Astley Care Homes Limited

Uplands Nursing Home

Inspection report

43 Uplands Road
Selly Park
Birmingham
West Midlands
B29 7JS

Tel: 01214713816

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16 May 2017
17 May 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection at this home on 16 and 17 May 2017. Uplands Nursing Home is registered to provide nursing care and accommodation for up to 27 people some of whom would be living with dementia. There were 19 people living at the home at the time of the inspection.

We carried out a comprehensive inspection in March 2016 where we found that the service required improvement and that the provider had not met legal requirements in relation to the governance of the home. We last inspected the service in November 2016 where we carried out a focussed inspection to check whether these legal requirements had been met. At that inspection we found that the provider had followed their action plan and was no longer breaching regulation.

The service has a registered manager who was present throughout the 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 received support from staff who were aware of the signs of abuse and whom could describe appropriate action to take should they be concerned about people. There were sufficient staff available to support people. The staff had been safely recruited.

People were happy with the support they received with their medicines. Whilst many aspects of medicine management were safe we identified that improvements were required in some parts of medicine administration and storage. We found that improvements had been made to the systems involving the administration of covert medicines.

The individual risks associated with people's care had been identified and in the most part steps had been put in place to reduce the risk for the person. We found that some elements of practice needed improving to ensure people were cared for safely all the time.

People were supported by staff who had received the training they needed for their roles.

People were mainly involved in daily choices surrounding their care and improvements had been made to support people in line with requirements of the Mental Capacity Act (2005).

People were happy with the meals they received. Some aspects of the meal time experience needed to be improved further for people.

People benefitted from access to a variety of healthcare professionals to meet their individual needs. Guidance on some aspects of people's healthcare had not considered individual people's needs and wishes.

Some people at the home were living with dementia. Staff had received training on how to support people with dementia and many interactions between staff and people were positive. Further work was needed to ensure communication aids were available at all times to support people living with dementia.

People and their relatives told us they felt the staff were caring. Staff enjoyed supporting people who lived at the home and had got to know people well. Care plans had been developed with people's relatives to ensure people's preferences for care had been documented which staff told us they followed.

People were treated with dignity and respect. A number of people at the home shared a bedroom. In these instances efforts had been made to ensure people's privacy had been maintained and that personal belongings were available.

Since our last inspection the provision of activities for all people living at the home had improved. People were happy with the activities they took part in and all people now had the opportunity for regular activities and stimulation which were based on their interests.

People's care had been reviewed to ensure it continued to meet their needs, although these reviews did not involve the person themselves.

People and their relatives felt able to raise concerns should any arise. There were systems in place to ensure any complaints received would be investigated .

People and their relatives were happy with how the service was managed. Staff informed us they felt supported in their roles. Quality monitoring systems were in place although we found they had not been entirely effective in identifying the issues found at this inspection. Whilst relatives had been involved in feedback about the service, people had not been given the opportunity to feedback their experiences of living at the home in order to drive improvement within the service. We have made a recommendation about involving people in expressing their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always administered or stored safely.

Although risks to people had been identified some elements of practice needed improving to ensure people were cared for safely.

People received support from sufficient staff who had been safely recruited.

People were supported by staff who were aware of the signs of abuse and action to take should they be concerned.

Is the service effective?

Requires Improvement

The service was not always effective.

People were happy with the support they received with their healthcare although we found that the provider had not ensured that some guidance considered individual people's needs and wishes.

People enjoyed meal times. However the meal time experience for some people required improvement.

Training was provided to staff to enable them to gain the knowledge required for their roles.

Improvements had been made in the care and support people received in line with the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People felt cared for by the staff who supported them

Care had been planned around people's preferences.

People had their privacy respected and were treated with dignity.

Is the service responsive?

Good

The service was responsive.

People had access to activities based on their interests.

People had their care reviewed.

People and their relatives felt able to raise concerns should they need to.

Is the service well-led?

Requires Improvement

The service was not always well led

Quality monitoring systems had not been entirely effective.

Although feedback had been sought from relatives the same opportunity had not been given to the people living at the home.

People and their relatives were happy with how the home was managed and staff felt supported in their roles.

