Bupa Care Homes (BNH) Limited

Ardenlea Court Nursing Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We carried out this inspection on 4 March 2015. The inspection was unannounced.

Ardenlea Court is registered for a maximum of 55 people offering accommodation for people who require nursing or personal care. At the time of our inspection there were 52 people living at the home.

The home is purpose built and has two floors. The ground floor accommodates people with nursing needs, some of which are end of life care. It also has 18 intermediate care beds. These beds are used to assist in the prevention of admission to hospital and for rehabilitation after leaving hospital. The first floor accommodates people with a diagnosis of dementia and also people who need support to maintain their mental health

Summary of findings

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was in post.

At our last inspection in September 2013 the home was found to be compliant in all areas we inspected.

Care provided at Ardenlea Court was effective but we saw it was sometimes less effective on the first floor. Some people on the ground floor were receiving physiotherapy and occupational therapy, and others were people with nursing needs who lived at the home permanently. Staff were able to support them effectively. People on the first floor, some with dementia, had their physical needs met, however staff were not always able to provide care and support that was responsive to their social and emotional needs.

People's health and social care needs were reviewed regularly with appropriate referrals made to other professionals. Risk assessments were completed and plans minimised any identified risks so care was provided safely.

Checks were carried out prior to staff starting work at the home to ensure their suitability for employment. We saw staff had training to do their jobs effectively and were encouraged to continue to develop their skills in health and social care.

People told us they liked living at the home. We saw there was a variety of food available and snacks and drinks could be accessed when people required them. People with special dietary needs were catered for and relatives could come and enjoy a meal with their family member if they wished to.

Everyone we spoke with was positive about the management and the running of the home. The registered manager knew the staff and people at the home well. We saw good systems were in place to make sure the environment was safe and effective for people that lived there. People knew how to complain if they wished to and complaints were actioned quickly and effectively.

People told us they enjoyed some of the activities at the home and most of these were group activities. However, we saw less activities or social interaction on the second floor where people lived with dementia and although there were enough staff to keep people safe, they did not have time to sit and talk with people.

People told us the staff were very caring. We saw many examples of this and people were treated as individuals with their preferences and choices catered for where possible. Staff showed dignity and respect when providing care and all the people we spoke with were positive about the staff at the service.

Staff knew about safeguarding people and what to do if they suspected abuse. Medicines were stored securely and systems ensured people received their medicine as prescribed.

Staff understood the Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLs) had been applied for where people's liberty was restricted. We saw that when there were concerns about people's capacity to make decisions, appropriate assessments had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Medicines were managed safely and people received these as prescribed. There were enough staff to care for people and recruitment checks were carried out prior to staff starting, to ensure they were appropriate to work at the home. Staff were confident in how to safeguard people from abuse and what to do if they had concerns. Thorough checks were completed to ensure the environment was safe and emergency plans were in place should they be required.

Good

Is the service effective?
The service was effective.

Staff provided care to people effectively. Referrals were made to other professionals when required to support people's health and social care needs. People enjoyed the food at the home and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wished. Staff had a good understanding of mental capacity and we saw where people did not have capacity to make decisions, support was sought in line with legal requirements.

Good

Is the service caring?
The service was caring.

People and relatives told us staff were consistently caring in their approach and we saw examples of this in the way staff interacted with people. People were encouraged to be independent where possible and care was provided ensuring dignity and respect. Staff treated people as individuals and staff knew their needs. People were given choice and where possible preferences were catered for.

Good

Is the service responsive?
The service was mostly responsive.

Group activities were on offer for people but activities were limited and people told us they were sometimes bored. The social needs of people living with dementia were not always supported and staff did not feel they had time to spend with people. People had regular opportunities to meet with staff and discuss any issues they may have. Complaints were recorded and dealt with quickly and thoroughly.

Requires Improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

People were all positive about the management. Staff told us managers were approachable and issues raised were addressed. Good systems were in place to ensure the home was safe and the care provided was effective. The manager worked hard to improve the home for people that lived there and balanced the diverse needs of the people at Ardenlea Court well.

Ardenlea Court 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.

The inspection took place on 4 March and was unannounced. The inspection team comprised of two inspectors, a specialist advisor and an expert by experience. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor that supported us had experience and knowledge in nursing care for people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received prior to our visit and reflected the service we saw.

