

Bupa Care Homes (AKW) Limited

Ardenlea Grove Care Home

Inspection report

19-21 Lode Lane
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West Midlands
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ardenlea Grove is a care home providing personal and nursing care for up to 60 younger adults, older people, people living with dementia and people with physical disabilities. Some people stayed at the home for a short period of time in intermediate care beds (ICU). The ICU beds are for people who are ready to leave hospital but require further assessment to determine their longer-term needs. Fifty-five people lived at the home during our inspection.

People's experience of using this service and what we found

People continued to feel safe living at Ardenlea Grove and they were protected from harm. Risks associated with people's care had been assessed and were managed well. Staff were recruited safely and were trained and competent to carry out their roles effectively.

Medicines management was safe, and people had access to health professionals when required. The staff team worked in partnership with health and social care professionals to ensure people received effective care.

The environment met people's needs and systems were in place to ensure the equipment used and the environment was safe. The provider's infection prevention and control measures were effective.

Staff were caring, and staff spoke fondly about people. The culture at the home was inclusive and people and staff were treated well. People's needs were assessed before they moved into the home. Where possible, people had been involved in planning and reviewing their care.

Staff knew people well and provided care in line with their wishes. Action was being taken to update people's care plans to ensure care was always provided consistently. People's right to privacy was respected and people received dignified care from staff who understood the importance of promoting their independence.

People enjoyed the food and had enough to eat and drink. People enjoyed the range of social activities provided. People were supported to maintain relationships that were important to them and visitors were welcome to visit at any time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People knew how to complain, and systems were in place to manage and respond to complaints in a timely way. Lessons were learnt when things had gone wrong.

Effective systems monitored and continually improved the quality and safety of the service provided. People and relatives spoke positively about the leadership of the service and told us they would recommend the home to others. Staff enjoyed their jobs and felt supported by their managers. People had opportunities to

share feedback about the service they received, which had been used to support improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Ardenlea Grove Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

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

Notice of inspection

The inspection took place on 16 October 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. 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 the registered manager, deputy manager, regional director, regional support manager, two nurses, two activity coordinators, the head house keeper, the head chef, a senior care worker and three care workers.

We reviewed a range of records which included seven people's care records and medicine records and records relating to the overall management at the service including risk assessments and quality assurance records. We also reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe and safeguarding procedures protected people from harm.
- Staff completed safeguarding training and discussions confirmed they would report any suspected or witnessed abuse to their managers.
- The management team understood their legal responsibilities to protect people and had shared important information with the local authority, CCG (Clinical Commissioning Group) and CQC when required to keep people safe.

Using medicines safely

- People spoke positively about how staff administered their medicines.
- Medicines were managed safely. Medicine records had been completed correctly to show medicines were ordered, received, stored, and disposed of safely.
- Guidelines informed staff when 'as required' and time specific medicines needed to be given as prescribed.
- Staff administering medicines received training in safe medicines management and their competency to do so had been assessed.
- Effective medicine checks took place which meant any errors could be identified and addressed promptly.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and records informed staff how to provide safe care.
- Staff understood the risks associated with people's care and knew what to do to take to keep people safe.
- When required, advice from health care professionals such as, the NHS falls team had been sought to mitigate risk. We saw staff followed their instructions during our visit.
- Emergency plans were in place if the building had to be evacuated. Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe.
- The provider had effective systems and processes to check the environment and equipment was safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify and address any trends or patterns to minimise the risks of a reoccurrence.
- There was an open culture in the home and the whole staff team demonstrated commitment to learning lessons when things had gone wrong.

Staffing and recruitment

- Staff were recruited safely, and enough staff were on duty during our visit to meet people's needs. We saw when a person pressed their call bell to summon assistance, staff responded promptly.

