

Bupa Care Homes (BNH) Limited

Anville Court Care Home

Inspection report

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Tel: 01902621771

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection was unannounced and took place on 1 March 2016. At the last inspection in July 2015, we found the provider was not meeting the regulations. We asked them to make improvements regarding providing person centred care, obtaining consent to care, providing care to people safely, safe management of medicines, protecting people from abuse, meeting people's nutritional and hydration needs, receiving and acting on complaints, monitoring the care provided to people and the deployment of staff. The provider had submitted an action plan detailing the improvements they planned to make and at this inspection we found improvements had been made and the provider was now meeting the regulations.

Following the last inspection the service was rated as inadequate and placed in to special measures. At this inspection the service had demonstrated improvements and is no longer rated as inadequate in any of the five key questions, therefore it is no longer in special measures.

Anville Court is registered to provide accommodation with nursing and personal care for up to 50 older people including people with dementia and people with disabilities. On the day of the inspection there were 27 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that medicines were not always prepared and administered in accordance with the manufacturer's guidelines. People told us they felt safe and we found they were supported by staff who knew how to protect people from harm. People were supported by sufficient numbers of staff who were available to respond when people needed them. Risks to people's safety had been assessed and care and support was delivered in a way that kept people safe from harm.

People were asked for their consent before care and support was provided by staff. People's capacity had been assessed and recorded so that staff knew how to support people when making choices and decisions. People were happy with the food and drink provided and there were systems in place to ensure people received adequate nutrition and hydration. People were supported by staff who felt they had received training to equip them to do their job. People had access to healthcare when they required it and people's health needs were monitored by staff and any changes were identified and reported.

People told us staff were caring and everyone we spoke to told us their care was good. Staff knew people's personal histories and understood their needs and preferences. People told us they were involved in decisions about their care. People were supported by staff in a way that maintained their dignity and protected their privacy.

People and their relatives told us they were involved in their care planning. People knew how to complain if they were unhappy about the care they received and were confident the provider would listen to their

concerns and take appropriate action. People took part in activities that interested them and a resident's committee had been established to represent the views of people living at the service.

Systems in place to monitor the care provided were effective and identified areas where improvements needed to be made. People, relatives and staff expressed their confidence in the registered manager. People and staff felt able to contribute to the development of the service and the registered manager demonstrated the skills and knowledge required for their role.

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 not always safe.
Medicines were not always administered in accordance with manufacturer's instructions. People told us they felt safe and were supported by staff who knew how to keep people safe from harm. There were sufficient numbers of staff to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective.
People were supported by staff who felt well trained to do their job.
People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs and staff understood their dietary requirements. People had access to healthcare professionals when they needed them.

Good 

Is the service caring?

The service was caring.
People were supported by staff who were friendly and caring. People felt listened to and were involved in decisions about their care. People were supported in a way that respected their privacy and dignity.

Good 

Is the service responsive?

The service was responsive.
People were supported by staff who understood their likes and dislikes and appropriate activities were provided. People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People and their relatives knew how to raise a complaint and we confident any concerns raised would be acted upon.

Good 

Is the service well-led?

The service was well-led.
People were asked to share their views about the care they received. People, relatives and staff expressed their confidence in the registered manager. People and staff felt the home was well

Good 

managed and staff expressed confidence in the registered manager.

Anville Court Care 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.

This inspection took place on 1 March 2016 and was unannounced.

The inspection team included two inspectors, a pharmacist inspector, a specialist advisor who was a nurse with specialism in wound and pressure care management and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with 10 people who lived at the home, six relatives, five staff members and the registered manager. We looked at six records about people's care and support, 12 medicine administration records and quality assurance audits which were completed by the managements and senior staff.

Is the service safe?

Our findings

At the last inspection in July 2015 we assessed that the regulation related to medicines was not being met. We found that people who lived at the home at that time were not protected against the risks associated with the unsafe use and management of medicines. Following our inspection the provider sent us an action plan which highlighted the action they would take to improve. We inspected medicine systems during this inspection and found that some new processes had been put into place to safeguard people against medication related risks, however there were still some areas where improvements needed to be made.

We found that where people had to have their medicines administered to them through a tube in their stomach, the necessary safeguards were not yet in place to inform staff how to prepare and administer each medicine safely. The provider had started to put a protocol in place to ensure this information was available to the nurses but currently it did not have sufficient information included and it had only been completed for one person. We saw that some people required pain relief in the form of a patch. We found clear records that showed where and when the patch was applied but the patches were not being applied in accordance with the manufacturer's instructions. This meant that people may not get the pain relief they need or suffer unnecessary side effects.