Uplands Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 16 and 17 May 2017. On the 16 May the inspection team consisted of one inspector, a specialist advisor who has clinical knowledge of the needs of the people who used this type of service 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 service. On the 17 May one inspector carried out the inspection.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on. We had received feedback from the local clinical commissioning group and healthwatch. We used this feedback to help plan our inspection.

We visited the home and met with all the people who lived there. Some of the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people and four relatives. We also spoke with the support and training manager, two nurses, four staff, the activities co-ordinator and the chef. We looked at records including the sampling of four people's care plans. We looked at two staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service. As part of the inspection we spoke with one healthcare professional.

Requires Improvement

Is the service safe?

Our findings

People that we spoke with told us they felt safe living at the home and described the ways that staff helped them feel safe. One person told us, "I certainly feel safe- we always have someone around," and another person commented, "They walk beside me to re-assure me." Relatives felt assured that the home was safe and one relative told us, "It's a safe environment for sure. I come different times and it's okay."

The risks associated with people's care had been identified and in the most part steps had been put in place to reduce the risk for the person. We identified that more detail was required in some aspects of people's care records in relation to supporting people to mobilise using equipment and when using bed rails to ensure care was provided consistently and safely. The registered manager informed us this information would be updated and assessments would be carried out.

During our observations we noted two separate examples of where staff had not supported people to use equipment safely in order to mobilise. Although these practices had not resulted in harm to people there was an increased risk that people could be harmed by using the equipment they were using. We brought this to the attention of the registered manager who explained that re-assessments would be carried out of the suitability and safety of this equipment to ensure people were supported safely.

At our last inspection we had identified that not all staff knew what to do in the event of a fire. At this inspection we saw that building work was being carried out to extend the property. This had resulted in a reduction in the number of fire exits available. We spoke with staff at this inspection who were aware of the changes in procedure. However we continued to receive inconsistent information about who would be responsible for calling for the emergency services. We spoke with the registered manager who explained that training had taken place with staff. The registered manager informed us that they would take further action to address this so that consistent practice would occur in the event of an emergency.

People were happy with the support they received with their medicines. One person we spoke with told us, "The nurse helps with my medicines- she gives them to me." We saw that people received their medicines in a caring way and that staff gently encouraged people to take their medicines where needed. Only staff who had received training to give medicines were able to carry out this procedure. The registered manager had checked staff's competency before they were able to give medicines to ensure that staff had the skills to carry out this process safely.

At our last inspection we had identified that practice around covert [hidden] medicines needed to improve. A number of people living at the home needed to have their medicines administered in this way to ensure they received their prescribed medicines. There had been improvements in this area and best interest meetings had occurred and a list of medicines had been produced that were safe to administer using this technique as agreed by the GP. The registered manager had ensured that this was kept under review to determine if administering medicines in this manner remained in the person's best interests.

The system for the administration of medicines was not entirely safe. The standard procedure at the home

for administering medicines involved one staff member dispensing the medicine into a container whilst another staff member administered the medicine directly to the person. This procedure increases the risk of error in administering medicines and there had been one recent incident where medicine was administered to the wrong person. The registered manager informed us that this was not practice they would follow and agreed to review the procedure for staff on the administration of medicines to ensure it followed good practice guidelines.

Whilst most medicines had been stored appropriately this had not happened consistently. On the first day of the inspection we found some medicines had been stored on the floor of the locked medicines room. This did not follow good practice. By the second day the registered manager had ensured that these medicines were no longer stored in this manner. One prescribed product that was used to alter the consistency of drinks to ensure they were safe for some people had not been stored safely. There was a risk of harm if people ingested this product when it had not been prescribed for them.

People were supported by staff who had a good knowledge of the signs of abuse and could describe appropriate action they would take should they have concerns. Staff explained that training they had received had aided their knowledge of safeguarding people. Records confirmed that staff had received this training. The registered manager was aware of their responsibilities to safeguard people from harm and knew the appropriate agencies to report any concerns to.

Where accidents had occurred checks had taken place on the persons wellbeing. Each accident was reviewed individually and steps put in place to try and prevent a similar accident happening again. The registered manager informed us they carried out analysis of all accidents to try and identify trends to further reduce the risk of similar accidents happening to other people.