We spoke with 20 people who lived at the home, 16 staff including the maintenance person, kitchen staff and administrator. We also spoke with seven relatives, two professionals and the registered manager. We looked at eight care records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ardenlea Court, one person told us it was, "Because the staff care, and staff watch people all the time". One care worker told us they thought people were safe and they said, "I know people can't get out (and be unsafe), we make sure doors are locked at night time." A nurse told us they felt people were safe at the home due to continuity of staff knowing people well.

One person told us they were due to be discharged home soon and a visit was being arranged to make sure they would be able to manage. They told us this planning helped them to feel safer. Another person said that they felt safe when care was provided as staff used a hoist and were very careful when doing so.

We found staffing levels were sufficient to keep people safe. We saw staff were busy but they were able to provide care and support to people when required. However, one relative told us that staffing at the week-end was, "A bit weaker." Other staff, including a nurse and a care worker told us "Yes, there definitely is enough staff". The home had a couple of vacancies currently. A care worker told us that to cover absences they generally used internal bank care workers rather than agency staff. We saw staff were able to provide care and support to people when this was required and the manager had systems in place to ensure staffing remained sufficient.

We checked recruitment practices were safe and found the systems and checks made sure people were suitable to work at the service. Two references were sought and appropriate checks were carried out and in the case of nurses, checks were completed to make sure they were registered. A staff member told us they were unable to begin work until all checks were complete.

The provider had trained their staff to understand and use BUPA safeguarding policies and procedures. A staff member told us about "BUPA Speak Up", a whistleblowing hotline they could call if they had any concerns about possible abuse They told us, "I would speak with the manager and then go further if I needed to" if they suspected abuse. We asked one care worker about possible types of abuse and they were able to confidently tell us. They told us they would report it straight away to the nurse. A different member of staff gave us examples of abuse, including verbal abuse and not giving a person their privacy. Staff were confident and knowledgeable in safeguarding people and actions they should take if they had concerns.

The maintenance worker undertook comprehensive safety checks at the service to ensure the building was safe for people to live in. These checks covered fire safety, servicing of equipment and water temperatures. This person told us they walked around to check the building daily and staff logged any issues for them to follow up. Staff told us they were efficient and responded quickly to address any problems they identified.

Risk assessments had been undertaken and reviewed regularly for any area of care deemed to be a risk for the person. This included, for example, moving people, and for people at risk of falling. One relative told us that their family member had recently fallen and bruised their head. They said to protect the person from future falls, staff had put a crash mat by their bed at night time in case they rolled out. Staff were aware of the potential risks for people and took actions to minimise these.

We looked at medicine administration and management. Only qualified nurses administered medicines. The manager completed competency checks to make sure staff remained safe to do so, and a medicines audit was completed monthly to check there were no concerns. A nurse told us, "We have regular checks for the resident's well-being and make sure that medicines are administered properly". We saw medicine was stored correctly and in line with manufacturer's guidelines. The manager told us the pharmacist from the clinical commissioning group had regular input into the management of medicine at the service to make sure systems and procedures remained safe.

People could self-medicate if they wished, however no one did this currently. Staff understood the reasons for giving medicines as required (PRN) and there was written information provided to them (A PRN protocol) about why the person might need the medicines. A staff member told us they were able to assess someone with dementia who may be in pain and require PRN medicine by knowing facial signs or by a change in their behaviour. This information was recorded for staff so it was given consistently and effectively.

Good

Is the service effective?

Our findings

People we spoke with were happy with how staff cared for them at Ardenlea Court. One person told us, "Staff come quite quickly to help me, it's according to how busy they are." The manager told us that people were assessed as to whether they could use the call bell and calls should be answered within five minutes. We observed call bells were answered promptly and that staff responded to people efficiently when they required help.

One professional told us, "If the staff are not sure of anything they will come and ask" They said they will train staff when they receive new equipment that staff are not familiar and, "The staff here are very good". A relative told us that their family member required a special chair to prevent the person from slipping when seated. This had been provided and now enabled them to spend time out of their room. We saw daily reports about care were completed regularly by care staff and then discussed with the nurses to identify any possible concerns. A nurse told us about the care staff "They are very good and can be trusted" and there was a very good team spirit. Staff worked together to make sure equipment was used effectively and communicated with colleagues regarding any concerns.

We saw people eating lunch on both floors of the home and saw staff supported people to eat at a pace that suited them. During the meal time a person told us, "I can't fault anything here they are absolutely marvellous". One person told us "The meals are lovely and there is always a choice and cold and hot drinks are offered regularly". The manager told us they could cater for specific cultural needs if required. People were offered drinks and the menu for the day was displayed showing allergens. This gave a choice of two main meals, identifying 'night bite' meals if people were hungry in the evening. People could choose to have their meals in their rooms if they wished.

