

Bupa Care Homes (AKW) Limited

Ardenlea Grove Nursing Home

Inspection report

19-21 Lode Lane
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West Midlands
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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

We inspected Ardenlea Grove on 6 November 2014 as an unannounced inspection. At the last inspection on 13 September 2013 we found there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

Ardenlea Grove is registered to accommodate a maximum of 60 people. It provides nursing care to older people and people living with dementia. On the day of our inspection there were 54 people living at the home.

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 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 there was a registered manager working at the service.

Summary of findings

There were enough suitably qualified, skilled and experience staff to meet people's needs. Staff had the training and support they required to keep their skills up to date.

Suitable arrangements were in place for storing medicines. Medicines were managed safely in accordance with the provider's policies and procedures.

There were suitable policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. We saw that where there were concerns about people's capacity to make decisions, appropriate assessments had been made.

Staff treated people with dignity and respected their choices about how they wanted to spend their time. People had privacy when they needed it, and could have their relatives visit them when they wished.

People had access to advocacy services when they needed to. An advocate is a designated person who works as an independent advisor in another's best interest.

Staff were not always responsive to people's preferences. There was a lack of information in care records detailing people's preferences for care, which meant their preferences were not always met.

People were supported to take part in interests and hobbies that met their needs.

People were supported to maintain their health and wellbeing through access to healthcare professionals.

Care records were not always up to date. This meant people were not fully protected against the risks of receiving care or treatment that was inappropriate or unsafe.

The provider obtained feedback from people and their relatives about the service to identify where improvements were needed to the quality of service provision.

People were able to make complaints or raise concerns with the provider which were investigated and responded to in a timely way.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the provider learned from those investigations to minimise the chance of them happening again.

You can see what action we told the provider to take at the back of the report.

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. There were appropriate procedures in place to protect people from abuse.

There were enough staff available to meet people's care and support needs.

Medicines were administered safely in accordance with the provider's policies and procedures.

Good



Is the service effective?

The service was effective. Staff had the training they required to meet people's needs.

We saw there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider ensured people who could not make decisions for themselves were protected.

People were supported to maintain their health and wellbeing through access to healthcare professionals.

Good



Is the service caring?

The service was caring. People had privacy when they needed it.

People could spend their time how they wanted, and staff respected their choices.

We saw people had access to advocacy services, and that they could speak to an advocate when they needed to.

Good



Is the service responsive?

The service was not consistently responsive. There was a lack of information in care records detailing people's preferences for care, which meant their preferences were not always met.

People were supported to take part in interests and hobbies that met their needs.

People and their relatives could comment on the service through a complaints procedure. Complaints were monitored and responded to in a timely way.

Requires Improvement



Is the service well-led?

The service was not consistently well led. People were not protected against the risks of receiving care or treatment that was inappropriate or unsafe, as care plans were not always up to date.

The provider and manager made regular checks on the quality of the service provided, and made improvements where issues had been identified.

Requires Improvement



Summary of findings

<p>The manager took action to minimise the risks to people's health and wellbeing by informing us and other regulatory bodies of important events and incidents that occurred at the home.</p>	
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Ardenlea Grove 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 checked 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 inspection was undertaken by 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. An expert-by-experience is someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we looked at and reviewed the Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people living at the home, two relatives of people who lived at the home, an activities co-ordinator, three care staff and three nurses. We also spoke with the area manager of the home and the registered manager. The registered manager is referred to as the manager in the body of this report. We spoke with a visiting healthcare professional during our inspection.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We looked at a range of records about people's care including four care files, daily records and charts for four people. This was to assess whether people's care delivery matched their records.

We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

People we spoke with and their relatives, told us they felt safe living at Ardenlea Grove. One person who lived at the home told us, "Staff are very good and they care for me. They often stop to chat to make sure I'm safe and ask if I need anything." Another person told us, "It's good here and I like the staff, they are very good to us."

Staff told us they had several checks completed before they started work at the service. We reviewed staff recruitment records and saw the provider had recruitment procedures in place to ensure people who worked at the home were suitable.

All of the staff we spoke with had an understanding of what abuse was and what action they would take if they had concerns about people. We saw they had received training to recognise the signs of abuse. One member of staff told us, "I would report any concerns I had about people to the manager. If no action was taken, I would go higher in the organisation and inform the CQC. People have the right to be safe."

The manager notified us when they made referrals to the local authority safeguarding team. They kept us informed with the outcome of the referral and actions they had taken. This meant the manager took appropriate action to safeguard people from the risk of abuse.

People told us staff had an opportunity to stop and chat with them and talk to them during their daily duties. One person said, "Staff stop and chat to me making sure that I'm okay and if everything is alright. Staff will talk to me about any concerns that I have."

