

Bupa Care Homes (BNH) Limited

Aston Court Nursing and Residential Home

Inspection report

Little Aston Hall Drive
Little Aston
Sutton Coldfield
West Midlands
B74 3BF

Date of inspection visit:
14 March 2016

Date of publication:
13 April 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on the 14 March 2016 and was unannounced. At our previous inspection on the 13 March 2015 the service was meeting the regulations that we checked but we did ask the provider to make some improvements. This was because improvements were needed to ensure the recruitment procedures were thorough and there were enough staff to meet people's needs in a timely way. Improvements were also needed to the management of medicines, the social activities provided to people and the staff's understanding of their roles and responsibilities. At this inspection we saw that improvements had been made in these areas.

We returned to inspect this service in January 2016 following information received regarding the moving and handling practices when using bath hoists. We found that the service was meeting the regulation that we checked but we did ask the provider to make some improvements to ensure staff had clear direction and training on how to use this equipment safely. At this inspection we saw that improvements had been made.

Aston Court provides accommodation and nursing care for up to 55 people. On the day of our inspection 43 people were using the service; this included 12 people from the local hospital that required rehabilitation prior to being discharged home.

A registered manager was in post at the time of this 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.

People's capacity was not always reflected in their records or reviewed in a timely way, but the manager had identified that this was an area for improvement and was taking action to address this.

People felt safe and staff understood their role in protecting people from the risk of harm. Checks were carried out prior to staff starting work to ensure their suitability to work with people and staffing levels were monitored to enable people's needs to be met. Medicines were managed safely and people received their medicines at the right time, as prescribed. Staff had clear direction and training on how to use this equipment safely.

People were supported by staff who had the knowledge and skills to provide safe care and support. People received food and drink that met their nutritional needs and preferences. Health concerns were monitored and people received specialist health care intervention when this was needed.

People's preferences were considered and incorporated in their support plan. There were regular reviews of people's care to ensure it accurately reflected their needs. People were able to take part in social activities. People liked the staff and their dignity and privacy was respected by the staff team. The staff team were approachable and made visitors feel welcome.

People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns which were raised.

There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt confident that they could raise any concerns with the registered manager. People felt the service was well managed and systems were in place to monitor the quality of the service to enable the manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. People received their medication as prescribed and medicines were managed safely. The recruitment practices in place checked staff's suitability to work with people. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff obtained people's consent before they delivered care but people's capacity to make decisions was not always clearly recorded. People were supported by suitably skilled and experienced staff. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access other healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. Staff supported people in their preferred way so that their personal preferences were met. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to maintain their interests. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's

complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and make improvements.

Aston Court Nursing and Residential 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.

We carried out this inspection on 14 March 2016. The inspection was carried out by one inspector.

The provider had sent us a Provider Information Return (PIR) but due to technical difficulties with our system, this had not been received prior to our visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant. We reviewed other information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with nine people that used the service, six people's visitors, two visiting professionals, three care staff and two nurses and the registered manager. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We looked at the care plans for five people. We checked three staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.



Our findings

At our inspection in March 2015 improvements were needed to medicines management as nurses were not always keeping clear records to show when people had or had not taken their medicine. At this inspection we saw that improvements had been made. We saw that medicines management was monitored closely, as staff were accountable for ensuring they had clearly recorded when medicines had or had not been administered and the reason for this. One nurse told us, "Each nurse is accountable for checking the record after they have administered any meds. It works really well because you identify straight away if you haven't signed for something you've given and can correct it immediately." This showed us that a thorough audit was undertaken to ensure medicines administered were recorded correctly.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "The nurse will come and find me to give me my medicines; I always get them when I need them." We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately. We looked at the medicines and records held for six people and saw that the number of medicines in stock corresponded with their medicine administration record. This demonstrated that people received their medicines as prescribed.

At our last inspection in January 2016 the staff did not have specific guidance or training regarding the safe use of bath hoists that were used to support some people. At this inspection we saw that improvements had been made. Staff had received training on using this equipment and bathing supervision records were seen which demonstrated that the staff's competency in using this equipment. We saw that risk assessments had been updated to direct staff on the safe use of bathing equipment and this included the number of staff required to support people when using a bath hoist. This showed us that the provider had taken action to ensure people were safe when using equipment.

The care plans we looked at demonstrated that the registered manager assessed risks to people's health and wellbeing. Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. We observed staff supporting people to move with equipment and this was done in a way that showed us that people were supported safely. We saw that the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people. We saw that a planned programme of checks was in place for the servicing and

maintenance of fire alarm systems, gas and electrical appliances, the lift and water systems. This demonstrated that the provider took appropriate actions to minimise risks related to the premises and equipment.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People who used the service and their visitors told us they felt safe. One person told us, "I feel very safe here. The staff are friendly and if I need anything at all they are there to help me. I think it's a first class service." Another person told us, "Nothing frightens me here." A relative told us, "I can't fault them really; we know [Name] is absolutely fine here." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns straight away to the manager or if they weren't here to the nurse in charge." Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. People had access to information about the local authority safeguarding arrangements, as this was displayed on the notice board near the manager's office.