Preventing and controlling infection

- The environment was clean and provider's infection prevention and control measures were effective.
- Staff understood their responsibilities to maintain good hygiene standards. They wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Since our last inspection staff had completed more in-depth dementia training. Staff confirmed the training had increased their knowledge and confidence to support people living with the condition. One said, "Training gave me an insight into what life is like for people living with dementia. I provide better care now as I can understand people's frustrations."
- People and their relatives had confidence in the ability of staff to deliver care effectively. A relative commented, "Some staff's understanding of Parkinson's disease is very good."
- Staff developed and refreshed their knowledge through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.

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

- Where possible people and those closest to them had contributed to an assessment of their needs before they moved to Ardenlea Grove. Assessments included information on people's physical and mental health needs, and how they wanted their support to be provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider worked within the requirements of the MCA. However, one person explained they felt they had not been fully consulted when following them experiencing a number of falls a sensor mat was placed in their bedroom to reduce the risk and to keep them safe. The registered manager took immediate action to address this.
- The management team had submitted DoLS applications where needed to keep people safe and had

systems in place to meet and renew any recommendations of authorised applications.

- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People confirmed they had access to health professionals such as, GPs and opticians when required.
- The management team and staff worked in partnership with health and social care professionals to ensure people received effective care.
- The care of people who stayed in the ICU beds was kept under constant review by a multi-disciplinary team. The team including staff from the home met weekly to review people's ongoing care arrangements and to discuss how well people were progressing, so that they could move on to a more permanent home.

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

- People enjoyed the food and told us they had enough to eat and drink.
- Mealtimes were positive for people and we saw staff were supportive and observant. For example, they helped people to cut up their meals, so they could eat independently.
- Meal options reflected people's individual preferences. The head chef made amendments to menus based on people's feedback and suggestions.
- Specialist advice was sought, and outcomes recorded for people who were nutritionally at risk. For example, people who were at risk of choking were provided with soft or pureed foods.

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

- Ardenlea Grove is a purpose-built care home and the environment continued to meet people's needs. For example, the environment was dementia friendly in line with best practice and research.
- There were large communal areas which offered people a choice of where to spend their day and the garden area was accessible for all people to enjoy.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff they knew and described staff as 'kind' and 'friendly'. A relative said, "I have nothing but praise for all staff." They added, "I see how they care for (person), so I know they get very good care."
- Staff enjoyed their jobs and spoke fondly about the people they cared for. One staff member said, "I love our residents, it's hard not to get too attached to them. They are like our family."
- During our SOFI and throughout our visit staff and managers chatted to people about things that were of interest to them. People clearly benefited from this positive engagement.
- The culture at the home promoted equality and inclusion for all. Staff had completed training to help them hold open conversations about sex and intimacy with people to assist in ensuring their needs were met.
- The individuality and diversity of people and staff was recognised and celebrated in various ways such as, the 'Be you at Bupa' dignity board displayed in the reception area. A staff member commented. "This is a place where people can be whoever they want to be."
- The home had consistently scored highly in feedback surveys completed by people and their relatives, including feedback left on independent websites.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People confirmed their right to privacy was upheld. We saw staff knocked people's bedroom doors and waited to be invited before entering.
- People were cared for in a dignified way. In May 2019 a relative had commented, 'Thank you for the care given to our mother in her final weeks. Every member of staff treated Mum with respect and dignity. We cannot thank you enough for the support given to our families and to Mum at this very difficult time.'
- Staff understood the positive impact supporting people to maintain their independence had on their wellbeing. A staff member said, "I really encourage residents to do what they can for themselves. It promotes their self-esteem which makes them feel good."
- People's personal information was managed in line with data protection law.
- Staff respected people's choices and they checked with people before they provided any support including assistance with personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were cared for by a consistent and attentive staff team who understood their needs.
- Staff knew about people's life histories and what was important to them. For example, a staff member knew one person used to be a dressmaker. They described how they used the topic to spark up conversations which had a positive effect on the person's wellbeing.
- Care plans included information to help staff support people in line with their wishes. However, some care plans lacked detailed information to ensure care was provided consistently. The management team had already identified this shortfall and were in the process of updating the records.
- People and relatives, where appropriate, reviewed their care in partnership with the staff. One relative said, "I feel very involved, we have open discussions about (person's) needs."