People new to the home had their food and fluid intake monitored for the first week to see if there were any risks related to this. We found specific dietary needs had been identified and acted on. For example, a person had been identified as requiring a higher calorie diet. The kitchen staff had made sure this was arranged.

People were supported by different professionals. The manager told us the local GP visited each week and a hospital consultant attended a weekly meeting with Intermediate Care staff. District nurses visited when required and a relative told us that a community psychiatric nurse visited their family member once a week. Care records demonstrated that visits from other health and social care professionals took place. An 'Admiral Nurse' was used to support the carers of people with dementia and help staff with their understanding of this. An Admiral nurse is a specialist dementia nurse who provides emotional and practical support to people.

One person had an Independent Mental Capacity Advocate (IMCA) arranged as they had no other family to support them. The IMCA had been sought in conjunction with social services to assist them in making some decisions. The home worked with other services to make sure people received the required support they required.

We saw a sheet of information for each person at the home which was used to give to health services in an emergency. Staff made sure communication about the person was up to date and available so care would be more effective for them if they left the home and disruption would be reduced.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the MCA and DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The manager was aware of the current DoLS legislation and informed us there were 24 authorised DoLS applications. We saw mental capacity assessments and consent forms on care records which were written in accordance with MCA legislation. We saw decisions were made in a person's best interests where they had been assessed as 'lacking capacity'.

We saw an example of staff obtaining consent from one person. We heard the person refusing to take some medicine, but on hearing an explanation from the nurse of why they were prescribed this, the person then agreed to take it. We saw staff supported people to make informed choices and obtain consent before providing care.

Good

Is the service effective?

We asked staff about training. A nurse told us they had received training to understand dementia and this had taught them, “Person first, dementia second”. We heard a person with dementia calling staff saying they wanted to go home. Staff offered reassurance and diverted their attention and were aware of how to support this person. The manager confirmed the DoLs authorisation was pending for them currently.

The manager told us the required trainings were up to date for staff and an in house trainer did all the courses so they were personalised for BUPA staff. The manager told us a staff member had just completed an NVQ qualification supported by them. They encouraged staff to develop themselves further and increase their skills and knowledge in care.

Staff confirmed they had received training considered essential to meet people’s health and social care needs. One member of staff told us how the training on ‘moving and handling’ helped them with their practice. They said, “It taught me that it’s about protecting the residents and staff”. With a different training to support people with their skin care they told us, “It taught me that turning people is important and also monitoring their eating and drinking”. Staff were supported with training, knew how to put this into practice and why how it benefited people.

A BUPA induction was undertaken by all staff and this varied in length depending on the position. All staff received standard training in areas such as health and safety, infection control and fire. Staff then shadowed a person and would be buddied with a worker. The manager told us new staff received an induction booklet and the homes policies and procedures.

Staff told us they felt supported in their roles and that the nurses sat and talked to staff if there were any issues. The manager told us that they sometimes did specific supervision around certain topics, for example, urine infections and this was recorded on a “putting training into practice” sheet. Staff told us, “It’s not often we have staff meetings, the last staff meeting was November. If we do need anything or have any queries the manager is there”. The current level of support was sufficient for staff in meeting their needs.

Good

Is the service caring?

Our findings

A relative we spoke with described staff as, “Brilliant, I can’t fault the caring. There is a routine in place, there has to be, but if the resident’s choose something different, then that’s fine”. We observed a member of staff help a person to walk from their dining room chair. The staff member spoke to the person in a friendly manner and made sure the person was stable with their walking frame. We saw they reassured them as they did this, touching their arm.

One relative told us that their family member preferred male carers to female ones. They said this preference was respected where possible. They said, “We can’t find fault with the staff.” They went on to say, “The nurse is brilliant.”

A relative told us, “Its home from home. I know when I go home [person] is in good hands and I do not need to worry.” They said, “It is like a second home to me, they will bring me a cuppa when they make [person] one”. We saw rooms were personalised and some people brought in their own furniture. One person had bought their own bed.

Staff encouraged people to be independent at the home. For example, a person was unable to eat without support when they first came to the home but now with staff encouragement, they could. Staff encouraged people’s independence where possible by encouraging them to undertake any personal care tasks they could do for themselves. For example, clean their teeth and brush their hair. A professional we spoke with told us the care staff encouraged families to get involved in day to day care ready for when people returned home.

