

Bupa Care Homes (BNH) Limited

Aston Court Care Home

Inspection report

Little Aston Hall Drive
Little Aston
Sutton Coldfield
West Midlands
B74 3BF

Date of inspection visit:
18 September 2017

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27 October 2017

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

Aston Court Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection was unannounced and took place on 18 September 2017.

Aston Court Nursing and Residential Home accommodates up to 52 people in one adapted building over two floors. At the time of our inspection, 42 people (who had physical health needs and/or were living with dementia) were using the service. Our last inspection took place in March 2016, and the service was rated as Good. At this inspection, we found the service remained Good.

There was 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.

At our last inspection, we asked the provider make improvements to ensure the service was effective. We had found that when people were not able to make certain decision for themselves, this had not been reflected in their care plans or reviewed. At this inspection, we found the required improvements had been made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive care that was safe. Staff understood their responsibilities to protect people from possible harm. Risks to individuals were assessed, monitored and reviewed, and staff followed safe working practices. There were enough staff to meet people's needs and the provider ensured staff were suitable to work with people. People received their medicines as prescribed, and were protected from any risks associated with them.

Staff had the knowledge they needed to carry out their roles and received training to develop their skills. People were enabled to maintain a balanced diet and were able to access health care services when needed. They were supported by staff who knew them well and treated them with dignity and respect. Staff were patient and kind and promoted people's independence. People were able to maintain relationships that were important to them, and there were no restrictions in place for visitors.

The care people received was individual to them and responsive to their needs. They were able to participate in activities they enjoyed and follow their interests. The care records in place reflected the support that people needed, and gave staff information to support them in providing personalised care. People knew how to raise any concerns and the provider had responded to any issues in a timely manner.

There was a positive, open culture at the service, and people were happy with the support they received.

Staff were supported and enjoyed their jobs. The registered manager had effective systems in place to drive continuous improvement, and they sought feedback from people who used the service and their families.

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 remained good.

Is the service effective?

Good ●

The service was now consistently good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Aston Court Care 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.

This comprehensive inspection visit took place on 18 September 2017 and was unannounced. The inspection team consisted of two inspectors. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also received feedback from the local authority who provided us with current monitoring information. We used information the provider sent us in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what it does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with nine people who used the service, seven relatives and friends, and a visiting healthcare professional. We also spoke with six members of staff and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of five people to see if they were accurate and up to date. We reviewed three staff files to see how they were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

People continued to be protected from harm. One person told us, "I have always felt safe here. The staff are always around if you need them." Staff we spoke with showed a good understanding about the different types of harm that could affect people. They were also knowledgeable about possible signs of abuse, and what they needed to look out for. Staff were encouraged to raise concerns. One staff member commented, "We have the 'Speak Up' policy and know that if we see anything we must tell someone. We know we shouldn't be scared to report anything, and I would certainly be confident to raise any concerns I had." We saw that when needed, referrals had been made to the local safeguarding authority, and actions had been taken to reduce any future risk of harm to people.

Risks to people were assessed, monitored and reviewed. Some people needed support to transfer using equipment. One person told us, "The staff know how to move me safely. They will let me know what is happening, so nothing is a surprise." We saw that people had been referred to community professionals when their mobility had changed. Staff followed the guidance available to ensure people were safe when they moved. Some people were at risk of developing sore skin. People told us and we saw that the correct equipment was used to keep their skin healthy. We saw that people had evacuation plans that gave staff guidance about the support needed in case of emergencies. Staff were aware of these plans which had been updated when people's needs had changed. Fire drills took place and one person told us, "There are fire checks every week. I'm confident the staff would know what to do if there was an emergency." This demonstrated the provider had effective systems in place to minimise possible risks for people.

There were enough staff to keep people safe and meet their needs. One person told us, "I rarely have to wait for more than a couple of minutes when I need help." One relative commented, "I can always find staff if we need them." The registered manager had a system to check the response times to call bells. We saw that when delays were identified, actions were taken to rectify this. We saw that when people needed to be supported by two staff members this happened. The staffing levels were based on the needs of people rather than overall numbers. We saw that this was reviewed to ensure any changes in people's needs were taken into account. The registered manager had altered some of the shifts for care staff to increase the numbers at certain times of the day. They explained, "I identified that particularly in the morning when staff are busy supporting people with personal care we needed more staff, so now the shifts start earlier." The registered manager acknowledged occasions when staffing fell short of the agreed levels, and had taken action to prevent this happening in the future.

We checked to see how staff were recruited. One staff member told us, "I had to give two references, one from my last employer. I already had a disclosure and barring service (DBS) check, but had to do another one. I had to wait until everything came through before I could do any shadowing." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. The records we looked at confirmed the necessary pre-employment checks had been made. This demonstrated the provider had recruitment systems in place to ensure staff were suitable to work with people.

