Care Quality Commission

Bondcare St Andrews Limited

Acocks Green Nursing Home

Inspection report

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Acocks Green
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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This was an unannounced inspection and it took place on 14 May 2015.

Acocks Green Nursing Home provides long term nursing care and temporary placements where people were supported to prepare to return home or to other care provisions after a stay in hospital. The home was able to provide care for up to 56 people. There were 46 people in the home at the time of our inspection.

There was no registered manager in post at the time of our inspection. 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.

Processes were in place to reduce the risk of harm to people. Staff were trained and knew how to help to keep people safe. Risks to people's care was assessed and managed. Not everyone in the home received their medicines as prescribed.

Summary of findings

There were sufficient numbers of staff to meet the needs of people. Staff were safely recruited and had the training they needed to meet people's needs however recent updates had not been completed.

People who were able to make decisions were supported to consent to the care they received. People who were unable to make decisions were supported by people involved in their care to help make decisions that were in their best interests.

People were supported to make choices. People were able to choose what they ate and drank and received support to eat their meals where this was needed. People had access to a range of health care professionals to support their care and the provider had processes in place to ensure regular health checks were undertaken as necessary.

Staff were caring towards people and respected people's privacy, dignity and independence. People's needs were assessed and planned so that they received a service that focused on their individual needs and abilities. People were able to raise concerns with staff and managers and felt confident they would be addressed.

Processes were in place to monitor the quality of the service but some improvements were needed to ensure people received a safe and consistent service. There had been changes in the staff team and the use of agency staff had decreased so people had more continuity of care.

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 not consistently safe.

People told us they felt safe. Procedures were in place to manage risks and this ensured people's safety.

There were sufficient numbers of staff to provide care and support to people.

People did not always receive their medication as prescribed.

Requires Improvement

Is the service effective?
The service was effective.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

People were supported to make choices about their care and to consent to their care where possible.

Good

Is the service caring?
The service was caring.

People said staff were caring and kind to them.

Staff treated people as individuals and ensure their privacy, dignity and independence was promoted.

Good

Is the service responsive?
The service was responsive.

People had their care and support needs regularly reviewed.

People were supported to participate in activities if they wanted. Relatives were able to visit people at all reasonable times.

The provider had a system to respond to complaints appropriately.

Good

Is the service well-led?
The service was not consistently well led.

There was a manager in post but they were not registered with us.

People were happy with the quality of the service they received.

People said the manager and staff were accessible and friendly.

Quality assurance processes were in place but some improvements were needed so that people received a consistently good quality service.

Requires Improvement

Acocks Green Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 14 May 2015 and was carried out by three inspectors, one of which was a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example for this inspection the expert had experience of service provided to older people.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We considered information shared with us by local authorities.

During our inspection we spoke with nine people, nine relatives, four care staff, two nurses, the manager and deputy manager.

We looked at the care records of three people to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files; to check

staff were recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Some of the people were unable to tell us in detail about how they were supported and cared for. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "I feel safe here, when I ring my buzzer it does not take long for someone to come." A relative told us that their family member had said they felt safe. We saw that people looked comfortable in the presence of staff and heard banter and discussions between them.

Staff were knowledgeable about the signs to look out for if someone was being abused. Staff told us they knew who to report to if they had any concerns if people were at risk of abuse. Staff told us there were systems in place and procedures to follow that ensured that any allegations were reported and responded to. A member of staff said that if they had a concern regarding the safety of a person they would approach the nurse and if not resolved would go to manager then if needed CQC. All staff told us they received regular training in how to protect people from abuse. A member of staff told us they treated people how they would expect carers to treat their relative if they were in that situation. We saw that safeguarding issues had been addressed appropriately.

People or their relatives were involved in the planning of care and managing any risks associated with their care. One person told us that when providing personal care, "The staff are always checking my skin to check for bruising, scratches and so on." Relatives spoken with told us they had been asked about their family members care. One relative told us, "Staff turn [person's name] hourly and encourage her to drink a little as she's off her food." Care records showed that risk assessments were carried out and plans put in place to prevent skin damage, falls and to manage specific illnesses such as diabetes. We saw that staff used equipment such as hoists, pressure cushions, bed rails and wheelchairs where needed. However, we saw that footrests were not always used on wheelchairs and this could cause injury to people. Staff were knowledgeable about the actions to take in the event of an emergency situation such as a fall or a fire in the home.

