Care Quality Commission

Bupa Care Homes (BNH) Limited

Aston Court Nursing and Residential Home

Inspection report

Little Aston Hall Drive, Little Aston, Sutton Coldfield
West Midlands, B74 3BF
Tel: 0121 667 5886
Website: www.bupa.co.uk

Date of inspection visit: 13 March 2015
Date of publication: 04/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on the 13 March and was unannounced. At our previous inspection in September 2014 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding consent to care and treatment, care and welfare, management of medicines and staffing. A warning notice was issued to the provider regarding the management of medicines at our inspection in September 2014. The provider sent us a report in October 2014 explaining the actions they would take to improve.

We returned to inspect this service in October 2014 and found the provider had met the conditions of the warning notice. At this inspection, we found improvements had been made since our visit in September 2014, although further improvements were needed to ensure people's needs were met in a timely way.

Aston Court provides accommodation and nursing care for up to 55 people. There were 48 people who used the service at the time of our inspection.

Summary of findings

The home is required to have a registered manager in post. 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. There was no registered manager in post at the time of our inspection. The manager who registered with us in January 2015 had left in March 2015 and an interim manager was overseeing the management of the home. A new manager was due to commence in post in May 2015.

Improvements had been made to the staffing levels but further improvements were needed as people's needs were not always met in a timely way.

The recruitment practices were not always thorough to ensure the risks to people's safety were minimised.

Although safe medicine management procedures were in place these were not always followed. Records did not always demonstrate that people received their medicines as prescribed.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise the identified risks. Plans were in place to respond to emergencies to ensure people were supported appropriately.

Staff had all the equipment they needed to assist people. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff received training which supported them to meet people's needs effectively.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions.

Risks to people's nutrition were minimised because people were supported to maintain their nutritional health. People enjoyed the meals provided.

People were supported to maintain their health and in general were supported to access the services of other health professionals when they needed specialist support. However there were occasions when referrals to health professionals had been overlooked.

People liked the staff and their dignity and privacy was respected by the staff team. Visitors were made to feel welcome by the staff.

People and their relatives were involved in planning and agreeing how they were supported, but recreational pursuits were not engaging people, as people's interests were not incorporated in to the planning of these.

There were quality assurance checks in place to monitor and improve the service. People who lived at the home and their relatives were supported and encouraged to share their opinions about the quality of the service.

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 not consistently safe.

People's needs were not always met in a timely way. Recruitment procedures were not thorough to ensure risks to people's safety were minimised. Safe medicine management procedures were in place but were not always followed. Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

Requires Improvement

Is the service effective?
The service was effective.

People were supported by suitably skilled and experienced staff. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care. People's nutritional needs were met and monitored and they were supported to maintain their health.

Good

Is the service caring?
The service was caring.

People liked the staff. Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. People's visitors were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good

Is the service responsive?
The service was not consistently responsive.

People's care plans were regularly reviewed and updated when changes in their individual needs or abilities were identified, but people's interests were not incorporated in to the planning of activities. Complaints were responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Quality monitoring systems were in place and people were encouraged to share their opinion about the quality of the service. The manager investigated

Summary of findings

issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence. However, due to the changes in management, clear leadership and supervision of staff had not been undertaken to ensure all staff were aware of their roles and responsibilities.

Aston Court Nursing and Residential Home

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.

We carried out this inspection on the 13 March 2015. The inspection was unannounced.

The inspection team included 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 used this type of care service.

We did not send the provider a Provider Information Return (PIR) request prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our inspection we spoke with 11 people that used the service, five people's visitors and eight members of staff which included care staff, permanent nurses and agency nurses, housekeepers and hostess staff. We also spoke with the manager, area manager and a visiting professional.

Our observations of staff interactions with people were limited as people chose to spend the majority of time in their rooms. However, we observed staff interactions with some people who chose to eat in the dining areas at lunch time and during a recreational group.

We looked at the care plans of four people. We checked two staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for staffing, as the provider could not demonstrate that there were sufficient numbers of skilled and experienced staff to meet people's needs and preferences. At this inspection the manager advised us that each person's need's assessment determined the total numbers of staff required on each shift to support them. Staff and people we spoke with confirmed the provider had improved the numbers of staff on duty, but we found that further improvements were needed to ensure people's needs were met in a timely way.

