Care Quality Commission

Restful Homes (Birmingham) Limited

Aran Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced.

There were 84 people living in the home at the time of our inspection. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Aran Court Care Centre is a purpose built three storey property. The home accommodates up to 86 people who may have dementia, personal care and/or nursing care needs.

We saw that Aran Court Care Centre provided a good service to people who required nursing and personal care. We saw that people were referred to the appropriate

Summary of findings

health care professionals so that the appropriate advice was sought to ensure that people's needs were met. This meant that the manager worked well with other people involved in providing care to people and ensured that people's needs were monitored and met.

People were protected from harm because there were adequate numbers of staff with the appropriate skills; however some staff lacked knowledge about the restrictions in place to protect some people. Where there was a suspicion of abuse the appropriate referrals were made to safeguard people. Recruitment procedures ensured that the appropriate checks were undertaken to assess staff's suitability for their roles. This meant that there were systems in place to protect people from abuse.

People's needs were assessed with the involvement of relatives where possible and care plans were written so staff were provided with the information they needed to support people. We saw that there were policies and procedures in place to ensure that people were supported to make decisions where possible and where they were not able to make decisions their rights were protected. We saw that decisions about medical treatment for people unable to make decisions for themselves were made following discussions with relatives and health care professionals. We saw that staff knew people's needs and had received training and on going support that enabled them to understand people's diverse needs. This meant that people's needs were met appropriately and in an individualised way.

We saw that there were good interactions between staff and people that lived in the home. There were organised activities to occupy people if they wanted to be involved. We saw that interactions with and activities for people who remained in their bedrooms or for people who had dementia were limited and these could be improved so that people had a better quality of life and an improved sense of wellbeing.

We saw that staff knocked on people's bedroom doors, asked permission before entering and closed bedroom doors before providing personal care. This ensured that people's privacy and dignity was promoted.

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 always not safe. People told us they felt safe. Most people were free to move around the home, however, there were some people for whom restrictions were in place but not all staff were aware of the restrictions. Sufficient staff were on duty with the skills and knowledge to keep people safe. People received their medicines safely.

Good

Is the service effective?
The service was effective. Staff had the appropriate skills and knowledge that enable them to carry out their roles and responsibilities effectively in a way that ensured people's needs were met. People's dietary needs were assessed and met. People were supported to have their health needs met and had access to healthcare services that provided on going healthcare support.

Requires Improvement

Is the service caring?
The service was caring. People were positive about the care they received and we saw that staff were kind and showed concerns for people and their relatives. People's dignity and privacy was respected by staff because they knocked on bedroom doors and used people's preferred names to address them.

Good

Is the service responsive?
The service was not always responsive. People were able to make everyday choices but during our inspection we saw that this did not always happen. People were not always provided with appropriate activities and social interaction especially if they remained in their bedrooms or had dementia. There were systems in place for people to raise any complaints people had and people told us they felt comfortable raising concerns.

Requires Improvement

Is the service well-led?
The service well led. The registered manager and provider made themselves accessible to people. We saw that the registered provider was very involved in the home and supported the manager to monitor and improve the service. We saw that they were receptive to improvements that could be made. Systems in place to monitor the service.

Good

Aran Court Care Centre

Detailed findings

Background to this inspection

This inspection was completed by two inspectors and an expert by experience that had experience of using services for older people and 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 last inspected this service on 20 November 2013 when we saw that all regulations had been complied with.

Before our inspection we looked at the information we held about the service.This included notifications received from the provider about deaths, accidents and safeguarding alerts. We spoke with commissioners to get their views of the service.

During our inspection we spoke with eight people using the service, twelve relatives, five professionals that visited the home and were involved in providing care and service commissioners. We spoke with seven staff including nurses and care staff. We looked at people's care records, spoke with them where possible, and spoke with staff that supported them to see how well their needs were being met. We observed staff interactions with three people and the mid-day meal. Records we looked at included care records for four people, six staff files, training and supervision matrixes, staff rotas and quality assurance records. We received a completed provider information return (PIR) after we had completed our inspection. The provider told us that they had not received the initial request.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe in the home. One person told us, "I feel safe I don't want to move. As soon as I arrived to the home I knew this was the right home for me." One relative told us, "Yes, I think mum is safe. They do everything for her, absolutely everything." This showed that people using the service felt safe in the home. Staff spoken with told us and training records confirmed, they had received training in the protection of vulnerable adults. All the staff spoken with were able to tell us how they would respond to any incidents of abuse and knew the lines for reporting any concerns within the organisation and externally if they felt that appropriate actions were not taken. A professional spoken with told us that they were comfortable systems were in place to protect people and they were happy to refer people to the service. Information we received from the local authority showed that the registered manager responded appropriately to any allegations of abuse and worked with other professionals so that people were protected from harm. This showed that staff were aware and systems were in place to protect people from the risk of abuse.

