

Bupa Care Homes (BNH) Limited

Aston Court Care Home

Inspection report

Little Aston Hall Drive
Little Aston
Sutton Coldfield
West Midlands
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Tel: 01216675886

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aston Court Care Home is a nursing home providing accommodation (over two floors) and nursing and personal care to a maximum of 52 older adults. At the time of our inspection 37 people lived at the home some of whom experienced dementia.

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

Staffing did not always meet people's needs in a timely manner.

Governance systems were not entirely effective as they had not identified all issues found at this inspection.

The home was visibly clean but some improvements were required in relation to the maintenance of bathrooms.

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 were treated with kindness and respect and their independence and privacy were promoted.

The management team welcomed our inspection and understood the need to be open and honest about things that required improvement.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28/03/2020) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of that regulation and we found a further breach.

We will describe what we will do about the repeat 'Requires Improvement' rating in the follow up section below.

Why we inspected

This inspection was to review our findings from our previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

The last rating for this service was requires improvement (published 28/03/2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

We have found a repeated breach in relation to good governance risk management at this inspection and one other breach relating to staffing. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aston Court Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aston Court 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 Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors.

Service and service type

Aston Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Aston Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

The registered manager was not available during our inspection. A support manager, a quality assurance manager, a regional manager and a managing director, however, were available to respond to questions we asked and to provide us with information we requested.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used the information the provider sent us in their last provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority for feedback on the home. We used all this information to plan our inspection.

During the inspection

We looked at the premises including bedrooms, lounges, dining areas, bathrooms, the laundry, and the medicine room.

We spoke with 8 people who used the service, 3 relatives (2 by telephone), 8 members of staff including care staff, a nurse, a hostess, and 4 managers. We also spoke with a visiting health care professional. We did this to gain people's views about the care and to check standards of care were being met.

We reviewed a range of records, including 3 people's care records, to see how their care and support was planned and delivered. We looked at medicine systems and a selection of medicine records. We also looked at records related to how the service operated and was managed and reviewed 3 staff files to check if staff had been recruited safely.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as 'Requires Improvement'. At this inspection we found this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing did not consistently meet people's needs.
- At our previous inspection we identified people waited too long to receive care. Evidence we gathered showed at times people had to wait 15 to 20 minutes for staff to respond to their call bell.
- Following our last inspection we were provided with an action plan. It stated, "Call bell analysis is being completed on a regular basis and this looks at the response times and identifying where they have been longer than 8 minutes. Where cases are identified they are followed up by speaking to staff on duty at those times to identify reasons why the call bells were not responded to in a timely manner."
- This inspection we found the situation had not consistently improved. People, relatives, and staff told us of occurrences when there was a delay in staff responding when people summoned assistance. A relative said, "There are not enough staff, people have to wait". One person told us, "There are not enough staff I have to wait for staff to come if I press the bell." A second person told us, "Although I did not hurt myself, I slipped the other day and could not get up. I pressed the call bell and no staff came. I had to ask a resident (person) to get the staff to come otherwise I may have waited longer."
- We viewed copies of call bell audits for October 2022 and November 2022 and identified there had been some significant delays in staff responses when people required assistance including, 10.35, 14.48, 12.54 and 13.43 minutes. The reason stated on the audits for these delays was, 'Attending to another resident'. This showed effective actions had not been taken and adequate staff had not been provided and deployed to respond to people's needs in a timely way.
- A staff member told us, "Staffing is a bit low for the current dependency levels."
- Senior management told us there had not been enough oversight of assessment processes resulting in a high number of people with complex and high dependency needs being accommodated that required higher staffing ratios. Senior management also told us there were both long and short-term sickness within the staff team depleting the numbers of permanent staff.
- There were not always enough permanent members of staff and there was a high proportion of agency staff supporting people. People, relatives and staff told us agency staff did not always know what support people required. A relative told us, "If staff don't know them (family member) and encourage them to do something they don't want to they get anxious and this affects their mobility."

Due to staffing levels there were not always enough experienced staff suitably deployed to meet people's needs and to keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection senior managers told us a decision had been made, early in November 2022 not to

admit any further people and provided evidence to confirm an additional staff member had been provided each day since the second week of November 2022.

- Managers confirmed they continued to recruit new staff. For example, they told us some recent applicants had been offered posts and more interviews had been arranged to employ more permanent staff.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed. Documentation for 3 staff confirmed the required checks had been undertaken. These included an employment history, references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with vulnerable adults.

Preventing and controlling infection

- We were partially assured the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the majority of the home was visually clean and hygienic the ground floor bathrooms in 2 units had missing tiles, in 1 there was an untreated wooden section, on 1 wall there was an expanse of peeling paint caused by water damage and excess, uneven grout on another tiled area. All of these issues could hamper effective cleaning needed to prevent a build up of dirt and bacteria.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance.
- Relatives could visit their family member whenever they wanted to.
- Visiting could take place in communal areas or in the privacy of the person's bedroom.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed.
- Medicines were ordered and stored correctly.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.

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

- People reported feeling safe at the service. One person told us, "The staff are kind. I am not frightened of anyone here."
- The provider and staff knew how to report allegations of abuse or neglect to the local authority.
- Staff had received training in safeguarding adults at risk. Staff were able to explain how to recognise different types of abuse and how to report any concerns. Staff also said they were familiar with the provider's whistle blowing policy and how to raise concerns about poor care practices.