Some people said that timely responses from staff were not always made. One person's relative said, "I can see that there are more staff on duty now, which was needed, but there are still times when my relative has to wait for staff." Other people and their visitors also stated that staff did not always support them in a timely way. We heard call bells being responded to, but people told us that although call bells were responded to, there were times when they were then asked to wait for staff support. One person said, "Sometimes I feel I wait too long." This person told us that when they pressed their call bell for support with personal care, the staff would respond, but told them that they would need to wait. This person said they often had to wait about 15 minutes. This person also told us that they would like a bath on a weekly basis and confirmed that this preference had not been available to them. This meant that the staff available could not always meet people's individual needs and preferences. This was reiterated by another person we spoke with who told us that they were waiting for staff to support them with their personal care. They told us that the staff had been in to them when they called, but had not returned.

Although staff were able to confirm that the correct procedure had been followed before they started work, one of the two staff files we looked at showed us that safe recruitment practices were not always followed. We saw that this person had started work five weeks before their Disclosure and Barring Service (DBS) check had been received. The DBS is a national agency that keeps records of criminal convictions. There was no risk assessment in place to show how this member of staff had been assessed as safe to start work, prior to a satisfactory DBS being received, and how they would be monitored to ensure they did not work unsupervised. On this occasion the provider had not taken reasonable measures to ensure people were protected from the risk of being cared for and supported by unsuitable staff.

People told us that they received their medicines as prescribed. We saw that medicines were kept securely in a locked cupboard to ensure they were not accessible to unauthorised people. We looked at the medicine administration records (MAR) for four people who lived at the home. We saw that in general nurses had signed to say medicines were administered in accordance with people's prescriptions but we identified two gaps on one person's MAR. This related to a medicine that was to be administered by night staff. There was no indication as to why this had not been given; although we could see from previous records that this person sometimes declined this medicine. The number of tablets left indicated there was one occasion when this medicine had not been given, rather than two, which meant nurses were not always keeping clear records to show when people had or had not taken their medicine. Topical lotions such as creams were recorded on people's MAR but were administered by care staff. However nurses signed people's MAR to confirm these topical lotions had been applied. This meant that nurses were signing for topical lotions that were not administered by them. This is unsafe practice as these applications should be signed for by the staff administering them, to ensure accurate records are maintained.

People confirmed they felt safe. One person told us, "I feel safe". Another person when asked if they felt safe told us, "No one has been nasty. I feel the staff keep me safe." Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk of harm. One member of staff told us, "If I had any concerns or anything was disclosed to me I would report it straight away, it's our job to protect people, I wouldn't hesitate."

Staff told us they were aware of the whistleblowing policy and said they were confident that concerns were taken seriously and appropriate action would be taken by the manager. Information sent to us by the provider demonstrated that they knew how to refer people to the local safeguarding team if they were concerned that people who used the service might be at risk of abuse.

Requires Improvement

Is the service safe?

We saw the provider took action to reduce risks to people's safety and welfare. Where risks were identified people's care plan described how care staff should minimise the identified risk. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Care staff told us they had all the equipment they needed to assist people in a safe way.

Records showed that repairs were undertaken as required and signed off once completed, which ensured that the home was maintained to a good standard.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information about the level of support a person would need to be evacuated from the home in an emergency. The information recorded was specific to each person's individual needs and was sufficiently detailed to ensure staff knew how to evacuate people safely.

Good

Is the service effective?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for consent to care and treatment. We saw that improvements had been made. Information in people's care records demonstrated that when able they had given consent to the care they received. Some people were able to confirm that they made their own decisions about their everyday living choices. One person told us, "I prefer to stay in my room. The staff respect that, they know what I like and what I don't."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. We found staff understood the requirements of the MCA and confirmed that training had been provided to them. Capacity assessments were in place for people that lacked capacity. We saw that the relevant people had discussed and agreed who should make decisions in the person's best interest, in accordance with the Act. A DoLS application had been made for four people. The applications had been made to ensure that people were only deprived of their liberty if the deprivation was in their best interests and authorised by the appropriate authority.