We saw throughout our inspection there were enough staff available to care for people in the communal areas of the home, as well as caring for people who remained in their bedrooms. We saw a member of staff was always available in each of the communal lounges throughout our inspection to offer people assistance if they needed it. People told us staff responded to their calls for assistance quickly. One person said, "When I press my call button staff come straight away to see what I need, that's good." One relative told us, "There are plenty of staff to meet the requirements of my relative."

We observed a meal during the lunchtime period. We saw the dining rooms were fully staffed to provide support to people who required assistance with their meal. Staff also attended to people in their rooms to support them where required.

There was a system in place to identify risks and protect people from harm. Staff members we spoke with told us people had a risk assessment in their care file for each risk to their health or wellbeing. The assessments were designed to detail what the risk was; how harm could occur; possible triggers; and guidance for staff on how the risk should be managed.

Emergency plans were in place, for example around what to do in the event of a fire. The manager was able to show us an emergency plan. This plan detailed the actions to take in an emergency if the home could not be used. This meant there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

We observed medicines being administered and spoke to two members of staff who were responsible for the administration of medicines. They told us that only nursing staff who had been trained in the safe handling of medicines could administer them. We found there was a safe procedure for storing and handling medicines. For example, we saw staff checked and recorded the temperatures where medicines were stored daily. We saw there was a protocol for administering medicines prescribed on an 'as required' (PRN) basis. For example, pain relief drugs may be offered to people if they are in pain, but are not given when people do not require the medicine.

We looked at a sample of medicines administration records (MAR). We saw each medicine had been administered and signed for at the appropriate time of day when the medicine had been prescribed. Medicines were audited, and procedures were reviewed regularly by the provider to make sure they were up to date and adhered to current guidelines. This meant the provider was ensuring medicines were managed safely.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to meet their needs. One person's relative told us, "The care provision is very good. I'm happy with the carers, nurses and the manager. I feel they are well trained and competent, meet my relative's care needs, enabling my relative to be safe."

Staff said they received induction and training that met their needs when they started work at the home.

Staff told us the manager encouraged them to keep their training up to date by providing regular refresher training. Staff we spoke with told us they were supported to obtain a nationally recognised qualification in health and social care to promote their professional development. Staff also told us they received a handover from other members of staff when they started their shift, which was effective in keeping them up to date with changes to people's health and care needs.

Staff told us about training they received in dementia care and how the training assisted them to manage people's behaviour that may challenge others. Staff described to us how they would support people who could become upset through the use of diversion techniques. For example, by trying to engage them in an activity or change their environment. We observed staff using these techniques during our visit. This meant staff had the skills they needed to assist people in these circumstances.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out the requirements that ensure decisions are made in people's best interest when they are unable to do this for themselves. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We looked at people's care records and found that people's capacity to consent to their care and support had been assessed in accordance with the MCA. People told us they,

or people important to them, were involved in decisions relating to their care. One person told us, "Staff talk to me about my care." One relative told us, "Staff involve me in all the care planning meetings." Another relative told us, "I'm consulted all the time about [Name] and their care needs."

The manager understood their responsibilities under MCA and DoLS. We saw that where people had been assessed as requiring a DoLS the appropriate applications had been made to the local authority.

People's nutritional needs were identified, and recorded in care records. We saw some people who were at risk of poor food or fluid intake were having their intake monitored by the use of charts. We saw recording on the charts was consistent. Staff filled in entries daily to indicate how much fluid each person had consumed, the time, and the total daily fluid amounts. This meant fluid intake could accurately be checked against a recommended daily allowance so that their health was maintained.

Staff we spoke with were able to tell us about people who had specific nutritional requirements such as softened diets. One person's care record showed that they required adapted cutlery so that they could maintain their independence at mealtimes. We saw that this was provided for them and staff gave discreet encouragement to the person to eat their meal as described in the care plan.

We looked at the health records of the people who used the service. We saw that each person was provided with regular health checks, and they were supported to see their GP, optician, dietician, and dentist where a need had been identified. We saw people were able to access other professionals in relation to their care such as the speech and language therapist. One relative told us, "Staff organise meetings with health care professionals such as the GP when they need to, and inform me of the outcome." We spoke with a visiting healthcare professional, who explained they were asked to visit people at the home to assess their health requirements in a timely way. This meant people were supported to maintain their health and wellbeing through access to healthcare professionals.

Is the service caring?

Our findings

We asked people if the staff were caring, and talked to them appropriately. One person told us, “Staff stop and talk to me and make sure that we are okay. This morning I was really upset and staff talked to me and comforted me, which made me feel a lot better.” Another person told us, “Staff treat us kindly, nothing is too much trouble for them.”

Staff acted in a caring manner. During lunch we observed people being supported. The meal was relaxed and unrushed. Where people required assistance this was done sensitively and at the pace of the person. Staff were observed sitting alongside the person explaining what they were eating, and offering encouragement.