People and relative's expressed different views about whether there were sufficient staff available to meet people's needs. Some people felt there were not always sufficient staff on duty whilst others felt there were. For example, one person told us that when they asked for assistance they were told to wait a minute but another person told us , "Staff come when buzzed." One relative told us, "Staff are always under a lot of pressure. [Person's name] pressure sore starts to hurt a bit because staff don't get round. Staff are running here, there and everywhere." During our inspection we saw that the buzzers were answered quickly and no one was left waiting for assistance. The manager told us that, staffing levels were adjusted depending on people's needs.

The provider had an effective recruitment process in place to ensure staff were recruited with the right skills and knowledge to support people. Staff told us they had pre-employment checks before they started to work at the home, including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff. Records showed that these checks were in place showing that the recruitment process had been implemented ensuring that only suitable people were employed.

A pharmacist inspector looked at the management of medicines. All medicines were stored securely however systems in place did not ensure that people always received their medicines as prescribed. We looked at the medicine administration records (MAR) for 17 people. We saw that the Birmingham Cross City Commissioning Group (CCG) had identified some actions that were needed. These included daily checks on a sample of people's medicine administration records (MAR) to identify any problems and to ensure staff followed safe medicine procedures. Monthly medicine audits were also undertaken. Overall we found improvements were being undertaken by the provider however we identified further issues with safe medicine management.

The majority of people's MARs reflected if they had been given their medicines or if not why not. However, we found two people who had not received their medicines according to the prescriber's instructions. One person had only been given their antibiotic once instead of three times a day as prescribed. The MAR did not identify the correct times of administration although it had been checked by a second member of staff. The nurse on duty ensured that the person was given their prescribed antibiotic and the MAR amended to prevent this error happening again when it was brought to their attention.

The second person had not received their prescribed medicines for four days because they were not available. Records documented that the medicines had been

Requires Improvement

Is the service safe?

received and therefore should have been available to give. Nursing staff spoken with explained the medicines might have been destroyed in error on changing over to the new monthly medicine cycle. We were informed that this had been identified and two requests had been sent to the GP for a further prescription; however the medicines were not available on the day we inspected. The person was not aware of the issue because they lacked capacity. On bringing this to the attention of the deputy manager immediate action was taken to ensure that the person had their medicines available on the day of the inspection.

Two medicine administration records stated that people were to be given their medicines concealed in food or drink but they were unable to give their consent. We found that best interest procedures had not always been followed, with little or no evidence of signed agreement between all interested parties. Detailed instructions were not clearly available to enable nursing staff to know how to give people their prescribed medicines covertly. People were at risk of receiving unsafe or inconsistent support.

Good

Is the service effective?

Our findings

People and most relatives felt that their family received effective care. One person said, "The staff meet my needs, there is nothing that I ask for that they would not get for me". This person also said, "That was not always the case a while ago but we won't go into that. The management has now changed." Another person said, "Before I had to wait for a while when I pressed the buzzer, now staff come almost immediately." They said that the service was much better there now. One relative told us, "[Person's name] is well looked after." This showed that most people were satisfied with the service they received and were in involved in the planning and deciding on the care they received.

Staff had the skills and knowledge to meet people's needs. Staff told us risks were identified and they received regular training to meet people's needs. Training records showed that staff had received training to support them to carry out their roles. Staff were clear about their roles and responsibilities. Records showed that some training updates were overdue but this did not have an impact on people as it was a refresher course so that staff knowledge could be reinforced. A nurse told us they were being supported to complete Level 5 National Vocational Qualifications which meant they were able to ensure their continual professional development. Staff told us that they received regular supervision sessions and we saw that there was a timetable in place to ensure that staff were supervised on a regular basis. The manager told us they carried out a regular walk around the home so that she was able to observe staff practices.