People were cared for and supported by suitably skilled staff. Staff told us their induction included reading care plans, training and shadowing experienced staff. We spoke with a nurse who told us, "It was interesting training, done in an interactive way. Everything the trainer taught us was relevant." They had been given an experienced nurse as a mentor and told us they had spent time observing the medicines round and introducing themselves to people." They said, "It's good so far, I am not working alone, you have to be safe and get to know people. Things can get lost in translation and people's safety is paramount." Two care staff we spoke with told us that they had undertaken a four day induction when they started working at the home, followed by shadowing experienced staff for two weeks. One member of care staff said, "I remember I didn't work alone until I had been signed off as competent."

Staff told us that training was readily available, comprehensive and supported them to meet people's needs effectively. One member of staff said, "We have practical training as well. When we have any new equipment, like hoists, we all have to be trained before we can use them. We have to sit in the hoist and experience what it's like for people. I think that's good because it made me realise how it feels and I always check people feel safe when I'm hoisting them."

Memos and training requirements were on the staff notice board, advising them when their training was due. This demonstrated that staff training was monitored and actions taken to ensure staff were kept up to date with training requirements.

People told us they enjoyed the meals provided. One person said, "The food is beautiful, they do lovely soup here." They told us, "They [staff] monitor my weight." We asked if alternative meals were available and people confirmed they were. One person said, "If I fancy something they [staff] will get it." Another person said, "The staff know what I like so I have never had that problem, but I'm sure I could ask for an alternative if I wanted one."

We saw a drinks station was available in the dining rooms and we observed people's visitors accessing this. Tables were decorated with napkins, table cloths, glasses and flowers. Menus were visible on the wall for breakfast, lunch, mid afternoon and evening meal.

People were supported to maintain their nutritional health. The care records we saw had nutritional assessments in place and people's weight had been monitored regularly. Referrals had been made to speech and language therapists where appropriate and special diets were in place for people who required them. Staff we spoke with were aware of people's dietary needs and preferences.

People told us they had access to health care professionals when they needed them, such as doctors, dentists and opticians. We spoke with a visiting healthcare professional who confirmed they had a good working relationship with the staff at the home. They told us they had seen improvements in communication in the last two to three months and said that people were referred promptly and that staff interactions were friendly and appropriate.

Good

Is the service caring?

Our findings

People spoke positively about the staff team and the support they provided. People told us that the staff treated them with kindness and compassion. One person told us, “In hospital I never got in bed as I was scared. Here I was in bed within two nights. The way they [staff] treat me and the time they take. They stroke my hand and reassure me.”

Visitors we spoke with told us that the staff ensured their relative’s preferences were respected. One person’s visitor said, “My mum is a salt-a-holic and salt is on her table all the time.” Another person’s visitor said, “You can’t fault these girls [staff].” And “I know my mum and I know she’s in a great place.”

A relative told us, “The staff have been so welcoming, friendly and informative.” The relative talked about how the staff had encouraged their relation to try a more varied diet. They told us, “So far I have been very impressed. The staff are very informative and helpful and [name] seems to like the staff and has settled really well.”

Staff confirmed that they supported each other to ensure people received the care they needed. The housekeeper told us, “People get good care here. We will find carers for people if we see that they need something. We try to help each other.”

Information was provided for people in the dining rooms, such as the date, weather and time, to reduce confusion and support people’s memory. The majority of people chose to spend their day in their bedrooms. We visited several people and saw that they had drinks, tables and all their possessions to hand. People’s call bells were within reach so they could call for support as needed.

Independent advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Leaflets about independent advocacy services were displayed on the notice board for people to access if required. None of the people that used the service were using an independent advocate at the time of our inspection.

People confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. One visitor said, “Staff are excellent. My relative is always clean and appears happy.” Visitors told us that staff treated them with respect and were friendly towards them. One person told us, “My relative can visit at any time.”

We saw that staff were caring in their approach to people. They told us they always got to know the individual person’s likes and dislikes. One member of staff said, “You develop a relationship where you understand the residents.” People told us they could approach staff and several people commented that the staff were considerate and very friendly.

People told us that they were supported to make decisions and choices. One person told us, “Losing my independence is hard, but they do give me a choice.” During lunch time we observed people choosing their seating, meal and drinks. One person told us, “I prefer plain food.” They told us they had a choice and could ask for an alternative if the meal was not to their liking.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for care and welfare because people's needs were not always met. We saw that improvements had been made. People we spoke with told us they were involved in deciding how they were cared for and supported. Care plans we looked at included information about people's previous lives, likes, dislikes and preferences. The records provided staff with detailed information to ensure people's needs and preferences could be met.