We received mixed views regarding the staffing levels in place. The majority of people did not raise any concerns regarding the staffing levels in place to support them. One person told us, "I've heard they can get short staffed sometimes but I always get help when I need it." Another person said, "The staff are busy but they are always around and if I press my buzzer they are usually pretty quick in coming." Another relative said, "The staff are really good in making sure that [Name] is not left on their own when we aren't here." Some staff told us there were occasions when the staffing levels were reduced. They told us that this was due to staff sickness but confirmed that most of these shifts were covered by staff working extra shifts. We discussed this with the manager who was able to provide us with evidence that staff sickness was being monitored and managed and confirmed that agency staff were only used when they were unable to cover with regular staff. The manager confirmed that they had not needed to use agency staff recently. Our observations showed there were enough staff to meet people's needs. Staff were available to support people and call bells were responded to in a timely way.

The provider checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.



Our findings

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. At this inspection we saw that for most people that lacked capacity, assessments were in place that clearly identified their ability to make decisions and the support that they needed to ensure decisions were made in their best interests. However we identified that one person that lacked the ability to retain information had not had their capacity assessed. Another person's care records confirmed they had capacity to make decisions when they moved into the home in 2015 but discussions with this person, identified that they were unable to understand basic questions we asked, this showed us that this person's capacity had deteriorated since admission but no assessment had been undertaken to confirm this. This showed us that some people were at risk of not having their needs met in their best interests as their ability to make decisions had not been assessed or reviewed. We discussed this with the manager who was able to evidence that this had been identified as an area for improvement and actions were in place to address this.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection the manager confirmed that one DoLS authorisation was in place and 2 applications had been made to the Supervisory Body and were awaiting an outcome. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

We received positive comments about the staff team. One person said, "The staff look after me here." Another person told us, "The staff look after me very well, all the staff are lovely." A visiting professional told us, "The staff here are given the training and have the skills to meet people's needs." Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff confirmed they received supervision and we saw a plan was in place to ensure training and supervision was provided on a regular basis. Staff told us they were supported by the registered manager. One member of staff said, ""The manager is very supportive. I can always go to her if I have any queries, she's approachable and I can see her at any time." Another member of staff told us, "I get on well with the manager and find her very supportive, "This showed us that staff were supported to meet people's needs.

Staff told us that most areas of training were covered but felt that training was needed in supporting people living with dementia and people who demonstrated behaviours that put themselves and others at risk. One member of staff said, "As we are now getting people that are confused, I think it would help us to support them." We discussed this with the manager who confirmed that this training would be provided to staff. We found staff's descriptions of how they cared for and supported people matched what we read in their care plans. This showed us that staff understood people's needs and abilities.

People we spoke with said they enjoyed the food and were very happy with the quality, variety and quantity of food provided. One person told us, "The food is great here." Another person said, "The food here is top hole. We get all types of vegetables as well." A relative told us, "The food is better than used to be and they do cater for taste. The other day [Name] didn't want the choices on offer, so they made what [Name] likes." We observed the lunch time meal and saw that staff supported people with their meal as needed. We saw that meal times were not rushed and were a relaxed experience for people. The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support people and we saw that care plans were followed by staff. Daily monitoring charts were in place for people that needed them and we saw people had been referred to specialist services when nutritional concerns were identified.

People we spoke with confirmed their health needs were met. One person said, "I had a blood test and urine tests done and the staff arranged a hospital appointment for me last week." Another person told us, "All of the staff are very good, first sign of any illness and they get it sorted and get the doctor in." We saw from records that people were seen by a variety of health care professionals to ensure their needs were met, such as doctors, occupational therapists, specialist community nurses, opticians and chiropodists. Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One relative told us, "The doctor comes in to see [Name] every week and I am kept informed." Another relative said, "If [Name] is poorly I always get a call, the staff are excellent and the care is very good." This demonstrated that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed.



Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "Staff talk nicely to me all the time." Another person said, "I like them, the staff are lovely here. They are kind and treat me with respect."

People were supported to maintain their independence. One person said, "The staff come every morning to help me but I can do something's for myself." Another person told us, "I am doing a lot more for myself now than when I first came here and the manager told me to let her know if I've got any problems." A visiting professional told us, "I can tell that staff enable people to do things for themselves."