Staff told us they enjoyed being with and talking with people. People were given choices such as when to get up or go to bed. One person said they could make the decision about how they spent their day and staff respected that. People could choose a bath or shower when they wanted. A professional confirmed that care staff gave people choices. We saw staff asked people if they would like to go back to their rooms or go to the lounge after they had eaten their meals in the dining room. Care was provided to fit around the preferences of people, not the other way round.

We asked staff about how they ensured people’s privacy and dignity. They gave examples which included shutting doors when providing care, keeping curtains closed and keeping the person covered. Staff told us they would talk to people to check they were okay when providing care. One person told us, “Staff are very good, they are smashing”. A different person gave us an example of someone who would scream out when staff tried to help them with personal care. They told us staff were really reassuring, explaining what they were doing and would really calm the person, ensuring their dignity. One person told us they were moved using a hoist as they could not walk. They told us they were spoken with reassuringly when this was done.

Other staff we spoke with told us they knocked on doors and only the staff that needed to be in the room were, when care was provided. They made sure of privacy when visitors came. One person told us they had been unwell and had been embarrassed by this. They told us the care staff were excellent and they had kept their ‘dignity intact’.

We saw a care worker on the first floor encouraged a person to drink. The person was lethargic, but once they had finished drinking the care worker complemented them by saying “You’re a star, well done”. We saw another person was very agitated but staff kept talking to, and re-assuring the person. We saw the person shouted out again when staff left. We saw staff returned on several occasions to reassure the person, and this was done with kindness, patience and consideration each time.

We were told that a room had been made available for family members of a person who was receiving palliative care. We saw the manager and staff were respectful and supportive in this situation to make sure everyone was as comfortable as possible.

Requires Improvement

Is the service responsive?

Our findings

All the people or relatives we spoke with were satisfied with the service. One relative told us "We have no concerns." Another said "Staff are very good, if I have any grumbles I go and see them".

One person told us that the activity co-ordinator was good and said most of the activities were group based. On the day of our visit, a coffee and cake morning was held in aid of a dementia charity on the ground floor. A person told us, "There aren't many activities; a man played the organ this morning. I went to that." We saw staff encouraged people to join in and were attentive during this activity. There was a schedule of activities arranged, including exercise classes and a visit from a 'pat dog'. Events were held at certain times of year such as Mother's day. We heard a cake had been baked for a person's recent wedding anniversary and staff held a party for them.

One staff member told us there should be more activities, they said "The residents appear bored, they need more attention especially at weekends, we don't have the time, and we are all busy all of the time". This was reiterated by a different staff member who told us "There should be more –there is no time for one to one time with the residents, no time to sit and talk". They confirmed there were some activities on offer but not always for people on the first floor with dementia.

Staff on the first floor where many people had dementia, were seen to be very busy throughout the day. We saw they were kind when talking with people, however the interactions were focused primarily on completing tasks. A staff member told us, "The unit is very demanding because of the needs of the residents". We asked the manager and they confirmed that staffing levels had been increased on the first floor. Staff told us they were aware of the needs of people living with dementia and had training about this, but they did not have time to meet these needs effectively.

There was no evidence of people being provided with individual social stimulation or in conversation. We saw people sat in the lounge with the TV on in the background but we did not see anyone watching this. In the afternoon, we saw people being assisted to go into another room to watch a film. Staff told us they did not have time to spend with people they would have liked to, and there were limited activities for people with dementia which were tailored to their needs and stimulating. The environment was not 'dementia friendly' for people. There was a clock in the dining room which was of a cutlery design, the time was not easy to see and it was not displaying the correct time. There was a lack of information displayed to orientate people, for example day, season or weather information.

People living with dementia, were not able to tell us how they felt about about meal times at Ardenlea Court. Staff told us people were asked the day before what they wanted to eat. We saw staff helped people to eat but had to encourage other people to, across tables as they did this.

A person came into the dining room and was asked "Do you want tea or orange juice?" by a staff member and they responded, "Champagne", and were given some water. Staff did not have time to sit and explain to the person about this.

People told us the service had no restrictions on visiting times, they could come when they wanted to, however people avoided meal times so as not to disrupt other people. The manager told us families were welcome to come and eat at the home if they wished to.

One relative told us that communication was good with the staff at the service and they always knew what was happening. They told us "If anything changes we are involved." A 'resident of the day' system was in place where care plans were updated each month and bedrooms deep cleaned. Prior to this letters were sent to relatives to offer the opportunity to input into this 'review' day.