People received their medicines as prescribed. One person told us, "I get my tablets every day when I need them." Staff received training before they were able to administer medicines for people. One staff member told us, "Once I had done the course there was a test; and the nurse went round to observe that I was doing it correctly. I couldn't do the medicines on my own until I had passed the exam." Another staff member explained how their competency to administer medicines was re-assessed annually. When people needed to have topical creams applied, we saw that body map diagrams were in place to show staff where the creams should be applied. If people had medicines prescribed 'as required' rather than every day, we saw that guidance was available for staff to follow. Staff ensured that the stock levels of medicines were carried forward. Medicines were stored securely according to the manufacturers guidelines.

Is the service effective?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations, they needed to make improvements to ensure they were supporting people in accordance with the Mental Capacity Act 2005 (MCA). We detailed this in our last report. The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). During this inspection, we found that the provider had taken note of our comments and had made improvements.

Some of the people living at Aston Court Nursing and Residential Home were not able to make certain decisions for themselves. We saw that when this was the case, assessments had been completed and it was shown why the support given was in their best interests. Staff respected the rights of people who used the service to make choices. One staff member commented, "We all understand the importance of gaining people's consent before we do anything. If they are unable to understand then we know we have to make decisions that are in people's best interests." We saw that people had been involved in discussions about their care, and when able had signed to demonstrate their agreement to their care and support. One person told us, "The staff will always ask me first before they help me." When people's capacity fluctuated due to their condition, this had been recognised. Care plans gave guidance to staff to ensure that people's rights were respected. Some DoLS authorisations had been granted for people, and we saw the registered manager had followed up referrals they had made. Staff were aware of these authorisations. One staff member said, "We are told if anyone has a DoLS in place and the reasons for this." The registered manager checked when family members or representatives had been granted authority to make decisions on behalf of other people.

People were supported by staff who had the knowledge required. When staff began working at the service, they received an induction to prepare them for their roles. One staff member told us, "To begin with I just watched what was happening, then I helped more. Now I do everything, but I am always with a more experienced staff member." Another staff member said, "There is regular training available and the manager makes sure we are up to date with everything." The registered manager assessed staffs competencies, and one staff member commented, "I had an appraisal not long ago, and we looked at my practice and any learning I needed." This demonstrated the provider ensured the staff had the skills needed to provide effective care for people.

People enjoyed the food and were enabled to maintain a balanced diet. One person told us, "There is always plenty to eat, sometimes too much. The staff will make sure I have drinks close by when I'm on my own." Another person said, "The food quality and variety is good. There are different options available so I get what I like." One relative commented, "The staff all know what my relation prefers to drink, and they make sure they get this." We observed the lunchtime meal. Some people chose to sit in the communal

dining rooms, and others preferred to eat in their rooms. We saw that visitors were able to sit with people and join in with the mealtime experience. People received support to eat their meals if they needed this.

When risks to people's nutritional needs were identified, we saw that people's food and fluid intake was monitored. Their weights were recorded and actions taken when needed. When people were not able to have their food and drinks orally, they received their nutrition via a special feeding tube. Staff knew how to ensure this was done correctly and followed the advice given. Staff were knowledgeable about any special diets people had. One person told us, "It's very important for me to have a soft diet, and I always get this." Another person said, "I have spoken to the dietician and they advised me about the food I should have. The staff make sure I get this to keep me well."

People had access to healthcare services when required. One person told us, "I have to attend appointments regularly, and they make sure this happens. They will arrange the transport for me." One relative said, "Medically they have been brilliant; they will get the doctor out if needed, and we are kept fully informed." We saw that people had attended a variety of health care appointments, and that referrals had been made in a timely manner. When healthcare advice was given, staff ensured that this was followed. One visiting professional commented, "The staff are good at putting any recommendations I make into place. If there are any issues, I know they will let me know. There is good communication with us." This demonstrated people were supported to maintain good health.

Is the service caring?

Our findings

Positive relationships had been developed with staff and people who used the service. One person told us, "Nothing is too much trouble; anytime of the day they always do it cheerfully." Another person commented, "They are all so kind; they consistently enquire if I am alright or need anything. They are so patient." One relative said, "The staff are lovely; they will give my relation a kiss and a hug as they know they like that."

We observed staff take time to engage with people as they were passing, and their interactions confirmed they knew individuals well. We heard staff speaking kindly with people, addressing them by their chosen name, and offering reassurance to people. One relative commented, "Sometimes my relation gets distressed, but the staff will then sit with them and spend time talking until they feel more settled." This demonstrated that staff knew people well and the support was caring rather than task focused.

People's choices about their daily routines were respected by the staff. One person told us, "They will listen to what I say I need help with." Another person commented, "I choose when to get up and go to bed; it's all up to me in the end." People we spoke with confirmed they felt listened to, and that they were encouraged to be as independent as possible. One relative said, "Even though my relation needs quite a bit of help, the staff will encourage them to do what they can for themselves." We saw that people had been supported by an advocate to help their voice be heard. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. This demonstrated people were supported to express their views and make decisions about their support.

People's privacy was respected. We observed staff knock on people's doors before entering, and ensured that people's personal care needs were carried out in private. One relative said, "They respect people and treat them with dignity. My relation is very happy." We observed staff speak with people in a courteous and polite manner, and staff knew how to communicate effectively with people.

