

Bupa Care Homes (BNH) Limited

# Ardenlea Court Care Home

## Inspection report

Bucknell Close  
39-41 Lode Lane  
Solihull  
West Midlands  
B91 2AF

Tel: 01217111773  
Website: [www.bupa.co.uk](http://www.bupa.co.uk)

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ardenlea Court accommodates a maximum of 60 older people. At the time of our visit 37 people lived at the service. The ground floor provides both permanent residency and 10 intermediate care beds (ICU). The ICU provided beds are for people who are ready to leave hospital but required further assessment to determine their longer-term needs. People with dementia lived on the first floor.

### People's experience of using this service

People continued to feel safe living at the service. Risk management had improved since our last inspection because risks were assessed, and guidance was in place to help staff provide safe care. Effective safeguarding systems protected people from avoidable harm or abuse. Staff were recruited safely, and enough staff were on duty during our visit to provide safe care.

Medicines safety had improved since our last inspection and people's medicines were administered as prescribed. Checks of medicines took place which meant any errors could be identified and addressed promptly. The provider's infection prevention and control measures were effective.

The provider remained compliant with the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives felt staff had the skills they needed to provide effective care. New staff completed an induction when they started work and staff spoke positively about their ongoing training which helped them to keep their knowledge and skills up to date. Staff attended meetings and met frequently with their managers to discuss and reflect on their practice.

People's needs were assessed before they started to use the service which helped to ensure their care was planned and delivered in line with people's lifestyle choices and cultural needs. People received personalised and responsive care from staff who knew them well. Care records contained detailed and up to date information to help staff provide the care and support people needed in line with their wishes.

People liked the food and their dietary needs were catered for. Staff encouraged people to eat and drink enough to maintain their health. People had access to health professionals when needed. The environment was dementia friendly and met people's needs. People provided positive feedback about their living environment.

People spoke positively about the staff who supported them. Relatives shared this viewpoint. The diversity of people and staff was recognised and celebrated. People's dignity was upheld, their right to privacy was respected and their independence was promoted.

People were happy with the range of social activities provided to occupy their time and activities for people living with dementia had significantly improved since our last inspection.

People and their relatives knew how to complain, and complaints were responded to in line with the providers complaints policy. learning from complaints was shared with staff to improve outcomes for people.

Effective quality assurance systems had been embedded at the service since our last inspection which demonstrated improvements had been made and lessons had been learnt. People and staff provided positive feedback about the leadership of the service. Peoples feedback was listened to and the provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was requires improvement (published 03 July 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our Well-Led findings below.

# Ardenlea Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors and a specialist advisor. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We also considered the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. This information helps support our inspections. We also gathered feedback from the local authority and clinical commissioning group (CCG) who fund some of the care provided. We used all of this information to plan our inspection

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, the regional manager, nurses, care assistants, the administrator, receptionist and a laundry assistant.

We reviewed a range of records. This included seven people's care records and 15 people's medication records. We looked at three staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We gathered feedback via the telephone from three people's relatives and we received some further information about the service from the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk management had improved since our last inspection. Risks were assessed and guidance was in place to help staff provide safe care. For example, one person was prescribed oxygen therapy to manage a health condition. Risks associated with the oxygen had been assessed and staff followed the guidance which meant the oxygen was managed and stored safely.
- Regular checks of the building and equipment took place to make sure it was safe to use.
- Staff had completed fire safety training and confidently explained the action they needed to take in the event of an emergency such as, a fire to keep people and themselves safe.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Ardenlea Court. A relative explained their loved one was at risk of falling over but had not fallen since they had lived at the home. They commented, "(Person) is in the safest place."
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member said, "I would report any concerns straight to the manager."
- The registered manager understood their legal responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.

### Using medicines safely

- The safety of medicines has improved since our last inspection.
- People's medicines were administered as prescribed by nurses and trained care staff. Their competency to do so was regularly checked by their managers.
- People's medicines were ordered, stored and disposed of safely in line with best practice.
- Clear guidance informed staff when 'as required' and time specific medicines needed to be given.
- Checks of medicines took place which meant any errors could be identified and addressed promptly.

### Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment procedures to make sure staff were suitable to work at the home.
- Enough staff were on duty meet people's needs and provide safe care during our visit. Staffing levels were determined by people's assessed health and care needs. The regional manager confirmed staffing levels would increase to ensure people's needs were met if occupancy at the home increased.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Improvements had been made since our last inspection which demonstrated lessons had been learnt.
- Staff reported accidents and incidents to their managers in line with the providers expectations. Incidents were analysed in an attempt to prevent recurrence. For example, in July 2021 staff had been provided with further training and coaching sessions to help them quickly identify the symptoms of chest infections to improve outcomes for people.



# Is the service effective?

## Our findings

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

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

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

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

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

- The provider remained compliant with the Mental Capacity Act 2005.
- People told us staff sought their consent before they provided assistance. That happened during our visit.
- When required people's capacity had been assessed and their care records documented whether or not they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed which demonstrated people's rights were upheld.
- Authorisations to deprive people of their liberty had been submitted correctly when people needed restrictions placed on their care to keep them safe.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills they needed to provide effective care. Comments included, "The staff are good. They know what they are doing," and, "Nurses have a good understanding of health conditions."
- New staff completed an induction and worked alongside experienced staff to help them understand what was expected of them. One staff member said, "When I started everyone wanted to help me. It was a good experience." Staff spoke positively about their ongoing training which helped them to keep their knowledge and skills up to date.
- Staff met frequently with their managers to discuss and reflect on their practice.

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

- People's needs were assessed before they started to use the service. For example, oral hygiene assessments had been completed in line with best practice.

- The assessments helped to ensure care was planned and delivered in line with people's lifestyle choices and cultural needs.

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

- People liked the food and people's dietary needs were catered for. One person told us, "We get plenty of food, it's always hot and of good quality."
- The mealtime experience was positive for people. Staff were attentive and supported people to enjoy their meals. Staff encouraged people to eat and drink enough to maintain their health and understood the impact health conditions may have on a person's dietary intake and appetite.
- A range of food and drinks were available to people 24 hours a day. For example, snacks were located in communal areas for people to help themselves to.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to health professionals including their GP who visited the home weekly.
- Staff worked in partnership with other healthcare professionals, such as opticians and dentists, to support people's health and maintain their wellbeing.

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

- People liked their living environment which included easily accessible well-maintained gardens, communal dining rooms, a hairdressing salon and a themed café area.
- The environment was dementia friendly. Signage was used to support independence and orientation around the home. Rooms including bedrooms had floor to ceiling windows allowing for maximisation of natural light whilst also allowing people to still see outside whilst seated or in bed. Current best practice guidance states a safe well-designed living space is a key part of providing good care for people living with a dementia.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- People spoke positively about the staff who supported them. One person said, "Staff are good to us, kind and caring." A relative told us, "Staff are friendly and [Person] is always smiling. That assures me they feel happy and well looked after."
- People and staff had developed meaningful relationships. We observed positive interactions between people and staff throughout our visit. That demonstrated the providers value of treating others with respect, compassion and kindness was achieved.
- Staff liked working at Ardenlea Court. One commented, "I would be more than happy for my [relative] to live here. It's lovely."
- The diversity of people and staff was recognised and celebrated. People had been involved in events including 'a taste of India' which had given them the opportunity to try a variety of traditional Asian foods. One staff member said, "Everyone is welcome and equal here."

Respecting and promoting people's privacy, dignity and independence

- People told us their right to privacy was respected. This demonstrated improvement had been made in this area since our last inspection.
- We saw staff knocked on people's bedroom doors before they opened them, and staff displayed 'dignity cards' on people's bedroom doors when they were assisting people with their personal care. The cards informed other staff not to enter the bedroom at that time to ensure the person's dignity was maintained.
- Staff promoted people's independence. At lunchtime a staff member quickly noticed when one person was struggling to eat their meal using a knife and fork. The staff member provided alternative cutlery which resulted in the person eating their meal with ease.
- People's dignity was maintained. A relative explained it was important to their loved one to always be well presented. They told us, "Whenever I visit [Person] is well groomed. That's how they have always been. Staff do a good job."
- People's personal information was managed securely in line with data protection law.