Learning lessons when things go wrong

- At our previous inspection we identified the provider had not done enough to ensure some people ate and drank in adequate quantities to prevent ill health. The provider had learnt from this and implemented processes to improve. At this inspection we found improvements had been made.
- A senior manager told us because of recent ineffective assessment processes future plans to provide care to people with less complex needs would have to be put on hold. The provider had learnt from this and future assessment of need would be overseen in detail.

Assessing risk, safety monitoring and management

- People had individualised risk assessments in place to mitigate the risk of harm. Examples of risks covered included, pressure sores, falls, malnutrition and dehydration.
- Where people were at risk of pressure sores the required actions and equipment was in place to mitigate these. An external health care professional confirmed staff always refer skin integrity concerns in a timely manner and follow the advice given.
- Staff reminded people to use their walking aids to prevent falls. We observed staff assisting people to stand and walk. They said, "Take your time don't hurry, we don't want you to fall."
- Feedback from a fire service visit in July 2022 confirmed a 'satisfactory standard of fire safety.' Fire drill records showed staff completed regular fire drills. This meant that both staff and people were aware of what action to take in the case of an emergency.
- The registered manager ensured environmental safety was effectively managed. We saw completed records of lifting and fire safety equipment and electrical checks.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff confirmed they had completed MCA and DoLS training and explained how they ensured people's human rights were adhered to.
- Documents confirmed mental capacity assessments had been undertaken and where required DoLS applications had been made.
- We observed staff ask for people's consent before they provided care.
- Some relatives told us they had power of attorney authorised licences to speak on behalf of their family member. Copies of these documents were held on people's files.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question as 'Requires Improvement.' At this inspection we rated this key question as 'Good.' This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person said, "The staff are lovely, you couldn't ask for better staff" and, "The staff give me little jobs to do. I enjoy doing the jobs as it makes me feel important."
- Information in people's care plans included their abilities, likes and dislikes. The information guided staff how to support people in the way they chose to be supported.
- People's relatives felt welcome in the service. One relative said, "They (staff) are warm and friendly, you can drop in any time. I feel I can ask questions about their (family member) care and get a good response."
- People were supported to share their views and make their own decisions about care. A staff member told us, "We (staff) want to do our best for people to make them happy."
- Relatives we spoke with told us they had been asked about people's needs. Evidence of involvement of relatives and people were found in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted.
- At our last inspection we identified people had to wait to access the dining room at lunch time until staff were ready. At this inspection we observed improvement as the doors to the dining rooms were open at all times and people could access these rooms when they wished.
- As with our last inspection the majority of people were nursed in their bedrooms due to their health needs. We observed staff knocking on people's doors even when they were open, to ensure people knew someone was entering.
- One person said, "I am so glad I can sort myself at mealtimes." As with our last inspection we saw people being encouraged to eat independently. High sided plates were available to enhance independent eating.
- We saw a number of people used walking aids to enhance their mobility and independence. One person said, "This is great (pointing to their walking frame) I can safely keep walking around when I want to."

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 our last inspection we rated this key question as 'Requires Improvement'. At this inspection we found this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The systems in place to promote continuous learning and to improve care were not always effective.
- Good care is the minimum that people receiving a service should expect and deserve to receive. Even though we have clearly highlighted shortfalls and breaches the service has been rated as 'Requires Improvement' in 3 out of the 5 inspections we have undertaken since 2015.
- Due to the registered manager not being available the managing of the service was being undertaken by support and quality assurance managers with two senior managers having regular oversight.
- We were by the senior managers on site there had not been enough scrutiny with regard to assessment of need processes. People had been offered placements without taking into consideration their very high dependency needs and the negative impact this would have particularly on staffing levels.
- The providers Infection Prevention and Control (IPC) audit of November 2022 had answered 'yes' to confirm the laundry was tidy and bathrooms were in a good state of repair. We observed this was not correct. There was clutter in the laundry, peeling paint on 1 wall and bare plaster where tiles were missing in both ground floor bathrooms.

This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Duty of candour requirements were understood by the regional managers present.
- Managers on site during our inspection were open and honest about the present service challenges.

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

- The provider had some understanding about quality performance requirements, risks and regulatory requirements as some issues raised in the caring domain last inspection had been improved upon.
- Audits were undertaken regularly and had identified where some improvements were required. These included, training for staff on the newly introduced electric care systems, and a number of care plans requiring review. Timescales had been set for both of these issues to be addressed.

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

- Systems and processes were in place to gain the views of people, relatives and staff through reviews, meetings and surveys.
- A relative told us that when their family member wanted a bigger bedroom staff had listened and this was arranged.
- We were provided with people/relative meeting minutes these highlighted a greater range of activities was required and the provider had set actions to address this.
- Staff survey results showed some positive aspects. For example, they highlighted staff would be confident to access any processes available if they had a concern. Where issues were raised the provider gave, 'We will' assurances to staff including, having engagement champions to work along side management and senior manager attendance at meetings.
- Staff used a range of means to communicate with people to accommodate needs such as written messages and pictures.
- People were enabled to maintain their religious preferences where they had expressed a wish.
- People could be supported throughout the year to celebrate a range of festivals including Diwali, Christmas and Easter in accordance with their beliefs.

Working in partnership with others

- The service worked collaboratively with other agencies.
- There was ongoing communication with local authority staff about any concerns and improvements made including fire safety.
- Staff welcomed the input from tissue viability nurse specialists to secure advice and enhance their knowledge on treatments and techniques to prevent people acquiring sore skin.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always effective in identifying shortfalls in service delivery.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff available for people to meet their needs.