People's risks were appropriately assessed, managed and reviewed. One person who had bed rails in place told us that they had been involved in making the decision to have bedrails in place and was aware why they were needed. All the staff we spoke with were knowledgeable about people's needs and how to manage risks and this reflected the information we saw in risk assessments. We saw that equipment such as pressure relieving mattresses was in use and people were repositioned in bed every two hours so that the risk of developing skin damage was minimised. This showed that people were protected from unnecessary harm.

We saw that the principles of the Mental Capacity Act 2005 (MCA) were followed. The registered manager and all the staff spoken with told us and records confirmed they had undertaken training on the Mental Capacity Act (MCA) 2005. All the staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. Records we looked at showed that decisions made on behalf of people had been discussed with relatives and medical professionals and the outcomes were appropriately recorded. This showed that decisions were made in people's best interests. We saw that care records could be further improved to ensure that further detail was available in respect of how staff were to ensure that day to day decisions were made in people's best interests. For example, where people were dependent on staff to take them out on walks or to attend activities in other areas of the home there should be a plan in place to ensure that this takes place on a regular basis.

We saw that the requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The registered manager told us that they had made a number of recent referrals under the DoLS. This ensured that any restrictions on people's liberty would be assessed and supervised by the local authority. Some staff we spoke with did not fully understand DoLS and were not aware that anyone's liberty was restricted. This showed that the registered manager was fulfilling her responsibilities and requirements of DoLS but some staff would benefit from further training.

We saw that there were sufficient staff to meet people's needs. Most people spoken with said there were enough staff available to support them when they needed it. One person told us, "I have a call bell and it is always responded to. I don't think there are enough staff, four carers and one nurse. Sometimes the work becomes very hectic." This showed that staff responded quickly to requests for help but on some occasions some people had to wait. We saw a staffing rota that showed that there were variable numbers of nurses and carers available during the day and night depending on the needs of people. The provider told us and we saw that dependency assessments were carried out to help determine the number of staff needed to meet people's needs. Training records showed that staff received regular training so that they had the skills and knowledge to support people. This meant that there were a variety of staff available in sufficient numbers with the skills and knowledge to meet people's daily living needs.

The appropriate checks were undertaken when new staff were recruited. People and relatives spoken with told us they were comfortable with the staff that supported them. Staff spoken with told us, and records showed, that identity checks, previous work references and Disclosure and Barring Service (DBS) checks were carried out so that staff employed were, as far as possible checked to be of good character and suitable to work with vulnerable adults. We saw that checks were undertaken with the Nursing and Midwifery Council to ensure that nurses were able to continue practicing and maintained their registration

Good

Is the service safe?

requirements. This meant that systems were in place that ensured people were supported by staff who had were appropriate to work with vulnerable adults and to carry out their role.

We saw that the registered manager undertook the appropriate actions when staff were not carrying out their roles as required. Information we held about the service showed that when issues regarding the safety of people had arisen the registered manager and provider had taken the appropriate disciplinary actions to protect people and ensured that where appropriate staff were given the support they needed to improve their practice.

We saw that the management of medicines was good. Only trained nurses were able to administer medicines. We saw that medicines were stored safely and nurses watched people take their medicines before recording that they had been administered. We saw that medicines management was audited by the provider and no concerns had been identified. One person told us, “They bring my medicines on a spoon.” Another person told us, “They wait to see if I have swallowed the medicines before they go away. They never leave it on the table.” We saw that one person’s medicine had been left on the table but their relative told us this was because, “I give him his lunch before he has the medicines.” This meant that people were monitored to ensure that they had taken their medicines and to ensure that only the appropriate person took the medicines.

Requires Improvement

Is the service effective?

Our findings

We saw that people's needs were assessed before they moved into the home so that it was known whether people's needs could be met. Care plans contained the information staff needed to support people in an individualised way. We saw that people, or their relatives if they didn't have capacity, were involved in providing information about their needs and information was gathered about their likes and dislikes, and life history. People involved in the care planning process signed the care plans as evidence of their involvement and agreement with the plans. This meant that staff had information about the person and not just their care needs.

Staff records showed that they had received the training and supervision they needed to meet the needs of people they were caring for. One person told us, "I think the staff know what they are doing. There are regular staff who know my likes and dislikes and I tell new staff what I like." All the relatives we spoke with told us that the care provided was good. The registered manager said that they had seen people who were not expected to recover from their illnesses flourish to the point that there needs no longer qualified for health care funding and required alternative accommodation and this was confirmed by a relative. This meant that people's needs were met and in some cases improved so that they no longer needed the same level of support.