Staff informed us that recruitment checks had been carried out prior to them starting work at the home. We looked at the systems in place for the recruitment of new staff. These systems included obtaining an up to date Disclosure and Barring Service check before staff worked with people. The suitability of staff had additionally been checked via obtaining references from previous employers. Where nurses were employed, checks had been made on the registration of nurses working at the service to ensure that their registration was current. These systems ensured people were supported by staff who were suitable to do so.

Staff told us that there were sufficient staff working at the home. The registered manager explained that staffing levels were planned but should a person's needs change then staffing levels would increase to meet people's needs. We saw that for the most part there were sufficient staff available to support people although we observed one instance where a person had been left alone and with whom the inspector had to intervene to stop the person falling over. The registered manager explained that staff should always be present in communal areas and that this would be re-iterated with staff to ensure support was available to people at all times.

Requires Improvement

Is the service effective?

Our findings

People had access to a variety of healthcare professionals to meet their needs. One person we spoke with told us about the different healthcare professionals involved in their care and commented, "I see the optician and the doctors come regularly, the dentist as well." The service was responsive when people's needs had changed and contacted healthcare professionals promptly where concerns around people's healthcare had arose. Some guidance around people's healthcare needs such as catheter care was generic and had not taken into account individual people's needs and wishes. We also found that there was a lack of specific guidance around action staff should take in an emergency regarding two peoples health conditions which meant people's needs could be unmet or that people would not benefit from a consistent approach from all staff.

People told us they enjoyed the meals at the home. We saw that people's relatives were encouraged to be part of meal times if they wished. Whilst people told us they enjoyed their meals we saw that some elements of the meal time experience could be improved for some people. We were informed that only one main meal was served which reduced the opportunity for people to choose a meal they enjoyed. One person summarised this by commenting, "There is no choice but the meals are great." We saw one instance where one person was supported intermittently to eat their meal by two different staff members. We observed other instances where staff were standing to support people with their meals rather than sitting next to the person. People were not always offered choices in all aspects of their meals and staff chose desserts for people based on staff's knowledge of people's likes and dislikes.

Some people required their food to be prepared in a specific way in order for them to eat it safely. Whilst care plans specified how these meals should be prepared for each individual we noted that the same texture of food was prepared for all people irrespective of what the guidance indicated. Although this had not affected the safety of people's eating, this showed a lack of consideration for people's individually assessed needs. The chef did not have access to professional guidance on high risk foods that should be excluded from people's meals when they are at a high risk of choking. Although the chef had knowledge of some of these foods there was some risk that high risk foods could be served to people living at the home.

A number of the people at the home were living with dementia. Staff had recently received updated training on supporting people living with dementia which staff told us had been beneficial. Whilst many interactions between staff and people were positive we observed the support staff provided at times showed a lack of understanding of how to support people living with dementia in a patient manner. The registered manager agreed that this would be discussed with staff to ensure further understanding for staff of caring for a person living with dementia. Where people displayed behaviour as a means of communicating we saw that further guidance was needed to enable staff to respond in a consistent manner. We were informed by the registered manager that there were some communication aids available for staff to use to support people with decision making. However we did not observe these aids being used in practice. The registered manager had carried out a dementia audit to determine if the environment in the home was dementia friendly. Although the dementia audit showed compliance not all the items on the audit were readily available or being used. This meant that this tool had not been fully effective in monitoring the suitability of the

environment for people living with dementia.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Some people we spoke with told us that staff offered them choices in their care and sought consent before supporting them. One person told us that staff, "Always ask for consent." One relative we spoke with confirmed that staff offered people choices and told us, "She can choose- they [the staff] respect that." Staff were able to tell us how they promoted choice in aspects of people's care and described different methods they used to ensure choice was offered. Although staff were able to tell us how they promoted choice we observed some practice around meal times that demonstrated that choice was not always offered in people's care. The process of offering people choices had not yet become fully embedded into the culture of the home.

