Astley Care Homes Limited

Uplands Nursing Home

Inspection report

43 Uplands Road
Selly Park
Birmingham
West Midlands
B29 7JS

Tel: 01214713816

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16 March 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection at this home on the 15 and 16 March 2016. Uplands Nursing Home provides nursing care and accommodation to a maximum of 27 people many of whom are living with dementia. There were 25 people living at the home at the time of the inspection and 11 people were being cared for in bed. This was the service's first inspection since the provider changed in September 2015.

There was a registered manager at the service who was present throughout the inspection visit. 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.

People that we spoke with told us they felt safe living at the home. Staff described the appropriate action they would take should they have any safeguarding concerns. Safeguarding training had been provided to some staff working at the home. Individual risks to people had been identified and steps to minimise the risk to the person had been taken.

Medicines were stored and given safely. Staff were able to describe their responsibilities for safe medicine administration. However, the provider had not followed current guidance for the administration of medicines given covertly.

Most people told us that there were enough staff available to meet their needs. Safe recruitment practices had been carried out to ensure staff were suitable to support people.

The Mental Capacity Act (2005) sets out what must be done to protect the rights of people using services who may lack the capacity to make decisions for themselves. Not all staff were confident in their knowledge of this legislation although they were able to tell us how they supported people in ways that followed the principles of the MCA. There was limited evidence of how decisions had been made to determine if people lacked capacity and what this meant for their care provision.

People told us they were happy with the mealtime provision at the service and that their preferences for food were met. We found that the provider had not assured themselves that safe practice had been carried out when meeting some people's dietary needs.

The service was proactive in referring people for support with their healthcare needs. People's healthcare had been monitored and reviewed when necessary.

Staff had received training in some key areas of care to provide them with the knowledge and skills to support people effectively. However, the provider had not ensured that all staff had completed training and refreshed their training in the required timescale.

We saw that staff interacted in a caring way with people living at the service and interactions showed that staff knew people well. Staff were able to describe people's likes and dislikes and told us they followed people's care plans to provide care in the way the person had requested.

We observed activities take place during the inspection. People and their relatives informed us that activity provision needed to improve as activities didn't occur very often and there were limited opportunities for activities for those people who were cared for in their bedroom.

People, their relatives and staff were happy with the management of the home. The provider had sought the views of relatives to monitor the quality of the service provided but little had been done to capture the experience of people living at the home. Systems for monitoring the quality and safety of the service were not effective or robust and had failed to highlight the concerns raised at this inspection. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines safely. The provider had not always followed current guidance for the administration of covert medicines

Risks to people had been identified and were generally well managed.

Staff had knowledge of safeguarding procedures although some staff had not received training in this area.

Safe recruitment practice was in place.

Is the service effective?

Requires Improvement

The service was not always effective.

People had not always been supported in line with the Mental Capacity Act (2005) Deprivation of Liberty Safeguards (DoLS).

Identified risks to people had not always been reduced through clear guidance around nutrition and hydration.

Training had been provided to most of the staff working at the home.

People had received appropriate and timely support with their healthcare needs

Is the service caring?

Good

The service was caring.

People told us that staff were caring and we observed staff interacting with people in a kind manner.

Care was planned around people's known preferences.

People's dignity and privacy were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not be assured of receiving stimulation through activities or protected from social isolation.

People's care was reviewed at regular intervals.

People and their relatives knew how to raise concerns should they need to and felt comfortable to do so.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had not kept up to date with changes in the regulations or in respect of developments in the social care sector. They had failed to notify us of some events that should have been reported which occurred at the service.

Quality monitoring systems were not consistently effective or robust.

People, their relatives and staff were happy with how the home was managed.

Uplands Nursing 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 unannounced inspection took place on the 15 and 16 March 2016. On the first day of the inspection the inspection team consisted of two inspectors, one of whom visited the service for only part of the day, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day of the inspection the inspection team consisted of one inspector and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

As part of the inspection we received feedback from the local clinical commissioning group who monitor the quality of the service and from the local authority who commission care for people living at the service.

We visited the home and met with five people who were living at the home and nine relatives of people. Some of the people who lived at the home were unable to communicate verbally due to their health conditions. We spent time observing how people were supported in the communal areas of the home and 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 to us.

We spoke with the registered manager, two nurses and eight members of staff. We spoke with three visiting healthcare professionals. We looked at records including five people's care plans and eleven medication administration records to see if people were receiving care which met their assessed needs. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, staff meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were given safely to most people. One person told us, "The staff always make sure I have my tablets on time and ask if I need anything for pain." We observed that people were supported to receive their medication in a dignified and sensitive way and staff explained to people what medication they were taking. People's care records contained information for staff about people's medications, what the medication was taken for and possible side effects of the medicine. We saw that medication was stored safely.

