

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 effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, a specialist advisor. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting people living with dementia.

Service and service type

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

The service had a manager who was applying to be registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, the deputy manager and two senior managers. We observed the interactions between people and the staff team throughout the day.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us the information we had requested.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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

About the service

Aston Court is a nursing home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 52 people.

There are two large communal areas and two dining areas. People's bedrooms are situated on both the ground and first floor. The service accommodates several people living with dementia.

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

People were not always supported by suitably deployed staff to meet their needs in a timely manner. Risks to people's safety had been assessed but we could not be sure that all risks were being managed well. Staff had been safely recruited. All staff received training in recognising abuse.

People received their medicine as prescribed, although we could not be sure people had their skin creams applied as often as prescribed. Staff adopted effective infection and prevention control measures. Lessons were learnt when things went wrong, and information was shared with the staff team.

People's care needs were holistically assessed, and staff received training to meet people's needs. People were supported to maintain a balanced diet and had access to drinks throughout the day, although when needed, the recording of fluids was not always effective. People had access to healthcare and the staff team shared information to ensure consistent and effective care.

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.

The building was purpose built to meet people's needs. The manager said some areas were due to be refurbished and they were considering improving the signage within the building.

People told us they were well treated, and staff worked to ensure people were involved in decisions about their care. People did not always have their dignity upheld or their independence promoted. People's

privacy was respected.

People's care had been personalised to their needs. Support was given to ensure people were not isolated and able to interact with others. The accessible information standard had been met and people could access a complaints procedure should they need to. The systems were in place to support people with end of life care.

The service did not have a completely effective governance system. The manager understood their duty of candour and managers and staff were clear about their roles. People were engaged with the service to ensure their feedback was received and there was a new focus on working with others and continual learning to improve the outcomes for all.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Caring and Well Led sections of this full report.

We have identified a breach in relation to effective auditing of call bell times, the application of skin creams, monitoring of fluids and the monitoring of the pressure in air mattresses at this inspection. You can see what action we have asked the provider to take at the end of this full report.

During the inspection process, the provider told us of the measures they had put in place to reduce these concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published October 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Staffing and recruitment

- There were sufficient staff employed by the provider as specified in the providers dependency tool. Staff were not always deployed well however. People told us they waited too long to receive care when it was needed. People were asked if they get their care when they need it, one person said, "No, it's often delayed." Another person told us how long they wait, and said, "There is not enough staff, I say it because of how long it takes them to take you to the toilet. It takes them about 15 to 20 minutes to respond." Staff confirmed this was of concern to them and records indicated that there were long waiting times for call bells to be answered. People may have been unsafe during the time taken by staff to come to them.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- Most medicines were administered safely, and people received most their medicines as prescribed. However, we could not be assured that people received their skin creams as prescribed as records did not support this.
- 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.

Assessing risk, safety monitoring and management

- People had risk assessments in place that were specific to their individual needs. For example, falls, mobility aids and bedrails. Each risk assessment gave staff specific directions on how each person needed to be supported. Not all records relating to risk were well documented. In the case of risks relating to some people's fluid intake and the pressure monitoring in air beds, we were not assured this was being done safely. The manager told us they would address these safety concerns following our inspection.
- Risks within the environment were assessed and the required health and safety checks had been completed. For example, tests of the lift and hoists, and portable appliance testing of any electrical items.
- Fire safety had been fully assessed and each person had a personal emergency evacuation plan (PEEP) that was stored in an accessible place, in case of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt people who lived at Ascot Court were safe.

- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the manager would act if they raised any concerns.
- Staff told us they would not hesitate to use the whistleblowing procedures if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risk of cross infection, including wearing personal protective equipment such as gloves and aprons when providing care.
- There was a system in place to ensure infection control was regularly monitored and any concerns addressed quickly.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and then action taken by staff to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's care needs were holistically assessed and reviewed on a regular basis.
- Where appropriate, relatives had been asked to contribute to the assessment of people's need. This enabled staff to understand more about a person's history and life experiences.
- The manager and staff worked closely with other professionals to ensure people's care and support was person-centred and based on best practice.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the necessary training to fulfil their role.
- Relatives were confident staff had the skills and knowledge to provide effective care.
- Staff had the skills and knowledge required to support people. We observed staff were skilled when supporting people with complex support needs.
- Staff received one to one supervision which offered them support and guidance within their role.