At our last comprehensive inspection we had identified that improvements were needed in the application of the MCA at the home. At this inspection we saw that the service had improved their knowledge around best interests decisions and had conducted meetings where restrictions on people's care had been identified which were reviewed. Further work was needed around the assessment of people's capacity to make decisions as we found that people had been assessed as lacking capacity without specifying which decision they were unable to make.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where the service had identified that there were restrictions associated with people's care in order to meet the persons care needs safely, we saw that the registered manager had applied appropriately for a DoLs. There were systems in place to ensure that approved DoLS were renewed where appropriate.

People told us that they thought staff had the skills and knowledge to meet their needs. One person we spoke with commented, "I think they [the staff] are well trained, they [the staff] know what they are doing."

At our last comprehensive inspection we had identified that the systems in place to ensure all staff received the training they needed required improvement. At this inspection we found that the registered manager had made improvements to the systems in place and that training was now being regularly provided to all staff. There were systems in place to ensure training was planned for the year which ensured staff received up to date information about key topics that were relevant in their work supporting people at the home. We saw that staff who were new to care work had been provided with the care certificate. The care certificate is a nationally recognised induction course which aims to provide staff with a general understanding of how to meet the needs of people who use care services. Staff told us they were happy with the training they had received and one staff member told us that training courses, "Has given me the skills I need."

Good

Is the service caring?

Our findings

People felt cared for by the staff at the home. People that we spoke with told us, "Yes staff take time to treat me as an individual," and another person commented, "They [the staff team] know me well. Staff are interested in me." Relatives felt their relative was cared for and one relative told us, "This is excellent- the care, I would not want my sister anywhere else."

Staff we spoke with enjoyed their role of supporting people living at the home and one staff member told us, "I really enjoy it. When you know you have helped them [people] it's rewarding." Another staff member told us that the best part of their job was, "Being with the residents and when you can see you've made someone happy."

Some people that we spoke with felt involved in their care and told us that staff knew them well. One person told us, "Yes, they involve me in my care." Some people living at the home could not contribute to the full care planning process due to their healthcare conditions. In these instances relatives we spoke with confirmed they had been involved in planning care around their relatives known likes, dislikes and interests. We saw that these decisions had been documented in care plans which contained important information about the specific needs of the person. Staff were able to tell us how they used this information to support people in the way they preferred. We saw that people's life history had been documented to enable staff to have a greater understanding of people's needs although not all staff were able to tell us about people's life histories.

Support had been given to help people maintain important relationships. Visitors were able to visit the service at any time and when they did so they were welcomed into the home. One relative told us, "We can visit anytime." Where people did not have support from relatives the registered manager informed us of action she had taken to secure an advocate to support one of the people who had lived at the home. This ensured that external support would be available to advocate on behalf of a person where they were not able to fully express their wishes for their care.

We saw the home had considered people's cultural needs. On one of the inspection days we witnessed a service being carried out by the local church. People appeared to enjoy taking part in the singing and listening to the music. These services took place regularly and where people didn't want to attend the group session the faith leader visited people privately where requested.

There were a number of people living at the home who shared a bedroom. We saw that privacy screens were available in people's bedrooms and staff explained these were used in practice to respect people's privacy. We saw that efforts had been made to personalise areas of the bedroom for each person. An extension to the main building was being undertaken to enable people who shared bedrooms to have a bedroom of their own.

People that we spoke with told us they felt staff treated them with dignity and respect. One person commented, "As far as respect, privacy and dignity are concerned they do respect me," and another person

told us, "She [staff member] treats us with respect." Staff we spoke with described actions they took to ensure people retained their dignity whilst being supported with personal care. This included ensuring the person was covered and explaining to people what was happening.