The service had ensured that only staff who had received training around medication were able to administer medication. We saw that competency checks of people who gave medicines were carried out to ensure that they still had the skills to carry out medicine administration safely.

A number of people needed their medicines to be crushed or hidden in food. We call this covert administration. While this can be in people's best interests to ensure people get the medicines they require set procedures must be followed. These procedures ensure the tablets being crushed are suitable to be administered this way, and that administering the medicine without the person knowing is in their best interests and that their human rights are maintained. While the registered manager had undertaken some of this work, it was not complete. The registered manager was receptive to our feedback about this and assured us that work would be undertaken to ensure covert medicines were given following current guidance.

People told us that they felt safe living at the service. One person told us, "I am safer here than I am in my own home."

Staff we spoke with informed us they had received safeguarding training and described how they would respond to allegations or incidents of abuse to keep people safe. Staff were confident in being able to inform the registered manager if they had any concerns and were aware of other agencies to contact if they felt the registered manager had not taken appropriate action. The registered manager was aware of her responsibilities for safeguarding people from harm. We identified an instance where the manager had not alerted the safeguarding authority when a possible safeguarding concern had been raised. The registered manager had informed the safeguarding authority by the second day of the inspection. Records confirmed that some staff had received safeguarding training to ensure they were knowledgeable of current safeguarding practices. However, there were a number of staff who had not received safeguarding training or had not had a training update for some time. The registered manager informed us that she was awaiting the in-house trainers to inform her of when they would be free to carry out training with the majority of the staff team who required it. This meant there was a risk that staff would not have up to date knowledge of how to recognise and respond to safeguarding concerns.

We looked at the ways in which the service managed risks to the people living there. Potential risks to each person had been identified through their care plans which were reviewed monthly. Where risks such as developing sore skin had been identified, action had been taken to reduce the likelihood of these risks occurring. Accident records had been completed and immediate checks on the person's well-being took

place. The registered manager informed us of monthly reviews carried out and the process she used to investigate multiple accidents involving the same person. This ensured measures were put in place to reduce the risk of repeat incidents and harm.

We saw that people were supported to mobilise safely. Most of the people living at the home required support to move around the home. We saw that staff supported people using safe techniques whilst providing the person with an explanation of what was happening. Where people were able to mobilise with mobility aids staff supported the person to stay safe whilst enabling them to maintain their independence.

People who used the service and their relatives told us that in the most part there were enough staff available to meet people's needs. However, some people told us they thought it would be nice to have more staff to enable those people who spent time in their bedrooms to have more interaction. When the registered manager identified that more staff were needed, to meet the changing needs of people living at the home, they had increased the levels of staff on shift. The registered manager told us that the service used known agency staff to cover staff absences to maintain the required staffing levels.

We looked at how the service ensured that staff recruited were suitable to support people. We saw that processes included obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to support people. We found that further steps such as obtaining references from previous employers had been taken to ensure staff were suitable to support people who used the service. This demonstrated that the provider had ensured safe recruitment practices were carried out.

Requires Improvement

Is the service effective?

Our findings

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they had received training on the MCA. Although understanding of this legislation varied amongst staff they informed us of practice they carried out that followed the principles of the MCA. Staff told us that they offered people daily choices and one staff member told us, "I always ask and explain things. One person likes to choose his own clothes and I always respect them." Another staff member told us that when someone lacked capacity staff, "Have to assess capacity and only act in the best interests of people." We saw that mental capacity assessments were not decision specific and only considered whether the person was able to consent to living at the service.

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 the Deprivation of Liberty Safeguards (DoLS). We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. Staff had received training on DoLS. Applications for DoLS had been made for most of the people living at the home. The registered manager had not considered if any other measures currently taken to provide people with safe care may also need to be considered under a DoLS and explained that she was not aware of this until very recently when she had attended a training course. The provider had not ensured people living at the home were protected under this legal framework.

Some people's care plans showed that consent had been given by relatives for people's care without checking that the correct authorisation was in place. The registered manager informed us that they were not aware until recently that there were two types of authorisation that family members could have.