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

- People were supported to make daily choices. For example, people chose the clothing they wore. Discussions with staff confirmed they understood the importance of empowering people to make decisions, wherever possible.
- Care records evidenced where possible people had been involved in the development and review of their care plans. One relative told us, "I was consulted but [Person] makes their own decisions so I am not

needed. They decide what they want."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received responsive care. One person liked to keep active and they enjoyed going for a walk. They said, "The staff know I like a walk, they do come and ask me. We have a walk in the gardens most days. I like that; we have a sit down and a chat too." That happened during our visit.
- Care records contained detailed and up to date information to help staff provide the care and support people needed.
- Staff had created individual memory boxes that contained a variety of items which were meaningful to people who lived with dementia. The main purpose of the memory boxes was to trigger people's memories and help staff get to know the people they cared for. One staff member said, "The boxes are brilliant and provide an overview of what's important to the residents. Some residents can't tell us, so the boxes are so helpful."
- Staff knew people well. They knew one person liked to eat sausages at breakfast time. The person's relative confirmed this was correct.

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

- People were happy with the range of social activities. Recent activities included celebrating national 'afternoon tea week.' People told us they had started to revisit local coffee shops and parks following the lifting of COVID- 19 restrictions. Activities including trips to the theatre and garden centres were being planned.
- Activities for people living with dementia had significantly improved since our last inspection. For example, people were involved in completing daily tasks such as pruning flowers and folding linen. Interactive robotic pets had also been purchased. The pets are designed to provide comfort and companionship to people living with dementia.
- People had been supported throughout the Coronavirus pandemic to maintain contact with people who were important to them.

Meeting people's communication needs

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

- People's communication preferences were documented. Staff understood what people's nonverbal communication including body language and facial expressions meant.
- Information including the providers complaints procedure was available in a variety of languages including braille.

#### End of life care and support

- Sensitive discussions were held with people and their families to ensure their end of life wishes were captured. At the time of our visit work was ongoing to ensure people's wishes were documented to help staff provide personalised care to people at the end stage of their life.
- Staff continued to work in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

#### Improving care quality in response to complaints or concerns

- People knew how to complain. A relative explained when they had previously raised a concern the management team had taken immediate action to resolve it. They added, "I was happy with the outcome."
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern. The registered manager said, "If we get a complaint, we reflect on it and look to see if we could have done anything prevent it." Learning from complaints had been shared with staff to aim to improve outcomes for people.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The providers quality assurance systems had been embedded at the service since our last inspection which demonstrated improvements had been made. For example, checks of equipment took place to make sure it was safe to use.
- The registered manager completed a variety of audits and checks to ensure people received high quality, safe care. They also welcomed the completions of audits by other registered managers within the provider group and the regional manager to continually improve care.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.
- Staff felt improvements had been made since our last inspection. One staff member said, "Communication and team work is much improved, everything is much better organised."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People provided positive feedback about the leadership of the service and gave examples of how their feedback had been listened to. For example, changes had been made to activities.
- Staff enjoyed working at the service and described the culture as 'inclusive' and, 'happy'.
- Staff explained they attended meetings and felt comfortable to raise any issues or concerns with the registered manager.
- The registered manager chose to work occasional shifts alongside the staff team. Their hands-on approach meant they had a clear overview of people's experiences of the service provided. One staff member said, "The manager sets a good example, she is visible and hands on."
- Some people stayed at the home for a short period of time. An information guide had been created for those people by the registered manager. Due to the positive feedback received the regional manager advised us the information guide was being rolled out across similar services within the provider group.
- The registered manager felt proud of the staff team and explained some nurses held lead roles for specific areas of people's care including medication and skin care. Nurses had welcomed and embraced the opportunity due to their passion and skills in those particular areas.
- The registered manager sent newsletters to people and their relative communicating changes and providing an overview of what had been happening in the home. The service also used social media to communicate with people, their relatives, staff and the local community. A relative commented, "Managers

seem good. When I phone up, they give me an update on how [Person] has been. It's reassuring to hear they know what's going on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager had worked at the home since September 2020. They were a registered nurse and had worked for the provider for over 10 years. To further strengthen the management team a clinical services manager had been recruited and was due to start work following our visit.
- Staff understood the providers values and knew what was expected from them. One staff member said, "We are passionate about good care. Anything less will not be tolerated."
- Staff worked in partnership with other healthcare professionals and followed specialist advice to ensure people's needs were met.
- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.