Staff were supported to carry out their roles. One person spoken with told us, "I think staff know what they are doing." Two staff spoken with told us they had received induction training and all the staff spoken with confirmed, that they received regular training and supervision that ensured that they were able to meet the assessed needs of people. Two healthcare professionals we spoke with were complimentary about the care provided to people with dementia but one felt that staff would benefit from further dementia awareness training so that they could develop skills to help occupy people appropriately. This showed that systems were in place that equipped staff with the skills and knowledge they needed to carry out their roles.

People's nutritional needs were met. One person spoken with told us, "Oh yes, we get a choice. I tell them what I from the menu the day before. I can only have certain meals. The quality of the food is quite good." We saw that people's weight was monitored on a regular basis so that actions could be taken if needed to boost or reduce their dietary intake. People at risk of malnutrition were referred to the doctor, dietician and speech and language therapists. We saw that advice given by professionals was followed. We saw that where required people's calorie intake was boosted by the addition of cream and butter to foods and the provision of meal supplement drinks. People at risk of choking were provided with thickened drinks and soft and pureed meals so that they could eat and drink safely. This meant that people's diverse dietary needs were met.

We saw that staff supported people to eat and drink independently where possible by providing the equipment they needed. For example, we saw plate guards put on so that food did not fall off plates and people were able to eat independently. We saw that people were supported to drink from cups with support from staff, with spouted beakers or through a straw. This showed that actions were taken to ensure that people were able to eat and drink adequate amounts to meet their needs.

People's health needs were met and monitored for changes. One person told us that the doctor visited twice a week but if they were unwell they would make additional visits. They also told us that they felt able to discuss health matters with the staff. All the relatives we spoke with told us that they were kept informed about the health of their relative in the home and that the staff accessed medical treatment when needed. We saw that people's health needs were monitored and actions taken ensured that appropriate treatment was provided. A visiting healthcare professional told us, "If the staff say I need to visit the home I understand that it must be important." We saw that people were seen by a variety of specialists depending on their everyday health needs and for specific needs such as mental health. This meant that people's health needs were met by referral to a variety of health care professionals.

Good

Is the service caring?

Our findings

All the people spoken with told us that they were happy with the care provided. One person said, “I am looked after well.” A second person said, “They (staff) accept me as a person.” A third person said, “Nothing is too much trouble.”

We saw that people looked well cared for and individual differences were respected and supported. For example, one person told us that the chef had made efforts to ensure that cultural dietary needs were met. For example, people who remained in bed were dressed in clean, loose clothing so that they were comfortable and people who were going out were supported to dress appropriately for the weather. One member of staff told us how they ensured that people could choose what they wore and were guided towards what was most appropriate for the weather.

We saw that staff were aware of people’s likes and dislikes. We were told by one member of staff that they had to make meal choices on behalf of people unable to choose and they did this based on their knowledge of what they had enjoyed eating recently and on their recorded likes and dislikes. Another member of staff told us they were able to discuss football with an individual who was interested in watching the World Cup.

We saw that care was provided in a dignified and compassionate way by staff that cared for people. One relative told us that they were able to stay as long as they wanted however, “Staff ask us to leave when providing personal care.” This showed that people were supported at difficult times in their lives however privacy and dignity was maintained throughout. We saw that staff were kind and showed concern for people and their relatives when people were unwell. The provider told us and we were able to see that relatives of people who were at the end of their life were able to stay with them to comfort and support them.

We saw that people were treated with dignity and their privacy was respected. We saw staff knock on bedroom doors and wait to be asked to enter and bedroom doors were closed when people were provided personal care.

Relatives we spoke with told us that they were able to visit at most times as long it was not upsetting to other people and restrictions were only imposed when there were concerns about people’s safety.

There were regular meetings held between the manager, staff and people living in the home. These were used to discuss activities, raising concerns and any issues people may have. This meant people were supported to make their views known about the service.

Requires Improvement

Is the service responsive?

Our findings

On the day of our inspection, one person told us, "Staff sometimes come to get me up early but I tell them I don't want to get up yet and they leave me." This showed that staff responded appropriately when people expressed views that could change on a daily basis. Another person told us that he was waiting to be assisted but no one was coming.

During our inspection we saw that call bells were responded to quickly. One person told us, some staff responded quickly to the call bell but others didn't. We saw that the extension lead from the call buzzer was not plugged in.This meant that the staff had not responded to the individual's requests for help and he told us he felt uncomfortable because his personal hygiene needs had not been met. There was also a potential risk that staff would not have been able to respond to an emergency situation if it had arisen with the individual. We discussed this with the provider who told us that the individual pulled on the cord and this disconnected the buzzer. On the second day of our inspection the cord was attached. We saw that one person sitting in the lounge did not have access to the call bell and was shouting out for assistance but no staff were in the vicinity and therefore unable to hear their requests for assistance. This showed that the individual had been unable to get assistance when they needed it.