We looked at how the service ensured people received adequate nutrition and hydration. People told us that they were happy with the food they were provided with and one person told us, "I am very fussy and like plain food which they do provide me." People gave examples of where their preferences for food had been met. Some people's relatives came to join their family member at meal times and to assist them with their meal. Relatives that we spoke with explained they enjoyed doing this as it helped them feel involved in their family members care. We saw that people had been supplied with adapted cutlery to aid their independence and we observed staff encouraging people in a caring way when they were reluctant to eat their meal.

Some people living at the home required their food to be prepared in specific ways to ensure they could eat food safely. Some people's care plans stated they were at high risk of choking, but the plans lacked specific guidance on how to prepare their meals to reduce the risk of choking. The registered manager explained that assessments that had determined the person was at risk had been carried out whilst the person was in

hospital but the home did not have access to these assessments. After raising our concerns about this the registered manager informed us they had reviewed the care plans for people who were at high risk and had put more detailed guidance in place to ensure consistent safe support could be provided to these people at mealtimes. They further advised that they would be referring everyone for reviews of their support needs to a specialist healthcare professional.

People and their relatives felt that staff had the knowledge and skills to support people with their individual care.

Staff told us they felt supported, and that they had received training to help them work safely and to meet the needs of the people they were supporting. New staff received an induction that included shadowing more experienced care staff to ensure they felt confident to meet people's needs before they worked on their own. Training was provided to staff when they first started working at the service although this had not always been completed in a timely manner. Training did not include completing the 'Care Certificate' which is a nationally recognised induction course. This is used to provide all staff new to care with the skills and knowledge to meet people's basic care needs. The provider had not ensured that new staff or staff requiring 'refresher' training had received their training at the appropriate time.

Many of the people at the home were living with dementia. We saw that dementia awareness training had recently been carried out. Some staff at the home had a good knowledge of how to support people living with dementia and we observed some staff carrying this out in practice. One staff member told us, "No two people are the same."

People told us that they saw healthcare professionals regularly to maintain their health. We saw instances where the service had been pro-active in seeking advice or providing people with the correct equipment to prevent further deterioration in their health. We spoke with three healthcare professionals who were visiting the service during the inspection. They all informed us that the service was quick to refer people for additional support, that any advice given was acted on and that the service communicated well when there had been on-going care needs that needed monitoring. Staff did not have access to emergency information for one person's health condition which meant there was a risk that inconsistent support could be provided in an emergency situation. We saw one instance where a care plan for a person had not been updated following advice from a healthcare professional. The registered manager amended this immediately when it was brought to their attention.

Good

Is the service caring?

Our findings

People told us they felt cared for. One person told us, "The staff are marvellous, they are very helpful." One person gave us an example of staff displaying a caring attitude when they were unwell. Relatives were complimentary of the caring nature of staff and comments from relatives included, "The staff are exceptional and go out of their way to help," and another relative commented, "Dad is cared for by staff who are really lovely and kind." One relative described action the service took to ensure their family member did not experience social isolation. People and their relatives informed us that staff knew people well.

Staff that we spoke with told us they enjoyed their job and one staff told us, "I enjoy helping others which is very rewarding." Staff we spoke with knew people's likes and dislikes and their family background. Staff had some knowledge of people's life histories and explained they would look in people's care plans to find out more information. People's life histories had been documented in their care plans to improve understanding of people's needs.

Many of the people living at the home could not communicate verbally due to their health conditions. Whilst people were involved in developing their care plans as much as possible, care plans were largely developed with the person's relatives to find out the person's likes, dislikes and preferred routines. Staff were able to tell us how they used this information to provide people with care in the way they wished. One staff member told us, "I always go through their care plan to make sure I provide person centred care." Although care plans detailed information about people's diagnoses they did not contain specific information about how this affected the person. Some people's care plans contained medical abbreviations that wouldn't be easily understood by all staff.

We observed that visitors were welcomed into the service and were able to visit anytime. Visitors were encouraged to have meals with their relative. Where people did not have regular contact with relatives the registered manager informed us of action she took to ensure relatives were kept up to date with any changes in care needs.

Around half of the people living at the home shared a bedroom with another person. Some of these people were being cared for in bed due to their healthcare conditions. People who were able to talk to us told us that they didn't mind sharing a bedroom. The service had tried to ensure a match of personalities between people sharing bedrooms although this wasn't always possible. We saw that there was definition of areas of the bedroom and each side of the bedroom was personalised. The registered manager informed us of plans the provider had to extend the building to provide further bedrooms allowing those sharing bedrooms to have their own room in the future.

