Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ardenlea Court Nursing Home

Bucknell Close, 39-41 Lode Lane, Solihull, B91 2AF

Tel: 01216672853

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (BNH) Limited
Registered Manager	Mrs. Kim Brown
Overview of the service	Ardenlea Court nursing home is registered to accommodate a maximum of 60 people. The ground floor of the home is used by people who require nursing care for physical conditions and palliative (end of life) care. The first floor is home to people who need nursing care for dementia related conditions such as Alzheimers.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Ardenlea Court Nursing Home had taken action to meet the following essential standards:

- Cleanliness and infection control
- Staffing

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 3 September 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

We visited Ardenlea Court to follow up on concerns we raised about afternoon and early evening staffing levels in the dementia unit. We also followed up on a previous recommendation regarding infection control training for staff.

We saw that the service had carried out the action plan they sent to us which set out how they were going to address the issues identified. This included providing an additional member of staff for the afternoon shift.

We spoke with two staff. They told us that the additional staff support in the afternoon had helped them provide more effective care to people with dementia.

We spoke with three people living with dementia. One person told us the staff were, "very good". Another said, "On the whole (the staffing) is very good". A third person told us, "It's wonderful, we have a wonderful leader capable of answering all my questions".

Since our last visit the home had been refurbished and decorated. We spoke to one relative who told us they were pleased with the changes. The person they visited now had a patio door which could be opened to the garden. We noted attention had been paid in the design to help people with dementia. For example, hand rails and door handles were painted different colours so people could easily see them.

We looked at the cleanliness of the home. We were satisfied there were good systems in place to support the health and hygiene of people living at Ardenlea Court.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

During a previous visit we were satisfied the service maintained appropriate standards of cleanliness and hygiene but we noted not all staff had undertaken training in infection control measures. We checked whether this was still the case. The manager confirmed to us that all staff who were working at the home now had up to date training in infection control.

During this visit we observed the home to be clean and tidy. We noted there continued to be good systems in place to ensure that all areas of the home and the equipment used was cleaned effectively.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At our last inspection we raised concerns about staffing levels in the dementia unit. We were concerned there were insufficient staff to meet people's needs during the afternoon and early evening shift. The day after our inspection the organisation increased by one the number of staff rota'd to work in the dementia unit for the afternoon shift. During our visit we spoke with two staff who told us that the extra member of staff had helped them provide more effective care.

At our last inspection we were told by relatives they had concerns about staffing levels at the week-end. We were told that the week-end rota had the same staffing levels as during the week, but it could be difficult to cover shifts if staff phoned in sick. As part of their response to the inspection, the manager told us they would monitor staff absences to see if there were any emerging patterns. We discussed this with the manager during our visit. They had identified difficulties for one member of staff being rota'd on the week-end shift and had resolved this. They felt that having resolved this issue and having the additional person on the afternoon shift meant that staffing at week-ends was no longer a concern.

At our last inspection we noted that hours available to provide activities for people had been cut by the organisation. The day after our inspection we were informed the contracted hours for the activity co-ordinator had been increased to enable them to provide activities seven days a week. During this visit we looked at the activities that people on the dementia unit had been involved with. We saw there had been a number of one to one activities that had taken place. These included reminiscence in the garden, hand manicures, hand massages, support to read newspapers and magazines, and one to one discussions.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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