People were able to maintain relationships that were important to them. One person told us, "My family come and visit me every day." One visitor said, "There are no restrictions on visiting and I come every day." And a visiting professional commented, "The staff are friendly, helpful and welcoming." We observed visitors arriving at various times of the day, and were able to spend time with their loved one either in private or in the communal areas. One relative told us, "My relation has made some good friends here, and the staff have enabled that."

Is the service responsive?

Our findings

People received care that was individual to them. Before moving to Aston Court Residential and Nursing Home, they and their relatives had been involved in the planning of their care. One person told us, "They came out to assess me and to discuss the help I needed." One relative said, "I told them about my relations preferences and they made a note of that; I have helped to write their care plan." We saw that pre-admission assessments were completed prior to people's stay at the home. People's care plans were personal to them and included information that helped staff understand about people's histories, backgrounds and identity. When people's needs had changed, we saw their support had been reviewed and their care plans updated. Staff knew people well, and one staff member told us, "The care plans give me the information I need to support people and understand them as individuals."

People received care that was responsive to their needs. One person commented, "I struggled to sleep when I first arrived, so they changed the mattress for me straight away. Then I was able to sleep." They added, "Now, I'd certainly call that responsive." One staff member told us, "We do make changes to the way we do things so they suit people better. We've been having themed travel days, but some got confused and worried about actually going on a train. So now we just focus on the country rather than the journey. It works better now." We observed the daily information sharing meeting that was held with the registered manager, deputy and nursing staff. They discussed any issues regarding people's needs or changes in their circumstances, and referrals that had been made to other professionals. This information was then shared with the care staff on both floors. This ensured that all the staff were made aware of any concerns or changes in people's care.

People were able to follow their interests and take part in activities they enjoyed. One person told us, "I always have my knitting by me so I can pick it up when I want." Another person commented, "There is something happening every day, and even at weekends. I enjoy the exercise classes." One staff member said, "We don't just have the organised sessions for people, but also time set aside for those that are unable to get up and join in. That's just as important for people." We saw there was a variety of reading material, DVD's and games that people could help themselves to. The provider had made a monthly budget available for spending on events and special occasions. We observed one of the craft sessions that people participated in. Staff encouraged people to engage in the activity and we found there was a relaxed and happy atmosphere in the communal area.

People knew how to raise concerns and complaints. One person told us, "I have spoken with the manager about things when needed." We saw that when people had raised concerns, these had been investigated and responded to in a timely manner. Actions had also been taken in response to any issues, for example in relation to call bell response times. We saw the provider had a 'You Said; We Did' board on display. This gave information about the feedback the provider received and the actions they had taken in response. We saw that residents and relatives meetings took place and people were encouraged to share their views about the service. An annual survey was sent out to people who used the service and their relatives. This covered a variety of topics, and the scores ranged from 83% to 100% satisfaction.

Is the service well-led?

Our findings

We found there was a positive culture within the service. People told us they were happy living at the home. One person said, "I don't think I could get much better than this. Everyone has been so helpful, and I have not wanted for anything." One relative told us, "They don't just look after my relation, but they have been really supportive to all of the family." People found the management team to be approachable, and staff felt able to contribute to the development of the service. One staff member said, "Things can happen, and when they do, all the staff team are made aware. It's not about finding fault, but more to see what we can do to prevent things from happening again."

Meetings were arranged for people who used the service and their families. One relative told us, "Unfortunately we can't make it to the meetings that take place, but they let us know what is going on. I know I can speak with the manager at any time." They added, "I certainly feel the home is well run." Another visitor commented, "The manager is very helpful, really approachable and gets things done when asked. They have all been really good." Staff we spoke with enjoyed their jobs and felt supported in their work. One staff member commented, "Each time I see the manager they check to see how I am." We saw that regular staff meetings and supervision sessions were arranged, and the staff team were encouraged to share their ideas about the service. We saw the provider had arranged to cover the absence of one of the management team. The registered manager told us, "I explained that I would need support and the provider has responded to this."

We saw the registered manager utilised the morning information sharing meeting to complete certain quality checks. They explained, "Each day I focus on one particular care plan and the quality matrix shows which other checks need to happen. This system works and means that things don't get missed." The registered manager had other effective systems in place to assess, monitor and improve the quality of care people received. For example, falls were analysed and actions taken to minimise further incidents; any errors regarding medicines were followed up and further training and competency checks were carried out as needed. The registered manager had also increased the frequency of the night audits. They explained, "I had been made aware of some issues, and now these are resolved. I also wanted to ensure that people were getting up when they chose to." We saw there was a home improvement audit that was completed monthly. This covered various environmental and care areas. This enabled the registered manager to identify any quality issues and we saw they then put actions into place to make improvements.

The registered manager was aware of their responsibilities as a registered person. They maintained records that were kept securely and had informed us about significant events that had occurred. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and showed the latest rating on their website.