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

- People were supported to maintain a balanced diet and had access to drinks and snacks throughout the day.
- People's dietary requirements were clearly documented, and the kitchen staff understood people's specific needs. For example, if someone needed a soft diet due to swallowing difficulties.
- The service met the needs of people in relation to their choices and preferences such as being a vegetarian or requiring a high calorie fortified diet. Staff ensured people were supported to eat their meals as required.

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

- People received support to manage their healthcare needs. The manager and staff worked in partnership with other agencies to ensure people received specialist support when needed, such as opticians or podiatry care.
- Care records contained information about people's health histories which offered guidance to staff about how to identify changes in people's health. There was also clear guidance about people's health and support needs for when they needed to attend medical appointments or hospital.
- Care records reflected people had regular access to the optician, dentist and other health professionals as

required. Care plans provided information of the support people needed to maintain good oral hygiene.

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

- The building had been purpose built and was due to have some refurbishment. This included improving the signage to support people living with dementia to orientate themselves.
- The environment met people's needs. There were spacious lounges, dining rooms and an accessible garden for people to enjoy. We saw some people also spent time in their bedrooms, which were personalised according to people's interests and tastes.
- The home was adapted to meet people's needs and promote their independence. There was a lift to access the bedrooms on the first floor.
- The provider told us on their PIR that the call bell system was linked with bed and chair sensor mats, and door alarms to make sure people could have their support needs met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- DoLS applications and their renewal dates were readily available for the manager to ensure they were still valid.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity. One person said, "All the carers are lovely, but I have to wait a long time when I press the buzzer." A relative told us, "In my view there is not enough staff. [People] are having to wait long time before being seen to after pressing the buzzer. It can be distressing for my [relative] to see other people calling for help. [It can take] about 20 min till they came." A staff member said, "If we are short staffed some residents don't want to get up because they worry how long they going to wait to be put back in bed."
- People did not always have their independence encouraged. We spoke with five people who were waiting in a hall way area at lunch time. They told us they could not go into the dining room until it was ready for them. One person said, "It's the rules, we have to wait here until the staff are ready." Another person said, "I'd quite like to go and sit at the table now." We brought this concern to the attention of the manager who told us this issue would be addressed.
- Staff ensured people had privacy whilst maintaining their safety.
- Several people at the home were nursed in their bedrooms due to their current health needs. We observed staff knocking on people's doors even when they were open, to ensure people knew someone was entering.
- At meal times we saw people being encouraged to eat independently and staff only intervening when necessary.

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

- People told us staff were kind, one person said, "All the carers are lovely." Another person said, "They are hardworking and kind." and "The staff are lovely."
- We saw and heard staff interact with people in a sensitive and appropriately caring manner. Staff consistently told us they felt they and their colleagues were kind and caring.
- Staff knew people's life histories and their likes and dislikes. Staff were aware of people's diverse needs and so understood how to support them. For example, some people were of a specific religion and staff supported people in a way that met their religious needs.

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

- Relatives were confident their family members were assisted to make day to day decisions about how they were supported. One relative told us, "The carers know these people well."
- Staff supported people who were unable to communicate verbally with kindness and dignity. One relative said, "Staff are very good at adapting communication methods because [my relative] cannot speak. They try their best and take their time."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care in detail.
- Care plans included detailed information about people's likes and dislikes and explored people's relationship needs to ensure any needs on the grounds of protected characteristics were accurately recorded and their preferences met.

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

- The provider was meeting the AIS by identifying and meeting the needs of people living at Aston Court. When needed, information was made available to people in a variety of formats, including easy read, large print and photographs. The manager told us they were looking at ways of improving the signage within the home so that people could orientate themselves more easily.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by dedicated staff who involved them in activities of their choice, this included one to one time, exercise classes and entertainment within the home.
- A relative told us, "They (staff) are very focussed on getting [person] involved in activities and socialising."