During our inspection a person was admitted to the home from another home owned by the provider. We saw this member of staff was responsible for taking the person's belongings and preparing their room for them. The manager from the home this person had moved from escorted them to ensure this person experienced a smooth transition.

People were informed of the assessment procedure and involved in, and contributed to, the assessment and planning of their care which was reviewed to enable people's current needs to be met .One visitor told us an assessment had been done for their relative and confirmed they had been informed of the homes procedure. They told us, "The home have reassured us that after six weeks it will be reassessed, they have told us not to worry."

Recreational pursuits were available for those people who wished to participate. Some people were too unwell to participate and some people confirmed they did not want to, one person told us, "I don't usually join in with group activities, I like to keep myself occupied. However it was evident from discussions with people and our observations, that the recreational pursuits were not engaging the majority of people**.** One person told us, "I go down to the lounge when there's something of interest on." Another person said, "I have no interest in the day room it's just another four walls". Records showed that many people had provided information about their interests and hobbies, but these had not been incorporated in the planning of activities to enable people to spend their leisure time in their preferred way.

People told us their religious needs were met. Religious services were provided by a vicar once a month and by a priest on a one to one basis, as required.

Complaint leaflets, suggestions and compliment forms were available for people, their representatives and staff to complete. All complaints were logged, including verbal complaints, and records were in place to show the actions taken and the outcome. Care staff told us that if they received any complaints they would report them to the manager or nurse in charge. People and their visitors told us that they would raise any concerns they had. They told us that they felt their concerns were addressed, to their satisfaction. One relative said, "I think they do listen to complaints and make improvements where they can. Several people raised concerns about the food and there is a definite improvement now in the quality of food." This showed that the provider listened to people's concerns and made changes when possible.

We saw thank you cards sent to the provider by people and their representatives. We saw that many positive comments were made regarding the care people received. People had written, "Thanks for the fantastic care received" and "Many thanks for looking after [Name]."

Requires Improvement

Is the service well-led?

Our findings

The provider asked people for their views regarding the running of the home, through satisfaction questionnaires and meetings for people and their relatives. We saw that following people's comments, the provider had taken action to improve the quality of food, but the action taken regarding staffing levels had not resolved the issue to people's satisfaction.

Not many of the people that we spoke with knew who the manager was, but people were aware that the manager had changed. The manager confirmed that letters had been sent out to people's representatives regarding the changes in manager at the home. The manager in post at the time of our visit was employed to manage the home on a temporary basis, prior to a new manager who was due to commence post in May 2015.

We saw there was an on-call manager's rota, which provided guidance to staff on when the manager on call should be contacted. Staff told us they felt confident to approach the manager if they had any concerns. Staff told us that team meetings were usually held every month, but they had not had a team meeting for a couple of months and felt this was due to the changes in manager. They said that because of the changes they had felt isolated for a while. One carer told us, "We haven't had anyone to go to if we needed to discuss things, but things seem better now [Name of the interim manager] is here."

Improvements were needed in staff management to ensure all staff were aware of their roles and responsibilities. We identified occasions when people were put at risk of not having their healthcare needs met, because referrals to healthcare professionals had not been made in a timely way. A recommendation had been made by the tissue viability nurse to refer one person to a podiatrist. This had not been done. This recommendation had been made over a month prior to our visit. Although immediate action was taken when we discussed it with staff, it meant that no one had taken responsibility to ensure this was done. The person's health had been put at risk by this inaction.

A check list was undertaken of the medication administration record by nurses at the end of each medicine round. However this check list had not always been completed by nurses on night duty, which meant there was a lack of oversight, leading to errors in recording not being identified.

Quality monitoring systems were in place. We saw that the manager followed the provider's monthly audit schedule to check that people received the care they needed. We saw that an action plan was in place to drive improvement. The provider shared feedback from CQC to the management team regarding the quality of care provided across the organisation. This was done through quarterly meetings and internal messages. This supported the management team in developing the service to meet current regulations. The manager had sent us statutory notifications in accordance with the regulations. This meant they understood the provider's legal responsibilities.

There were appropriate data management systems in place. We saw that care records and people's confidential records were kept securely so that only staff could access them. Staff records were kept securely by the management team which meant they were kept confidentially.