People told us that they were involved in planning and deciding on the care they received. One person said, "I am offered showers and baths often, I prefer baths and get it two or three times per week".

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack the ability to make decisions to consent or refuse care. Staff told us they had undertaken MCA training and knew how to support people to make decisions. Where people were unable to make decisions information was gathered from relatives and other people involved in the person's care. One relative told us, "It's very sad but we discussed if [relatives name] should be resuscitated." We saw that the appropriate discussions had taken place with the relevant individuals when making these decisions. The manager told us that applications for the Deprivation of Liberty Safeguards (DoLS) authorisations were in the process of being made for people who were unable to consent to the restrictions in place due to a lack of capacity. The application were being made to ensure that people's rights were protected and restrictions were only in place where they were needed to keep people safe.

People were supported to eat and drink sufficient amounts to remain healthy. Most people told us they were happy with the meals that were provided and there was a choice available. One person told us, "Mealtimes are quite good, we sit with our friends at the table, and it is a nice atmosphere." Two people told us there were limited choices for the evening meal. Menus showed that choices were available. The chef and a member of staff confirmed that if people did not want what was on the menu an alternative could be proved. During our inspection we saw that some people had chosen an alternative to the planned meals. Staff were knowledgeable about the support individuals required to eat and drink. This included preparing soft foods and providing crockery and cutlery which enabled people to eat independently. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected the person's decision if they did not want the meal. The chef confirmed that they were made aware of changes in people's needs so that they had the information they needed to provide appropriate nutrition. Staff told us and records confirmed that people were referred to other healthcare professionals such as a dietician or GP if there were concerns about a person's diet so people were supported to stay healthy.

People who used the service told us they were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropody. One person told us, "If I don't feel well, they are here in a minute." Another person said, "When we have appointments, a carer normally comes with us if a relative cannot make it."

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and respectful. One person told us, “The staff are really nice. I’m quite happy here.” Another person said, “I do not look at them as carers I see them as my friends and they treat me like their friend.” A third person said, “I have to be in bed at a certain time because of my condition. On my birthday they surprised me by celebrating my birthday with a cake before it was time for me to go to bed. That was a lovely thing to do.”

People’s privacy and dignity was maintained. One person told us, “The curtains are always closed when administering care to us and the door closed, anyone wishing to come in knocks.” There were no restrictions on when relatives and family members were able to visit and people were able to meet in private. One relative told us, “When turning my husband the carer’s always ask us to leave the room they close the curtains and my husband’s dignity is kept.” We saw that staff addressed people by their preferred name and responded when they asked questions giving them explanations and waiting for their response. We saw that when staff supported people they ensured their dignity by ensuring their clothing was correctly placed.

People were able to make choices about the care they received and this was recorded in their care plans. We saw that people were able to choose where they sat and how they occupied themselves. For example, one person decided to have their lunch in the lounge as they were watching a programme and wanted to see what happened in the end.

People were able to move around the home freely and equipment was available to promote their independence including their walking frames and wheelchairs; in addition cutlery and equipment was available at mealtimes to enable them to eat independently. Staff told us that they encouraged people to take responsibility for their care as far as possible, especially for people who would be returning home.

Good

Is the service responsive?

Our findings

People and relatives spoken with told us that the staff discussed their care with them and they were involved in how they wanted this done. People who were able to contribute to the care they received were involved in the reviews but for people unable to contribute family members were involved so that support could be given in the way they would have liked.

Relatives told us that reviews took place about their relative's care and they were kept informed of any changes. One relative told us that they were involved in how their family member was cared for and had discussed the care they would receive in the future as their health had deteriorated. Another relative told us, "We are happy with the service. [Person's name] is looked after really well. [Person's name] is in bed now. They turn her hourly." Some people were in the home on a temporary basis with a plan for them to return home. However, we saw that if their health deteriorated appropriate actions were taken to ensure the plans were changed so that their needs continued to be appropriately met. A professional involved in supporting the service to enable people to return home told us they were pleased with the support people received.