A keyworker system was used so staff got to know the person they cared for well. Nurses attended a weekly multi-disciplinary meeting with the intermediate care staff and a handover meeting run by the nurse was held daily for the care staff. One staff member told us, "We get informed about special diets and things like that, today we told about a new admission – we can access the care plans any time". Staff knew about the people they cared for and had information to make sure they knew their current needs.

Care plans recorded actions for staff to take to be responsive to people's individual needs. For example, one person needed time to hear and to be heard when communicating. It instructed staff to write things down if the person still did not understand. Another person had a short term care plan as they had a temporary health problem. We saw staff knew people well and had a good knowledge of their individual needs.

Requires Improvement

Is the service responsive?

The manager assessed people before coming into the service to make sure they could meet their needs and the home was suitable for them. A pre admission assessment was then completed. The manager explained that for people living with dementia, she considered the mix of people and had recently refused someone because she felt their needs might not be compatible with other people there. We saw that reviews of people's care needs identified when there was a change required in the care provided. Life history information was recorded and life style information to explain how people liked to live their lives. New BUPA care files were being developed with more 'person centred' information in them, not just medical notes.

'Memory boxes' were seen outside bedrooms on the first floor, some of which had personalised items in such as photos to remind people of past events and significant people, and to help them locate their room however we did not see people using these as many people required staff to assist them to their rooms. Most of the bathrooms and toilet areas had "dementia friendly "signage with a picture on, to aid people in identifying this room.

'Relatives and residents' meetings were held monthly. A nurse told us, "They are always a positive meeting". Staff told us people would usually contact them directly if there were any concerns. The manager held an 'open door' evening every three months for people who normally worked in the daytime to be responsive but she said no one came very often as most people raised issues as they needed to.

A copy of the provider's feedback policy for complaints, compliments and concerns was displayed in the reception area. The professionals we spoke with told us they have not made any formal complaints but any concerns they had raised with the manager had been dealt with to their satisfaction. A member of care staff told us "If a person had a concern I would go the nurse." We saw complaints were recorded, addressed and a response given. Compliments and complaints were logged and we saw these were addressed and responded to in a timely way.

Good

Is the service well-led?

Our findings

Everyone we spoke with was very complimentary about the home manager and the effectiveness of management. One relative told us, "The manager is approachable, I know who she is". A member of staff told us, "She is the most supportive manager I have ever, ever worked for. We are very lucky to have her, she needs credit, and it's always residents first with her". They told us support from the manager was very good and also from BUPA. They said the home was stable and staff had been there a long time. A nurse described the whole home as having a 'family ethos'.

The manager walked around the home daily to check how the service was running and address any issue they identified. When the night shift finished at 8am staff gave the manager a report so they were aware of any issues during the night. We saw the manager was very involved in day to day care and knowledgeable about people that lived at the home. We saw them dealing effectively with an urgent situation and speaking with health professionals. They told us "I can't help it, I like to be hands on".

We asked care staff if they felt supported by the manager in their day to day work. They told us "The manager here is very, very supportive, the door is always open". Staff told us they could talk with them about any concerns or queries they had. One staff member told us they felt supported even though they work a different shift usually but they keep in touch via the phone. They told us "Both the managers [home manager and deputy] are caring and supportive; their door is always open for anything including problems in your personal life".

The manager told us they were proud of Ardenlea Court being a happy home and of the staff being welcoming.

They told us there was a good team and a low turnover of staff. A nurse told us "I've stayed here because it's the best home around here". The manager told us it could be more challenging having an intermediate care unit sometimes where people would only stay for a short time plus changes in the way health and social care was provided, meant more people were living longer in their own homes. This meant people's needs were sometimes much higher when they eventually came to live in the nursing home, so staff had to be able to care for many more people now with higher level needs.

We spoke with a professional and they told us, "The manager is really good, they did react to concerns we raised". They told us they thought the service was well led but did have concerns about delays with arranging medicine in blister packs for people to go home with at times. This was mainly due to communication and meant that people's discharge was delayed occasionally however the manager had tried to improve this.

The manager was able to confidently explain which notifications they were required to send to us. We had received these notifications from them. We saw financial systems kept valuables and finances safe. Up to date records and audits were completed including falls, accidents and infection control. These identified trends which were analysed by them to identify any possible patterns. The manager told us the quality manager and area manager visited the home regularly to support them. They were supervised with a monthly meeting with their manager and a BUPA inspection was carried out twice yearly. They were supported to work effectively and run a good service.