Staff we spoke with had a good understanding of people’s care needs and knew the people they supported well. When we spoke with staff they were able to tell us about people’s individual care requirements. For example, one member of staff told us, “[Name] has complex needs. The things we take for granted can be a challenge for them. It’s not just about what is in the care plan; it’s about getting to know the person.”

We saw people were offered choices of meals the day before meals were prepared. People were shown pictures of meals to help them make a choice. We saw on the day of our inspection people could make alternative choices if they did not like what was on the menu, or their previous meal choice. Staff told us, “The kitchens always send extra meals in case someone changes their mind. The kitchen will always make an alternative for someone if they don’t like their meal on the day.” One person told us, “The food is very good lots to choose from each day but I sometimes forget what I have ordered. If I don’t like what they give me they will find something else to eat.”

People we spoke with told us they chose how to spend their time. One person told us they liked to get up at different times. Staff we spoke with knew people should be given the choice to stay in bed or in their room if they wanted to.

We observed people had privacy when they needed it. We saw there were areas within the home where people could sit quietly with visitors or relatives when they needed to. People had their own room, and en-suite bathroom. We saw staff respected people’s privacy by knocking on people’s doors, and waiting until the person responded before entering.

People told us staff treated them with respect and dignity. One person told us, “Staff respect me. When they bath me they are patient and kind, making sure that I don’t fall over.” Another person explained how staff helped them when they needed assistance, but only did this if the person could not do things for themselves, which promoted their independence. They said, “Staff help me to have a shower; they are very good at helping me but will only do the things that I can’t.”

We observed staff asked people if they would like assistance, and their wishes were respected. Where people had refused personal care we observed staff returning later in the morning to offer assistance. We read daily records which described the support people had received; where care was refused we could see the staff had returned later in the day. People were supported to make day to day choices on when they would like to receive care and these were respected.

People told us their relatives could visit them at any time. We spoke to one relative who told us, “I feel welcome every time I’m here; staff bring me a hot drink and bring me up to date with what’s been happening.”

We saw people had access to advocacy services and advocacy information was available on display in the reception area of the home. Where people had chosen to be represented by an advocate information was recorded in people’s care records. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocacy services could support people in making decisions about their health and care requirements, which may help people maintain their independence.

Is the service responsive?

Our findings

When we arrived at the home we saw that most people were up. Some people were still in bed. The manager explained that this was because some people were cared for in bed due to their nursing requirements, and some people preferred to stay in bed until later in the morning. One person told us, "I do like it here because I go to bed and get up when I want." This meant people were able to choose how they spent their time.

We found there was a lack of information in people's care records about their preferences for care, which meant their preferences were not always met. For example, one person told us they did not want to be supported by staff of a specific gender. Their care records did not detail this preference. The person told us that they were sometimes cared for by staff of both genders. In another instance we saw one person needed their hair washing. The care records showed the person had last had their hair washed several weeks prior to our inspection. The person stated they would like to have their hair washed more frequently. Staff told us the person was in pain when they were moved, and so sometimes refused personal care. The care records did not detail when personal care had been offered and refused, or direct staff to offer alternatives to help the person maintain their personal hygiene according to their preference.

One person told us their preferences were not met because they couldn't always call for help when they needed to. This was because they wanted to use their call bell, but this was placed out of their reach. The person explained that they had asked for the call bell to be placed in reach, but staff had not responded.

People told us the activities co-ordinator spent time with them to offer one to one support with their interests. One person said, "The activity coordinator is brilliant just like my best mate."

We saw that each person had a record of things they liked to participate in so these could be reviewed, and future activities could be arranged that met their needs. One person said, "There's lots of activities that happen here we have something to do every day which is good for me." One relative told us, "I often sit with my relative when the activities are happening and this stimulates and breaks the boredom." We spoke with the member of staff who organised activities. They described the different types of activities that were available to people to support their interests. They said, "We have activities for all the lounges at different times and different days. Activities range from one-to-one sessions with people or group activities for the more energetic."

We asked members of staff if they knew about people's interests. Staff were able to explain in detail the interests of people who lived at the home. We saw that there was a member of staff on duty each weekday dedicated to support people in taking part in interests and hobbies inside and outside the home. This meant the staff member could devote all their time to providing support to people so that they could access interests and hobbies that met their needs.

People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person told us, "If I was unhappy I would talk to the staff and they will listen to me because they are wonderful." A relative told us, "If I needed to complain I would speak to the manager and I know she would respond to my concerns."

We saw there was information about how to make a complaint available on the noticeboard in the reception area of the home. It was also contained in the service user guide that each person received when they moved to the home. We saw the provider kept a record of complaints they received, and investigated complaints to learn from people's feedback. We saw complaints were responded to in a timely way.