People were supported to maintain contact with friends and families and relatives confirmed that they could visit at any time as there were no restrictions on visiting. We saw relatives spend time with their family members at the home. Relatives told us the staff were welcoming.

People were able to be involved in social activities organised by the activity co-ordinators. There was an activities timetable on display. During our inspection we saw that the planned activity took place. Some people enjoyed the activity but others did not. Some people told us there were not enough activities and they had not had any trips out. Staff told us that some people went out with relatives and people were taken into the garden during good weather but most people did not want to go out. One person told us they did not want to be involved in activities and preferred to read in their bedroom. Staff told us that they tried to get around to everyone so that they had some time for individual chats and personal pampering such as hand massages.

People told us they were given information about how to make a complaint. This information was also displayed in the entrance of the building, giving details about who to contact. People told us they felt confident that any concerns would be listened to and acted on. One person told us that they had raised a concern and it had been dealt with promptly.

Requires Improvement

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us, and we saw that the atmosphere in the home was open, friendly and welcoming. Most people said they knew who the managers were and they could speak with them whenever they wished. One staff member told us, "If I have a concern the managers and nurses are approachable and I would be confident that they would act on what I had said."

At out last inspection on 13 August 2014 there were two areas where the service was not meeting regulations. These related to staffing levels and quality monitoring. We saw that improvements had been made in both these areas.

The registered manager had left the service since our last inspection. A new manager had been appointed but was not yet registered with us. The people living in the home and relatives felt the home was being managed well on a day to day basis. The registered provider is required to notify us about any changes in the management of the home but we had not received the required notification about the changes in management arrangements.

A new manager had been appointed but we had not received an application from the provider for this person to be registered with us at the time of this inspection. People and relatives told us that there had been several changes of manager but had noted that improvements in the quality of the service had been made. One relative said, "They are always changing but this one seems okay." A member of staff told us, "It (the service) has improved a lot. There are a lot of changes for the good. For example, staff rotas are planned in advice, dietary intake has improved. There have been lots of manager changes but [name of manager] is the best so far." In general staff felt that after many changes in management they felt that the current manager was approachable and fair. All the staff spoken with said there was an open door policy and the manager listened to concerns or suggestions about improvements and addressed them.

The manager had arranged meetings for relatives but the attendance had been poor. One relative confirmed that they were aware of the planned meetings but they had been unable to attend. The manager told us that she was looking at alternative ways of getting people together to discuss the service provided.

We were told that records such as satisfaction surveys and complaints had been archived by the previous manager and were not available at the time of our inspection. Further surveys were due to be sent out. We saw that the provider's representative spoke with visitors when they visited the home. This showed that attempts had been made to gather the views of people. Staff told us that there were regular staff meetings where they could raise any issues. One staff member told us, "Things have been much better lately, when I raise concerns in a meeting it is acted upon. This had not always been the case."

We saw that there had been improvements in the systems for monitoring the quality of the service but further improvements were made. There were some audits on the quality of the service provided carried out by the manager of the home. Audits carried out by the manager were discussed and we saw that the service was scoring highly on the providers own catering and infection control audits and where improvements were needed action plans were in place. Systems in place did not always ensure that people received their medicines in a safe and consistent manner. For example, Some medicines were not available due to a failure in systems when an individual moved from a temporary placement to a permanent placement. Instructions on how medicines to be given concealed in food should be given were not available. A record that the decision to give concealed medicines had been agreed by all the appropriate individuals was not available. The training matrix showed that staff training needed to be updated in some areas. The provider's representative looked at the number of complaints, safeguarding's, accidents and so on when they carried out their quality monitoring and that they had been recorded and acted on. There was no evidence available to show that audits had looked at any developing trends or themes so that actions could be taken to address any identified themes. The provider was monitoring the refurbishment of the home.

We saw that the provider had systems in place for on-going recruitment to ensure a full complement of permanent staff and reduce reliance on the use of agency staff. Staff told us that the quality of the service had improved for people because the use of agency staff had decreased and this meant people received continuity of care.