Information was provided for people in the dining rooms, such as the date, weather and time, to reduce confusion and support people's memory. Some people chose to spend their day in their bedrooms. We visited several people and saw that they had drinks, tables and all their possessions to hand. People's call bells were within reach so they could call for support as needed.

Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. For example we saw that staff knew how people liked their drinks served and how they preferred to be addressed.

We saw that some of the ladies that lived at the home wore accessories to demonstrate their style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality.

People confirmed that they were treated with respect and their dignity was promoted by staff. One person told us, "Staff will always ask before they come into my room." We saw that people's dignity was promoted by staff when they received care and support. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. When people were supported to transfer using equipment, the staff ensured they were covered so their dignity was promoted. We heard staff explain what they were doing and they checked that the person was comfortable throughout the procedure. This showed us that staff treated people respectfully and with consideration.

People and their relatives told us there were no restrictions on visiting. One relative told us, "We visit whenever we want and the staff always make us feel welcome." Another relative said, "This is my second home, everyone here is like family. I am always made to feel comfortable and at home." This demonstrated

that staff supported people to maintain relationships that were important to them.



Our findings

At our inspection in March 2015 improvements were needed to the recreational opportunities available to people. This was because the majority of people told us they did not join in with activities as they were of no interest to them. At this inspection we saw that the majority of people participated in the entertainment provided. For example a musical entertainer visited the home and provided a range of entertainment from singing, dancing and jokes. We saw that people joined in and enjoyed this entertainment. One person told us, "That was very good, I really enjoyed that. " A relative said, "That was marvellous, everyone had a great time. I do hope they book them again. The activities have really improved the activities coordinators are on the ball and come up with some really good ideas." We saw there was an activities schedule and people told us they were happy with this and joined in with activities they liked. One person told us, "I enjoy the darts, never miss it. I also like the dominoes games too. I have plenty to keep me occupied, I do like to spend a lot of time in my room, and I'm a bit of a movie fan, so I do like to watch a film in the afternoon." Another person said, "I spend a lot of time reading and I like to go for a walk and see who's around." Another person said, "You can go for a walk, stop and chat to people, join in with the activities or spend time on your own here, there's no pressure, it's very relaxed, couldn't be better really." Information was recorded regarding people's likes and dislikes and their life history. This information included people's past interests and hobbies. This supported the three activities coordinators to plan activities that met people's preferences

A visiting professional told us, "The staff understand people's needs." Another visiting professional said, "I know that plans are put into place, I can see the progress that people make. If people do need more assistance, then the staff will tell me, they are really good like that." We saw that care plans were reviewed on a regular basis to ensure staff had up to date information to follow regarding people's current support needs.

People we spoke with did not have any complaints about the service. One person said, "I am quite happy here but I would tell the manager if I wasn't and she would sort it out." Visitors told us that if they had any complaints they would report them to the manager. One visitor said, "The manager is marvellous, always available and if I had any issues I would speak to her." We saw there was a copy of the complaints policy on display in the home. We saw that information on how to make a complaint was available to people. We saw records were kept of complaints received and that any complaints had been responded to promptly.



Our findings

The provider asked people for their views regarding the running of the home, through satisfaction questionnaires and meetings for people who used the service and their relatives. We saw that following people's comments the provider took action to address any concerns raised. For example one relative told us about an area of the garden that required improvement and told us this had been raised at a recent relatives meeting. We saw that a referral to the provider's estates team had been made to address this. An action plan was in place to address issues raised following the last satisfaction surveys completed in December 2015. We saw the issues raised were regarding the availability of staff when needed and staff understanding people's needs. We saw that these actions had and were being addressed by the manager. One visiting professional told us, "The staff understand people's needs. They always give a professional approach and they are very open and share information."

People, relatives and visiting professionals told us that the manager was approachable and accessible to them. One person said, "The manager is very good, she comes and checks I am alright, a very caring person." A relative said, "The home is managed very well, the manager has pulled out all the stops for [Name]. I think she is excellent." A visiting professional said, "Relatives I've spoken to are full of praise for this service. I find all staff really accommodating and the manager is really knowledgeable, she spends time getting to know people and is very comforting to them. I find her very approachable."

Quality monitoring systems were in place. We saw that the manager followed the provider's monthly audit schedule to check that people received the care they needed. We saw that an action plan was in place to drive improvement. The provider shared feedback from CQC to the management team regarding the quality of care provided across the organisation. This was done through quarterly meetings and internal messages. This supported the management team in developing the service to meet current regulations. The manager had sent us statutory notifications in accordance with the regulations. This meant they understood the provider's legal responsibilities.

There were appropriate data management systems in place. We saw that care records and people's confidential records were kept securely so that only staff could access them. Staff records were kept securely by the management team which meant they were kept confidentially.