while supporting them with their meals and did not always engage with them. Staff were also seen at times to work in a task focused way rather than in a person-centred way. Terminology used by staff did not always reflect personalised care. At this inspection we had not observed any of the previously identified working practices.

- The service was in the process of reviewing all their care plans. This meant some had been updated to a new format written in a more person-centred way and others were in their original, hand written format. The hand-written care plans were less person-centred but had contained the relevant detail for staff to support people in a person centre way. The registered manager told us it was an ongoing project to try and review all care plans as quickly as possible, so they were all written in the new format.
- We could see people and their relatives had some involvement with the planning of care and support. One person said, "The staff always ask me about how to support me." A relative told us, "The staff support people really well. There is always laughter in the home with residents, we're kept informed about everything about [person's] care there is constant communication. They (staff) speak to me when I visit, they telephoned me if any problems, the manager and staff are very responsive to [person's] and it's a lovely calm environment."
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS).
- We saw people used different communication aids such as writing their preferences down, the use of pictures and words and short phrases translated into different languages. This meant people were able to communicate their choices to staff in a way that was individual to their specific needs.

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 we spoke with told us they were able to find things to do and we saw some people engaged in activities during the inspection, for example reading magazines and newspapers, completing puzzles and

generally relaxing in their rooms listening to their radios or watching television.

- We saw the service had links with the local primary school. One person told us, "Little school children come once a week for one and a half hours. We do gardening (planting pots) inside." The registered manager explained the positive impact the children coming to visit each week had on people and how much they enjoyed the visits. A relative told us, "Activities are completed for example children come into the home which is loved by all."
- People were supported to go shopping when they needed to.
- People were given opportunities to continue to practice their faith.
- The service engaged an activities co-ordinator. At the time of the inspection, they were away, however, staff explained how they would make sure people were given opportunities to engage in interests and activities.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint. One person told us, "I complained to the manager and they dealt with it straight away."
- We saw complaints raised since the last inspection had been thoroughly investigated, with a full and detailed explanation given to the complainant and where appropriate an apology offered. All the complaints had been resolved to the complainants' satisfaction.
- The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- Where the service was providing end of life care, we saw there were care plans in place to support people in a dignified, personal and sensitive way.

## 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 remained the same. This meant the service management was inconsistent.

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

At our last inspection the provider had not ensured their governance processes were robust to identify the environment was not left safe following maintenance work and medicines concerns including shortfalls in documentation regarding people's medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection because there were no safety issues with the environment and medicines procedures had improved. This meant the provider was no longer in breach of regulation 17, however further improvement was required to make sure governance processes were embedded into staff working practices.

- There had been improvement since the last inspection. However, the service must continue to sustain this improvement with robust quality assurance systems embedded into practice. This will ensure prompt action is taken when issues have been identified.
- The handover processes were not always effective. For example, one person displayed signs of being unwell and was not seen by the GP until nine days later. Although the registered manager agreed there could have been a timelier response, the person's health had been continually monitored by the nursing staff to ensure their health needs were being met. We found one person's blood pressure was recorded as low in their care plan. It was unclear from the handover notes what action had been taken. Nursing staff told us the process should be to re-check the blood pressure reading to make sure it was not false. Although we could not be sure this had happened, we were reassured nursing staff had continued to monitor the person's health and made sure the person had received their medication regularly.
- Although audits had not identified there was no protocol for the administration of medicines through a tube into the stomach; this was immediately resolved on the day with input from the pharmacist.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed clearly within the home.

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

- People and relatives shared with us their views on the management team. One person told us, "The manager is very good, they respond very quickly to any concerns." A relative said, "If you ask the manager to do something it's done, staff are very approachable, and I feel that people are treated exceptionally well and could not wish for a better place for [person] to live."
- Staff we spoke with felt supported by the registered manager and the providers operations manager and



told us they were approachable. One staff member said, "We have monthly meetings where we can discuss what works well and what doesn't. It happens pretty much every day as we ask each other."

- Staff we spoke with demonstrated they were motivated and shared an enthusiasm to provide good quality care.
- Staff told us the management team conducted spot checks on the support provided by staff. For example, medicine competency checks.
- Changes to how the service operated and if there were any changes in people's health were discussed at staff meetings and handovers to keep staff up to date with daily events.

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 service had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the registered manager and their team were responsive to our feedback about what the service did well and where there was room for further development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had introduced a 'You said, we did' board detailing the improvements made to the service following meetings and conversations with people and relatives.
- A separate communication booklet had been introduced into everyone's bedroom which gave visitors to the person an opportunity to give their feedback.
- People and relatives told us they were supported to have their say in the day to day care, support and management of the home. The registered manager explained they had held meetings with people and relatives.
- Relatives told us staff kept in regular contact with them concerning any changes in people's health.
- The feedback from people, relatives and professional was positive on the management team and how well led the service was.

Continuous learning and improving care. Working in partnership with others

- The service worked in partnership with social care and health care organisations for people's benefit. For example, we saw evidence in people's care plans of the service working with the clinical commissioning group and the local GP.
- The registered manager and all the staff displayed a commitment to improving care and support to people living at the service.