People told us that staff were respectful and maintained their privacy. One person told us, "The staff always knock on my door and ask if they can come in." We saw staff treating people with dignity and respect when offering people explanations of what was happening or explaining what meals were on offer. We observed staff knocking on people's bedroom doors before entering. People that had shared bedrooms had privacy screens in place that were used when personal care was carried out. Staff consistently told us that these

were used in practice when supporting people. One person we spoke with informed us that choices were given during personal care. We observed that when information was handed over between staff it was done so in a respectful manner and confidentiality was respected.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt listened to and involved in their care. We saw that in the most part staff acted responsively to people's requests for support. One person told us that they had a call bell to seek assistance from staff and said, "When I want anything they come and help quickly." We observed staff acting quickly when a person requested support with their mobility. In one instance we observed staff miss a person's request for support. We brought it to the staff member's attention and they responded immediately to the person's request.

We looked at the opportunity people had for participating in activities. We observed that the activities provided took place in communal areas of the home based on people's known preferences. People told us about the activities that they took part in which included activities such as an entertainer who came to lead sing-along sessions. However, people and their relatives told us that activities didn't occur very often. We discussed activities with staff and comments from one staff member indicated a clear lack of insight and an absence of positive attitude to focus on what people who are living with dementia could do rather than what they could no longer do. People who spent time in their bedrooms due to their healthcare conditions had very little opportunity for activities and one relative commented that it would be nice if staff could spare some time to talk with people in their bedrooms. We observed a number of missed opportunities from staff to involve people in activities. We spoke with the registered manager about the provision of activities and they were aware of the need to provide stimulation and were trying to improve the provision of activities at the service.

Care reviews took place every six months with the person where possible, and people who were important to them. One person told us, "The manager comes and see's if things are okay." Relatives explained that if any changes to care were needed before the planned review then further meetings would take place. There was evidence that care plans were reviewed monthly to ensure the information held in care plans was up to date.

People that we spoke with told us they felt comfortable to raise any problems or concerns they may have with senior staff and were confident that their concerns would be addressed. Where people were not able to communicate verbally the service had ensured that details of how the person would indicate they were happy or not were recorded in the person's care plan. We saw that where complaints had been raised the registered manager had taken appropriate action to investigate the issues raised. However, the registered manager hadn't always recorded if the complainant felt the issue had been resolved or not and had not analysed themes in complaints to prevent further incidences occurring.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had informed the Commission of some events that had occurred in the home. However, they were not aware that they needed to inform us of any authorisations in respect to deprivation of liberty applications and therefore we had not received these notifications. The registered manager was aware that changes to regulations had been introduced in April 2015. However, the registered manager was not clear about their responsibilities under these regulations, for example in relation to duty of candour, and what these regulations meant for service provision. This meant there was a risk that the care provided would not meet people's needs or the expected standard in line with the regulations. The registered manager informed us that they were due to complete a training course that was to be delivered by a representative of the provider about the regulations to increase their knowledge.

We were advised that the provider had tried to carry out residents meetings but they had not been successful. Meetings had occurred to encourage relatives to be involved in the running of the home and to suggest areas for improvement. The provider had carried out staff and relatives surveys to seek feedback about the quality of the service. We saw that the majority of responses were positive. No surveys had been undertaken with all the people living at the home; many people would not have been able to complete a survey due to their healthcare conditions. No other ways had been tried to seek out the views of the majority of people or evaluate and monitor their experiences of living at the home.

We looked at how the provider had monitored the safety and quality of the service. We found that some aspects of the quality monitoring of the service were not robust or effective and had failed to identify concerns that were revealed through the inspection. Training records evidenced that staff training in key areas was out of date or had not been provided to staff. The provider had not ensured that current guidance was followed to protect people's legal rights. The procedures for administering covert medicines were not robust. There was limited opportunity for people to have access to meaningful activities and little had been done to resolve this concern. The registered manager had carried out audits monthly that were sent to the provider about key aspects of the service. This allowed the provider to monitor the quality of the service to determine if the service was meeting their expectations. However, these audits had not been effective and failed to recognise the issues identified through this inspection.

The issues relating to the governance of the service are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they were happy with how the service was managed and knew who the manager was. One person told us, "[name of manager] is wonderful, excellent really, I like her very much." One relative told us, "I can't fault the place and the management, everything is good."

Staff told us they felt supported in their role and told us they felt able to raise any concerns or problems they may have. Staff told us that the registered manager was approachable and was open to any suggestions for improving the service. One staff member told us, "I can get support from the manager anytime." Staff received regular supervisions and staff meetings occurred to share best practice and to update staff with

information.

The home had not developed any active links with the local community and there were no staff leads who would act as champions for specific aspects of care and support provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to fully assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2).