We saw that assessments had been carried out to determine if people had the capacity to use the call bells. We asked staff how they checked that people who did not have capacity to call for assistance were checked. A staff member told us that an hourly visual check was undertaken on people as they walked past the bedrooms. There was no evidence to show that this happened.

We saw that there were some activities such as walks in the gardens, mobility exercises and a coffee morning during our inspection. Some people were happy with the activities but two relatives told us that they did not think there was much for people to do. We saw that there were activities coordinators appointed to organise activities and there was a weekly plan of activities in each person's bedroom. We saw and records showed there were some one to one activities for people who remained in their bedrooms but these were limited. One relative told us that they did not see staff go into to chat with people in their bedrooms very often. One member of staff told us that some staff considered activities to be the responsibility of the activities co coordinator. During our inspection we saw that care staff were not often initiating activities with people. We observed limited interactions between staff and people with dementia and no meaningful activities for them that provided them with any sensory stimulation, for example, hand massages, rummage bags or boxes or discussions on an individual basis. Most interactions with people with dementia were task orientated and we saw that people on close observations were not provided with activities to keep them occupied. The registered manager and provider acknowledged that the skills mix of staff may have been an issue which led to our observations during part of our inspection.

We saw that people's individual needs were regularly reviewed so that changes in needs could be planned for and met. One person told us that the provider had bought them a chair so that they could sit and look out of the window. This showed that people's needs were monitored and changes responded to as appropriate.

We saw that there was a complaints system in place. All the relatives we spoke with told us that they felt comfortable and able to raise any concerns they had. We saw that there had been two recorded complaints since our last inspection in November 2013 and that they had been resolved to the complainant's satisfaction. We saw that many compliments and thank you cards had been received showing that a lot of people were very happy with the service they had received.

One person told that there were meetings for them to discuss the service and make suggestions about changes. We saw that at the last meeting some people had identified that they wanted to have some trips out. We were told by the registered manager that these had been facilitated through the ring and ride scheme and trips to the local shops with staff.

Good

Is the service well-led?

Our findings

An annual quality assurance survey had not yet been fully completed this year but the results of the previous year's survey showed that people were happy with the service. We saw that several people and their relatives were able to identify the provider, manager and deputy manager and they felt able to contact them and speak to them about any concerns they had. One member of staff told us, "I go to the nurse, then the deputy manager and manager and if no one is available there is always someone on call in an emergency." Staff were aware of the whistle blowing policy and felt able to discuss any concerns they had. This showed that the management team had systems in place to gather the views of people. They were visible in the home, knew what was happening in the home and were known to people, staff and relatives so that they had opportunities to speak with them easily in an open and fair culture.

A relative told us that meetings for relatives had been stopped because the manager had said, "She knew her relatives and meetings were not needed." The manager confirmed that relative's meetings were no longer held as they were not productive. The same relative told us, "The managers are approachable and the provider is always asking if you want anything." The manager told us that relatives were able to raise issues directly with her but confirmed that these discussions were not recorded so we were not able to determine what the issues had been and how they had been addressed. We saw that questionnaires were sent out occasionally but there was not an annual quality survey carried out. This meant that there were some ineffective systems for gathering the views of people.

We saw that there was a core staff group who had worked in the home for several years and staff told us that they enjoyed working in the home. There were systems in place to ensure that poor practice was identified and actions taken to support staff to improve and where needed the appropriate disciplinary actions were taken. There was a happy and contented atmosphere in the home. Staff and relatives were complimentary about the management team.

There had been a registered manager in post since 2011. From speaking with people, staff, service commissioners, relatives and health care professionals we were provided with evidence that the manager was meeting their legal obligations. The manager told us she had an open door policy and relatives, staff and people living in the home could speak to her at any time. We saw that the manager was knowledgeable about the people who lived there and people knew who she was. A visiting professional commented, "The manager is always available and knows the patients. Nurses are organised with records for my visits and arrange for relatives to be present for discussions when needed." The registered manager carried out monthly internal audits which looked at the number of falls, safeguarding concerns, injuries, weight loss or gain so that there was an overview of the care provided. We saw that actions were taken following any issues that arose but the actions were not always recorded. Regular meetings were held with the staff so that they could be kept informed about developments in the service and updated on current good practices so that staff knowledge was updated. The manager dealt appropriately with complaints and safeguarding concerns ensuring that people were listened to. This meant that the service was well led; people were listened to, staff were aware of the need to prepare for visiting professionals so that decisions were made after full consideration of all the appropriate information. Visiting professionals were happy with the service provided.

There were systems in place to monitor the quality of the service. The premises were well maintained and we saw that the provider wanted to provide a good service and was open to suggestions about improvements that could be made. The provider carried out monthly audits to check areas such as infection control, health and safety and management of medicines. Action plans were put in place for improvements and these were dated on completion showing that actions plans were working documents.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.