Is the service well-led?

Our findings

The provider needed to make improvements to how care records were maintained. This was because the provider was not keeping accurate and up to date care records in respect of each person who used the service. For example, we saw that details of how risks should be managed were not always recorded in people's care records. However, when we observed people's care and looked at daily records, we found the risks were being managed by staff. For example, one person's record showed they had diabetes and required insulin daily. There were no instructions for staff in the care plan about how often the person's blood sugar levels should be tested. We saw in practice that the person's blood sugar levels were tested and recorded each day. This lack of detailed information in the care record posed a risk, if individual staff members did not know the person's needs.

We found there was a lack of information in people's care records about their preferences for care, which meant their preferences were not always met.

We saw there was conflicting information in one person's pain management plan. In September 2014 the care plan had been updated to state 'no change to medication, pain well controlled'. However, in August 2014 the assessment stated the person had severe pain. This meant care records were not consistent, which put people at risk of having inconsistent care.

We found this was a breach in Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.

The manager informed us about an on-going review of care records during our inspection, where the provider had identified a number of improvements that needed to be made. New paperwork was being introduced to make care records centred around each person. The provider also had a longer term plan to replace existing paper records with an electronic record keeping system. This meant the provider had identified the need to improve care records, and had a plan in place to do so.

People and their relatives told us they felt the home was well led. One relative said, "I think the carers, nurses and manager runs the home very well." People told us they would have no hesitation in approaching the manager if they had concerns.

Staff told us the home was well organised and that they received the training and supervision they needed to help them deliver good quality care to people. One member of staff told us, "The manager is very approachable. You can raise any issues you need to and we always get a positive response."

Staff told us that the managers worked alongside staff at the home and they had the opportunity to talk with them if they wished. Staff also told us the manager asked them about their views regarding the care provided at the home, and any changes they would like to see to improve the quality of care for people. The manager told us about a recent initiative, where staff could offer feedback to the manager by writing information on a board in the staff room. This allowed staff to feedback any concerns they had anonymously. The manager used the information on the board to analyse and plan improvements to the service.

We asked the manager whether they were well supported in their role by the provider. They told us they were and added that the area manager visited the home regularly to offer them support. On the day of our visit the area manager was visiting the home and met with us. They explained they were on hand to support the manager whenever they were required.

The manager explained that they usually had the support of a deputy manager at the home, but that the deputy had just left the service, and there was a vacancy for this role. The manager was actively recruiting a new member of staff to fill the vacancy.

The manager shared information with local authorities where appropriate and with us regarding safeguarding issues. This meant the manager took appropriate action to keep the relevant authorities up to date with issues that affected people at the home.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the home had completed an investigation to learn from incidents. These showed the manager recognised areas for improvement, and made changes, to minimise the chance of them happening again.

The provider had sent notifications to us appropriately about important events and incidents that occurred at the home. However, the manager told us that notifications following events at the service were being delayed by a few days at the time of our inspection due to pressure of work.

Is the service well-led?

We saw customer satisfaction forms were sent annually to people who used the service and their relatives. The manager explained that results of the customer satisfaction survey were analysed so that people's suggestions could be used to drive forward improvements at the home. People and their relatives told us they were able to be involved in developing the service they received at Ardenlea Grove. This was because they were involved in meetings to gather their feedback, and could leave their comments on feedback forms. One relative told us, "I have attended relatives meetings and they are really positive outcomes." We saw how people's feedback was taken into account in the running of the home. We saw a recent competition had been run to involve people in renaming different units in the home, and the unit names were subsequently changed.

The provider completed a number of checks to ensure they provided a good quality service. For example regular audits and regular visits to the home to speak with people, relatives and staff, and check records were completed correctly. We saw that where issues had been identified in quality assurance checks and audits, action plans had been generated to make improvements. These action plans were monitored at follow up visits to ensure they had been completed.

We saw the dementia units at the home were being improved, following a recent review by a dementia specialist. The plans included the creation of a themed garden, and the introduction of 'destination' points. Destination points were places within the home which encouraged people with dementia to remember everyday activities they may have done before their diagnosis, which could stimulate them and improve their environment. Further plans involved the consultation of health professionals with an expertise in caring for people with dementia, to gain ideas to improve the environment.

Staff told us they had access to policies and procedures about the running of the home, which documented how they should respond to risks. Documented policies and procedures which were accessible to all staff formed part of staff induction. Policies were regularly updated and were reviewed yearly. Up to date policies and procedures assisted the managers to monitor the performance of staff, and kept staff up to date with how care should be delivered. This helped to ensure a consistent approach in the delivery of care.

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	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them, as the provider was not keeping accurate and up to date care records in respect of each service user. Regulation 20 (1)(a).