The Pharmacist inspector reviewed the management of medicines including the Medicine Administration Record (MAR) charts for twelve people. The records showed which medicines had been administered and that people always had access to their medicines on time. People that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given which meant people would be given their medicine consistently and at the times they needed them.

Medicines were being stored securely, and at the correct temperatures, for the protection of service users. Controlled drugs were stored and recorded correctly, and regular checks had been carried out.

At the previous inspection in July 2015 we found the provider was not meeting the regulations regarding identifying and reporting potential abuse. At this inspection, on 1 March 2016, we found the provider had responded to the concerns raised and was now meeting the regulations.

Staff understood their responsibilities in recognising and reporting suspected abuse and knew to raise concerns with both the registered manager and other external agencies if necessary. One staff member told us, "If I had concerns I would go to the registered manager or the person in charge at the time. We've got the phone number for the local authority and CQC if we need to escalate any concerns." Another staff member told us they had reported concerns in the past and said the way in which the provider had dealt with this had given them confidence to report any future concerns. We spoke with the local authority safeguarding team who advised that the service was now contacting them if they had concerns that people might be at risk of harm.

At the last inspection in July 2015 we found the provider was not adequately deploying staff to provide people with personalised care in a timely manner. At this most recent inspection we found the provider had

responded to the concerns and staff were now available to provide care and support in a way that met people's needs as and when they needed it.

People told us there were staff available to assist them when they needed them. One person said, "We have enough staff, there is always someone to help you." A relative told us, "There is always someone around; the care has improved a lot." We spoke with staff to understand their views on the staffing levels. One staff member told us, "It's completely changed from before. Call bells are answered as quickly as possible and people are spending less time in their rooms." The registered manager told us the provider had recruited more staff than were currently required at the service. This was to cover any staff absence and to also ensure there were enough staff to support any new people moving in to the service. We found that there were sufficient staff to support people in all aspects of their daily living, for example when people chose to eat their meals in the dining room there were staff on hand to assist those who needed help with their food.

All of the people we spoke with told us they felt safe. One person told us, "Of course I feel safe." We asked relatives how they felt about their family member's safety and one relative told us, "It's all very safe, they are careful with [person's name]." Where people were not able to express their views we saw they appeared comfortable and relaxed when in the presence of staff members. People were protected from harm by staff who knew how to recognise possible signs of abuse.

We saw that the provider used risk assessments which helped to ensure people's care and support was delivered in a way that kept them safe from harm. A number of people living at the service required assistance with their mobility. We found that risks had been assessed in relation to safely transferring people using a hoist and that these risks were reviewed regularly. We saw people being hoisted by staff members and found they were following the guidance detailed in their care records. The registered manager told us that any changes to people's needs that may present a new risk were discussed with the staff team during handovers and staff we spoke with confirmed this. The registered manager had oversight of all ongoing concerns to people's safety and was able to explain to us how they had identified any patterns or trends in relation to accidents and incidents to prevent them from reoccurring.

Is the service effective?

Our findings

At the last inspection in July 2015 we found the provider was not appropriately assessing people's capacity to make decisions about their care. At this most recent inspection we found the provider had responded to the concerns and capacity assessment had been carried out where appropriate.

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. We found assessments had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and shared with the staff team. Staff we spoke with demonstrated a good understanding of people's individual capacity and shared examples of decisions people were able to make for themselves. People's care records reflected that people and their relatives had taken part in best interests meetings to ensure they were happy with decisions made about their care and support. For example, when considering whether the use of a pressure sensor mat may be appropriate.

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. We found that 10 people currently living in the home had a DoLS authorisation in place and the registered manager and senior staff had a good understanding of their responsibilities in this area. However not all of the staff we spoke with had received training in DoLS, but because they followed guidance in people's care records they did not act in a way that unlawfully restricted people.

At the last inspection in July 2015 we found the provider was not ensuring people received adequate food and drink to maintain their health. At this most recent inspection we found the provider had responded to the concerns and people were now receiving appropriate levels of nutrition and hydration and were also happy with the food.

People told us they were happy with the food and drink they were offered. Some of the comments we heard about food were, "There is variety", "It's well presented", and "The food is great." Relatives were also positive about the food their family members received. One relative said, "They realised [name of person]'s taste had change, so they are always creative with the meals and checking what they prefer". Another relative told us the staff were aware of their family member's cultural requirements around food and provided appropriate meals. We saw that people had been supported by staff to become more independent with their meals. One person told us, "I had a stroke and was fed through a tube. I requested to be gradually taken off, now I feed myself, with a little help." People told us there was always plenty to drink and said they asked staff if they wanted any more. We looked at records relating to fluid intake and saw people were receiving the amount directed by a healthcare professional.

