

Bupa Care Homes (ANS) Limited

# Alveston Leys Care Home

## Inspection report

Kissing Tree Lane  
Alveston  
Stratford Upon Avon  
Warwickshire  
CV37 7QN

Tel: 01789204391

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18 April 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Alveston Leys is registered to provide accommodation, nursing and personal care for up to 60 people, including people living with dementia and a physical disability. At the time of our inspection visit there were 32 people living at the home. Care is provided across three floors that included a residential and nursing unit. A communal lounge and dining area are located on the middle floor. People's bedrooms are ensuite and there are further communal bathroom facilities located on each floor.

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

People were complimentary about the quality of the care and support they received. Some people felt staff went above and beyond which helped them to feel well cared for. People gave us positive comments about the management of the home.

People told us they felt safe. Staff understood their safeguarding responsibilities to keep people protected from poor practice. Staff were aware of the signs that might indicate a person was worried or anxious and how these could be an indicator of potential abuse or discrimination.

People received their medicines safely. People who required 'as and when' medicines had a protocol in place to tell staff, when, how and at what dose, these medicines should be given safely. Medicines were stored safely, and people received their medicines from staff who were trained and competent. Any medicines people required at specific times were administered when needed.

The provider continued to follow safe recruitment processes and staff told us they were trained and competent to complete tasks.

Risks were assessed and updated to ensure staff supported people with the right levels of care. We found some improvements could be made to ensure staff had enough information to support safe diabetes care on the residential unit of the home. This was addressed immediately during our inspection visit.

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.

Most people told us they felt there were enough staff on duty to meet their needs. However, some people felt staff did not always arrive promptly when they called for assistance. Reliance on agency staff had reduced and people felt staff response was better, but still needed improving. During our visit we heard alarm bells were ringing for periods of time. We discussed this with the registered manager who agreed to investigate this to assure themselves there were enough staff at key points of the shift.

The registered manager and provider completed regular audits and checks, including clinical, quality and

environmental checks. We found when some of those checks were delegated to others, there was limited scrutiny to ensure those checks were completed correctly and any improvements were addressed. The provider contacted us after our visit and plans to address improvements for some environmental checks had commenced.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 06 February 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about the standards of care and staffing levels within the home. We had not inspected for some time, so a decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has stayed the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alveston Leys on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement 

# Alveston Leys 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection visit was completed by 2 inspectors, 1 specialist advisor and 1 Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

#### Service and service type

Alveston Leys is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Alveston Leys is a care home with nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection visit was unannounced.

#### What we did before inspection

We reviewed the information we held about the service, such as feedback from people and their relatives, statutory notifications, as well as any information shared with us by the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people and 5 relatives about the service provided to get their experiences about the quality of care. We spoke with 4 members of care staff, 2 nursing staff, 1 maintenance person, a deputy manager, the registered manager and a quality manager. Following our visit, we spoke with an operations director.

We reviewed a range of records. This included examples of 6 people's care records, samples of medicine records and associated records of people's care and support. We looked at records that related to the management and quality assurance of the service and risk management. We reviewed 2 staff recruitment files.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks for people were assessed, managed and reviewed.
- For people identified at risk of falling, there was a designated member of staff who led on the management of falls risks within the home. Risk management plans identified contributory factors which may increase the risk of falls, and informed staff how they should support people to keep them safe.
- Staff knew the signs that may indicate a deterioration in a person's health. They told us they would immediately report any issues to the nursing staff, knowing they would be listened to. One member of care staff told us if a person had redness or bruising, "I would inform the nurses because it is our duty of care to look at their skin integrity and give the nurses that information."
- Staff told us information was shared at handovers between shifts, so they knew the care people needed that day. For example, if people needed to be encouraged to drink more to keep them hydrated. One staff member told us, "Communication here is very good, we are very on top of things. When the nurses give handover, you get a lot of information from that. We are always communicating throughout the day."
- We found some improvements could be made to ensure staff had enough information to support safe diabetes care on the residential unit of the home, and how thickener to thicken fluids was stored securely. This was addressed immediately during our inspection visit.

### Using medicines safely

- Medicines were managed safely. People told us staff explained what they were administered and why. Comments included, "They are good with my medication, they are kind and helpful and it is on time" and "My [Relative] takes lots of medication, they give their medication on time, and they manage them safely."
- Staff told us they received medicines training and their competency had been assessed to ensure they put their training and knowledge into practice.
- Staff told us they completed regular checks on stock counts of medicines to ensure any errors were identified quickly.
- Regular checks helped minimise the risk of errors.