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

- Previously, some people felt the social activities provided needed to be improved. At this visit improvements had been made and the ethos of ensuring people were able to engage in meaningful activities was embedded. One person said, "Vast improvement in activities. They're very good. Something is on every day. She [activity coordinator] had made a marvellous difference." A relative commented, "Personally, I think entertainment has improved, people enjoy things like the singers, the mad hatter's tea party and cake decorating."
- Staff understood people's cultural needs and how this may affect how they required their care such as, personal care being provided by female staff only.
- People were supported to maintain relationships that were important to them and relatives told us they always felt welcomed whenever they visited.

Meeting people's communication needs

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

- Care plans contained information about people's preferred method of communication and how staff should engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand to help them make choices.

End of life care and support

- People's end of life wishes were documented if they had chosen to share the information.
- The 'Six Steps to Success: improving end of life care in care homes' was embedded at the home. This had supported staff to develop their skills which resulted in high quality end of life being provided.
- A 'supportive care register' was in use. The coordinated approach aimed to have a positive impact on people's pain management, whilst avoiding unnecessary hospital admissions.
- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about a person's clinical care in emergency situations, including cardiorespiratory arrest, in which they are not able to decide for themselves or communicate their wishes.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt comfortable to do so.
- The provider's complaints procedure was accessible. When complaints had been received, they had been investigated and responded to in line with the provider's complaints policy.
- Learning from complaints was shared with staff so they could improve outcomes for people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively about the accessibility of managers and the leadership of the service. One person told us, "Whenever I have raised anything with them (managers) they have sorted things out."
- People and relatives told us they would recommend the home because of the high standards of care and quality of staff. One relative commented, "It's fantastic."
- The culture at the home was inclusive. A relative commented, "It feels like a family." Our discussions and observations demonstrated the whole staff team shared a commitment to providing high quality, outcome focussed care.
- Feedback provided by people and relatives was welcomed and listened to. For example, people had wanted flowers in the garden and people confirmed this had happened.
- People had opportunities to maintain and develop links with their local community. For example, local school children visited and at Christmas time some people who lived alone in the local area were invited to visit the home for lunch.
- The provider sent monthly newsletters to people and staff to communicate any upcoming changes and to share a variety of 'good news' stories.
- Staff received support and guidance through individual and team meetings to guide them with their work and support ongoing development.
- The provider's staff recognition scheme identified good care and encouraged staff to continually develop their skills to benefit people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had been in post for over 10 years and demonstrated a clear understanding their regulatory responsibilities. They were supported by a deputy manager, a team of nurses and a regional director.
- Staff understood what was expected of them and were proud to work at the home. One staff member said, "I feel valued here, morale is high and that makes me feel proud to work for BUPA."
- Staff felt communication at the home was good. They told us they received a detailed handover of information when they arrived for their shift, so they had up to date information about people which helped them to do their jobs well.

- The latest CQC inspection rating was on display in the home and was also available on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider and management team understood their responsibility to be open and honest when things had gone wrong. Learning had been used and shared with staff, to prevent reoccurrence.

Continuous learning and improving care

- Quality audits were effective to identify areas that needed improvement. For example, care plans were in the process of being updated. Audit findings and completed actions were shared with the provider who checked required actions had been taken and improvements had been made.
- The regional director completed monthly compliance assessment visits to ensure the service was meeting the essential standards of quality and safety.
- The registered manager kept their knowledge of legislation and best practice up to date. For example, by attending local manager forums and attending CCG stakeholder meetings.

Working in partnership with others

- The whole staff team worked in partnership with other organisations to improve outcomes for people
 - The home had developed and were supportive of community projects. For example, throughout the year events were held in support of local charities and good causes.
- Throughout our inspection the management team were open and honest and welcomed our inspection and feedback.