Everyone we spoke with felt staff had appropriate skills and knowledge and were trained to be able to meet their needs. One relative shared with us how impressed they were with the staff who had been proactive in caring for their family member when they first began living at the service, particularly focusing on pressure care. One staff member told us "I have had lots of training recently; it has shown me a better way of doing things." Another staff member told us they had recently undertaken some training in pressure care and said this enabled them to be more proactive when assessing people's skin integrity. Other staff shared examples from training they had received in care planning and PEG feeds. We observed that staff had a good knowledge of people's needs and understood how to best support people. For example during mealtimes we saw staff knew how people who were supported to eat liked their food and they took time to explain things and support them appropriately.

Staff told us they received supervision and support from senior staff, the clinical lead and the registered manager. We observed the registered manager had a presence throughout the home on the day of the inspection and knew people by name. We saw there was a programme underway to develop the skills of the senior care staff and staff we spoke with told us they thought this was valuable. Support was also provided through regular handover meetings which enabled staff to be kept up to date with people's individual and sometimes changing needs. One staff member told us, "When we get feedback now, it doesn't feel like criticism. [Name of registered manager] has made working here much more positive."

People told us they were asked for their consent before care and support was provided by staff. One person told us, "They always explain first and ask if it's ok." A relative said, "They [staff] are very patient, they come close and make sure they are heard, to check if it's ok". Throughout the inspection we observed staff asking people for their consent, including whether they were happy to move to another room for a meal, where they would like to sit, and if they wanted to take part in organised activities.

People's healthcare needs were monitored by staff and there were systems in place to ensure that staff were able to identify a change in people's healthcare needs. People told us they were able to access relevant healthcare professionals when they needed them. One person said, "The doctor has been and the optician is organised for me too." We saw that where there were specific instructions in people's care records staff were aware of these and followed the guidance when providing care. For example where people required regular repositioning to protect their skin we saw staff were doing this as directed by the tissue viability nurse (TVN).

Is the service caring?

Our findings

At the last inspection in July 2015 we found people's care and support was not always delivered by staff in a caring way. At this most recent inspection we found that improvements had been made.

People told us staff were caring and everyone we spoke with described their care as good. One person said, "They [staff] are genuinely caring, they do help me a lot along the way". Another person told us, "They do really care, it's the way they speak and the way they look at you". We found there was a light heartened atmosphere and the laughter and singing in communal areas of the home indicated people were happy and relaxed.

We saw that staff had good relationships with people and knew their personal histories. One person told us, "They all know me very well". Another person said, "I've been here for three years, I know them [staff] and they know me and listen to my needs. One staff member told us, "I think it's important to smile a lot. There is a lot of laughter". Staff were able to tell us about people's likes and dislikes and their preferences for activities and interests. We saw that staff responded to people in a caring way and reassured people when they were showing signs of anxiety. People told us staff encouraged them to be as independent as possible. One person said, "They [staff] act on what they say, during a bath for example. They let me wash myself and they do my back".

People and their relatives were involved in decisions about their care and support and people told us they felt staff listened to them. One person said, "Staff listen to me, I wouldn't have it any other way." Relatives told us staff knew them by name and welcomed them when they visited. People told us staff treated them with respect. One person said, "They [staff] are the best, very respectful". Another person told us, "The staff have patience and speak to you nicely; they ask 'can I get you anything?'". A relative commented on how they had observed people being supported by staff during one of their visits; "They address everyone by name and they let people walk slowly and gently guide them".

We saw examples of staff maintaining people's dignity in the way they supported them. For example ensuring bedroom and bathroom doors were closed when in use, and being discreet when asking people about personal care. We also saw staff knocked on people's doors before entering their rooms and were keen to allow people their own time and space.

Is the service responsive?

Our findings

At the inspection in July 2015 we found the provider was not completing appropriate assessments of people's needs. At this most recent inspection we found people and their relatives were contributing to the planning of people's care and improvements had been made to care records meaning staff knew and understood people's personal preferences.

People and their relatives were involving in the planning of their care and support. Some people told us they were aware of their care plan while others told us their family members were involved and acted on their behalf. Relatives consistently told us they were involved in the care planning for their family members. One relative said, "We had a meeting to discuss [person's name]'s needs". Another relative told us their family member's care records were reviewed whenever their needs changed. We saw there were systems in place to regularly review people's care records to ensure they were relevant and up to date. Staff were able to tell us how they would identify a change in someone's needs, for example a change in how they responded when asked a question. We saw people's care records had been regularly reviewed and updated when changes had taken place.