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

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Where people's capacity to make a specific decision was questioned, assessments of their capacity had been completed.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The provider ensured staff were recruited safely and were suitable for their roles by conducting relevant pre-employment checks.
- We reviewed two staff recruitment files and saw appropriate references and their Disclosure and Barring Service (DBS) checks. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager regularly reviewed people's levels of need to identify the safe numbers of staff required to deliver safe and effective care.
- Staff told us there were enough staff to provide people with the care outlined in their care plans and support them safely. One staff member told us, "I have no concerns with staffing levels."
- However, during the day of our inspection, we were aware some people used their call assistance alarm to request help, and some calls for help were not always answered in a timely way. Two people raised concerns with us saying there was a delay in staff responding to them on occasions. We discussed this with the registered manager and the provider who agreed to assure themselves by reviewing staff numbers and key times of the shift when a delay may occur.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on visiting and people were supported to receive visitors when they wished in line with current guidance.

#### Learning lessons when things go wrong

- Reviews of accidents and incidents regularly took place so any patterns or trends could be identified, and appropriate measures taken, to limit reoccurrence.
- Staff told us when things went wrong for people, learning was shared with them to make improvements.



# 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 requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We reviewed examples of completed audits and checks. We found some of these checks were more of a tick box exercise rather than driving the changes needed. This was because staff who completed checks, did not demonstrate they had the right level of understanding to identify improvements within their checks.
- For example, maintenance staff ensured fire safety and window restrictor checks were completed, yet we saw these checks failed to identify potential safety issues. In some cases, fire doors did not shut correctly, or window restrictors were not the correct type. The operations director spoke with us immediately after our visit. They confirmed those safety improvements would be completed within three days of our visit.
- Housekeeping checks and kitchen checks were completed; however, cleanliness of communal kitchenette areas fell short of expected standards.
- One tub of thickener was left out in a communal kitchenette area but checks to ensure it remained effective and in date, such as stating a 'date opened' were not done. Prescription labels, care plan records and fluid records were not consistent with each other to show, what thickener this person required. Speaking with staff, we were confident staff did thicken drinks safely. Audits for these issues had been completed but they had not identified the issues we found.
- The registered manager told us they would make improvements where needed. For example, we discussed the call bell alarm audit and how cross checking with other available records, would support decisions if further interventions were needed. The registered manager agreed to do this which would help support their staff dependency decisions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People and relatives said they felt well cared for and involved in daily decisions. Everyone was complimentary about the service they received. Comments included, "Excellent care, kind and caring", "The care is second to none" and "The care here is the best, nothing is too much trouble."
- Some people told us they did not like the food, however this was improving. One person said, "We brought this up at a residents meeting, they have a new chef, and the quality is improving."
- Staff told us the registered manager was very supportive which created a positive atmosphere within the home. Comments included: "The manager is very supportive and happy to listen to anyone about anything. Having positivity from the management actually has a positive impact on staff morale" and, "The manager is lovely and very helpful. If I ever have a problem, I can always go to her. Her door is always open which feels welcoming, and she is very on top of things."

- Staff told us there were regular meetings where they could make suggestions that would be listened to. One staff member told us they felt staff needed further training in modified diets and this had recently been implemented. They added, "We have team meetings and staff meetings, and we can all contribute, and it is all taken on board."
- Staff told us they were encouraged to undertake further training so they could develop their careers within the provider group. One staff member told us, "I have been here a year and I am already doing my level 4 (qualification in health and social care) and am also being pushed to go through risk and governance training so I can do audits."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working with in partnership with others

- People told us they saw health professionals when required which promoted their care and wellbeing. One person told us, "The team work well with the GP and ensure the right actions are taken."
- People and relatives comments showed they were treated well, and their support was personalised to them.
- People and relatives said they could raise any issues and they were confident they would be listened to. We asked people if they felt they knew what was happening in the service. Comments included, "Yes. The management communicate, they have regular family meetings" "I am always informed about what is happening in the home and have been to a family/friend meeting" and "Yes (listened too) and more importantly I can help change it."

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

- Where complaints had been made, responses were sent and if people remained unhappy, internal processes told people how to escalate their concerns if they remained dissatisfied.
- The provider had met the legal requirements to display the service's latest CQC ratings on their website and in the home. When required, the provider sent us notifications for notifiable events.