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and said the manager would listen to them and resolve their concerns.
- There was a complaints procedure in place which could be made available in alternative formats if needed. Any complaints were logged and responded to in accordance with the provider's policy.

End of life care and support

- The service regularly supported people at the end of their life. There were systems in place to enable people to discuss and record their wishes and preferences, involving relatives and relevant professionals where appropriate. The manager told us they planned to further improve this support.
- Staff demonstrated an understanding of how people's religious beliefs and culture may impact on their preferences for end of life care. This assured us that people would be supported to have a comfortable,

dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

- The manager and operations manager reviewed the quality of care people received. They completed audits on care and medicines records and acted where inconsistencies were identified. However, we found that not all of the audits undertaken were effective, for example in relation to call bells and waiting times, skin creams, air bed mattresses and the monitoring of people's fluid intake.
- People did not always receive timely care and support from suitably deployed staff. The manager told us the home used a dependency tool to identify how many staff should be on shift and we saw this was followed.
- However, six of the eight people we spoke with, told us that people often had to wait a long time to receive care and support. One person said, "If you need help or the toilet you have to press this (buzzer) but it takes them ages to answer. The other day I was waiting over an hour, it happens a lot." A member of staff said, "It means we can't get to the residents as promptly as they would like. The residents feel a time limit which is not fair on them."
- Staff we spoke with confirmed these concerns. One staff member said, "[We don't have enough staff] and it means we can't get to the residents as promptly as they would like." Another staff member said, "It's not fair on residents they sometimes have to wait till after lunch. They always get pressure relief but not always have a wash."
- The waiting times had not been effectively monitored by the manager, and we saw many gaps in the recording. Where long waiting times had been identified, these had not been adequately investigated or actions put into place to reduce recurrence. After the inspection the manager shared information with us about how they were improving this area.
- Managers had undertaken an annual survey of residents, in which the only aspect of some dissatisfaction was lack of staff availability to respond in a timely manner. The action plan following the survey did not identify long waiting times for people as a concern. Managers had undertaken various methods to ensure the opinions of people and their relatives were taken into account. This process was not uniformly effective as the issues relating to call bell waiting times had not been identified.
- People may have been at risk from injuries to their skin as audits had not identified that the recording of skin creams and the pressure in airbeds was not effective. Some people may not have had their skin creams applied when needed as records did not consistently support this. Also, the pressure in airbeds used to protect people's skin was not being monitored adequately to keep people safe.
- People may have been at risk from not being supported to have enough to drink as this was not recorded or monitored well where needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the manager told us they had put appropriate monitoring systems in place in relation to these areas.

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

- The manager, with support from the operations manager, had begun to promote a positive culture which was reflected in feedback from staff who told us things were changing for the better. One staff member said, "The new manager is good, she's building us up well." Another staff member said, "I know [the manager] will listen and action what is needed from the nursing point of view."
- People and relatives told us they felt the service was well-led. One person said, "The managers are good, they keep things running well."
- The manager had a good understanding of the needs of people who lived at the home and had clear values about people receiving a high standard of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Throughout the inspection process all the managers were open and transparent and supported the inspection appropriately.

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

- People's views and feelings were recorded by staff during day to day observations and support. Relatives had the opportunity to express their views about the quality of service provided through feedback questionnaires which were sent out every year.
- Relatives we spoke with told us that the managers were all approachable.

Continuous learning and improving care

- Staff were supported to obtain relevant qualifications while they worked at the service.
 - The manager attended manager's meetings organised by the provider. They told us these gave them an opportunity to discuss learning from incidents or events and share good practice.
- The manager was aware of their need to keep up to date with developments and learning and used the wider organisation and internet to do this.

Working in partnership with others

- Staff worked with people's relatives to understand people's life histories and personal experiences. Relatives spoke positively about the staff team and felt well informed about their family members care and support.
- The manager and staff worked in partnership with a range of other professionals to meet the needs of people living at the home.

- The manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths. They had returned information in the PIR as requested.

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 Regulation 17 was not being met due to an ineffective quality assurance process