People told us there was a 'resident of the day' system, which they enjoyed as staff came to "have a personalised chat". The registered manager confirmed that this was one of the processes they used to review people's needs.

At the inspection in July 2015 we found the provider was not investigating and responding appropriately to complaints. At this most recent inspection we found the provider had systems in place to effectively manage complaints. We also found that people who had raised concerns had been happy with the outcome reached by the provider.

People told us they had no need to complain about the care they received, but knew how they would raise concerns if they needed to. One person told us, "I have never complained but I can speak to the manager if there is a problem". Relatives also knew how to raise concerns, one person told us, "If I have any issues I just speak to the manager, they are approachable". Another relative told us they had raised concerns in the past and these had been resolved to their satisfaction. We looked at the log of recent complaints and found there were systems in place to ensure complaints were investigated and responses provided to the complainants. We saw looked at two complaints that had been received in the months prior to the inspection and found both of these had been resolved and the complainant had been happy with the outcome.

People told us and we saw that activities took place on a daily basis. People were able to tell us how they had been encouraged by staff to take part in activities that interested them. One person said, "I like to knit and they always bring me some wool". Another person told us the staff brought them magazines as they knew they enjoyed reading. People told us they went out on trips and visits in the warmer months and they enjoyed other activities within the home, for example exercise classes, baking and bird watching. We spoke a member of staff who told us that there had been lots of improvements since the arrival of the new registered manager in July 2015. They explained how more activities were now being offered and there was the opportunity for people to engage in meaningful activities on a one-to-one basis if they preferred. Staff

told us the residents had recently requested a film night, so this had been arranged. We were told by people and staff that a residents' committee had recently been established and this was one way that people could contribute to the programme of activities offered. People also told us a new pub style room was currently under development and we saw that this was near to completion at the time of the inspection.

Is the service well-led?

Our findings

At the inspection in July 2015 we found the provider was not completing adequate audits and monitoring to ensure people received adequate and appropriate care. At this most recent inspection we found systems to monitor the standard of care provided had been introduced and these were effective in identifying areas of improvement. Where shortfalls had been identified we saw the provider had plans in place to drive improvement and raise the standard of care provided.

The provider had systems in place to monitor the quality of care provided. We saw that the registered manager and senior staff members carried out regular audits and a 'service improvement plan' clearly outlined the areas of the service that needed to be developed or improved. We saw the registered manager tracked the progress of any safeguarding referrals, or DoLS applications and took action where necessary to progress these. The registered manager shared with us how these systems gave them an opportunity to identify any patterns or trends in incidents or accidents which meant they could act to reduce the likelihood of them happening again. Other audits included health and safety, a sling audit, fragile skin tracker and bed safety assessments. The registered manager told us they felt the provider was supportive of the changes they had made and was available to offer support when needed.

People told us they felt actively involved in the development of the service. One person said, "We, the committee represent residents and take forward recommendations". Another person told us, "The manager is approachable, it's a happy place." People and staff told us there was an open culture and ideas and input were welcomed by the registered manager. Staff also felt they were listened to, and could contribute to the on-going development of the service. One staff member said, "I feel as though everyone is working together now". The service had experienced a number of changes since the last inspection and staff were very positive about the changes and expressed their support for the registered manager. One staff member told us, "It is a much more positive atmosphere, we are all supported through the changes, they are explained to us now".

Staff told us they were able to give feedback through team meetings as well as informally by speaking directly with the registered manager. One staff member said, "We get positive and negative feedback, but it's supportive too. We are getting a lot of support and we are more involved". Another staff member told us how they had been supported by the registered manager and described them as "an inspiration".

The registered manager, who had been appointed shortly after the last inspection, was present in the home on a regular basis and people, relatives and staff all knew who they were. Relatives told us they could contact the registered manager whenever they needed to and were happy they were asked to participate in meetings and care planning. One relative told us, "They never take decisions without involving me", and another relative said, "The consultation is on-going". We saw that the registered manager had a good understanding of people's needs, and people were comfortable engaging with them. We spoke with the registered manager who explained the changes they had made since the last inspection. They were honest about the improvements that had been required and were confident they had made positive improvements to the service. The registered manager demonstrated a strong understanding of their responsibilities as a

registered person. We reviewed the information we held about the provider and saw they had notified us of things they were required to do so by law.