The registered manager was able to provide us with examples of how links had been formed with specialist healthcare professionals to enable personalised care to be provided at the end of people's lives. We saw that people's preferences for the care they wished to be provided at the end of their lives had been documented. A healthcare professional who had supported one person at the home in relation to their end of life care informed us that the home had recognised changes in the persons needs and had acted promptly and appropriately in order to support this person.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection we had identified that there was a need to improve the activities and stimulation available for people both in communal areas and where people were receiving care in their bedrooms. At this inspection we found that the activities co-ordinator had carried out work, in conjunction with other staff at the home, to formulate more structured opportunities for activities for people that had been based on people's known interests. The activities co-ordinator was also in the process of developing new ideas of activities they thought people may like. Where people were receiving care in their bedroom alternative activities had been developed which could be taken to these people to provide stimulation and meaningful occupation. Activities were evaluated to see the success of the activity and reflected to see how things could improve the next time a similar activity was carried out. People we spoke with told us they were happy with the activities provided at the home. One person told us, "I can choose what activities I want. Sometimes there is a church service." We observed a sensory session taking place during the inspection. From people's facial expressions and body language we could see that people were relaxed and enjoyed taking part in this activity.

Care records were reviewed on a monthly basis to ensure they accurately reflected people's current needs. People were not routinely involved in having the opportunity to review their care although we saw that reviews with families took place to reflect on people's care over the last few months. We were informed that some people would not be able to verbally contribute to care reviews due to their healthcare conditions. However no other methods had been developed to enable these people's experience of care to be reflected on or reviewed to ensure it continued to meet their needs.

There were systems in place for staff to share important information about people living at the home. We observed a handover that took place between two staff teams. Information was shared in a private area of the home and each person's current care needs were discussed. This allowed people to receive consistent up to date care and extra monitoring of people's conditions where appropriate.

People and their relatives informed us they felt able to raise any concerns they may have. One relative we spoke with told us, "If there is an issue I can speak to the manager," and another relative commented, "I have no concerns- if I have any issues I just speak to the manager." Where complaints had been received the registered manager had taken action to investigate each complaint. We noted however that records did not consistently reflect if the complainant was satisfied with the response or if analysis of themes of complaints had been carried out to reduce the chance of similar complaints occurring.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led. One person told us, "The manager? Yes she is approachable and so are the staff." Relatives felt involved in their relatives care and were able to comment about the service. One relative we spoke with told us, "We are kept informed all the time," and another relative told us, "I filled a questionnaire and they always ask if I am happy with my care."

There were systems in place to seek feedback from relatives of people who lived at the home. Meetings were held with relatives to enable their views to be sought and to seek ideas of ways the service could be improved further. In addition satisfaction surveys had recently been sent to relatives as a further way of seeking feedback. These surveys were awaiting analysis but we saw that many of the comments made about the service described a positive experience of care people had received.

Although the provider had ensured feedback had been sought from relatives the same opportunity had not been extended to the people living at the home. At our last comprehensive inspection we had identified that this needed to improve. Many of the people who lived at the home would not have been able to complete a survey or participate in meetings due to their healthcare conditions. At this inspection we found that little action had been taken to adapt methods of seeking the views of people to enable their experience of care to be reflected on or to drive improvement within the home. We recommend that the provider seeks guidance about how to support people to express their views and involve people in the delivery of the service through the use of communication aids.

The quality and safety of the service was monitored through several audits that were completed by the registered manager. These audits reflected on certain aspects of care provision and were sent to the provider to enable monitoring to occur. We saw that representatives of the provider carried out monitoring checks to measure whether the service provided was meeting the expected standard. Whilst these systems were in place we found they had not been consistently effective. Quality systems had not identified that some equipment being used by people was not being used safely or that robust assessments of people's needs in relation to using equipment had not been completed. Systems had not routinely monitored the culture of the service and had failed to identify where improvements could be made in the interactions between people and staff. There were no systems in place to ensure current guidance in relation to medicine management or healthcare was followed. Whilst the registered manager had made many improvements within the service following our previous inspections there were areas that still required further improvement.

Staff told us they felt supported in their roles and able to make suggestions for improvements within the home. Staff explained that they felt able to approach the registered manager with any concerns they may have and one staff member told us, "I feel supported and can go to her if I needed to." Staff told us they received supervisions and we saw there was opportunity for staff to feedback their views through various meetings that were held by the registered manager.

The registered manager was aware of their responsibilities for informing the Commission of specific events

that had occurred at the home and had followed requirements to display the most recent inspection rating at the home. The registered manager informed us they felt supported in their role and was currently recruiting for a deputy manager to enable further support to be provided.