

Anchor Trust

Bilton Court

Inspection report

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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 

Overall summary

Bilton Court is a care home providing care and support for up to 48 older people, some with dementia and some with a physical disability. It is situated on a residential estate on the outskirts of the town of Wellingborough in Northamptonshire. On the day of our visit, there were 42 people living in the home.

The inspection was unannounced and took place on 6 May 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living in the service. This was also confirmed by the relatives that we spoke with, who said that staff kept their family members safe and free from harm.

Summary of findings

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Systems in place had been followed and appropriate action taken to keep people safe, minimising any risks to health and safety.

Risk assessments within people's care records were completed accurately and reviewed regularly. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

Staff told us that they were not allowed to commence employment until robust checks had taken place in order to establish that they were safe to work with vulnerable people. There were adequate numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities of their choice.

Medicines were managed safely and the systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

There was a positive culture within the service that was demonstrated by the attitudes of staff that were supported through a system of induction and training based on the needs of the people who lived there.

Staff understood the processes in place to protect people who could not make decisions. Where people lacked the capacity to make decisions, we found that best interest meetings were held and details documented in people's care records.

People told us that the food they had was good and they had sufficient quantities of it. They also said that they had a good choice of meals and were able to get snacks and fluids throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were relaxed, comfortable and happy with the staff that supported them. Staff talked with people in a friendly manner and they assisted people as required, whilst encouraging them to be as independent as possible.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored.

People felt that staff maintained their privacy and dignity and respected them as individuals.

Staff said that communication in the home was good and they felt able to make suggestions. There were regular meetings for staff which gave them an opportunity to share ideas and give information about possible improvements to the registered manager.

People and their relatives told us that they knew who to speak to if they wanted to raise a concern. They were happy with the service provided and how staff provided their support. There were systems in place for responding to complaints.

The service was led by a registered manager who had good support from the provider. It was evident that staff strived to provide good quality care for people and took the chance to learn lessons so improvements could be made in the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. Staff had been trained in safeguarding and knew how to report any concerns regarding possible abuse.

Recruitment systems were in place to ensure staff were suitable to work with people.

People received support to meet their needs because the staff rotas were arranged by the manager to ensure safe delivery of care. There were sufficient numbers of staff to meet people's needs.

We found the systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Good



Is the service effective?

This service was effective.

Staff were well supported through a system of regular training, supervision and appraisal.

People were provided with a choice of food and drink and were given support to eat and drink when this was needed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to health and social care professionals to make sure they received effective care and treatment.

Good



Is the service caring?

The service was caring.

There was a calm and friendly atmosphere within the home.

People were treated with kindness and compassion and staff engaged with them in a positive manner.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

People were able to make choices about their day to day lives and the care given was based upon their individual preferences.

Good



Is the service responsive?

This service was responsive.

Care plans were personalised and reflective of people's individual needs.

Staff told us that this enabled them to know how people wanted to be supported.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Good



Summary of findings

Systems were in place so that people could raise concerns or issues about the service. People told us that they would be listened to if they had any issues.

Is the service well-led?

This service was well led.

We found there was an open culture within the home. Staff told us that the manager was approachable if they had any concerns or suggestions.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people and helped the service to continually improve and develop.

People and their relatives were able to comment on the service provided to influence service delivery.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

Good



Bilton Court

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 6 May 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities. We also 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 ten people who used the service and one healthcare professional. We observed a further 11 people who were unable to communicate effectively with us because of their complex needs. We spoke with the registered manager, and seven care staff. In addition to this we also spoke with the administrator, chef and one member of domestic staff.

We looked at 14 people's care records to see if their records were accurate and reflected people's needs. We reviewed recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us that they felt very safe with all aspects of their care. One person said, “Before I came here I could tell you I did not feel safe. Well I do now.” Another person told us, “I know that I am safe because the staff protect me.” People were aware of how to report any concerns about their safety. One person said, “I would always tell staff because I know that they would help me.” People were confident that their support was provided safely and they felt safe and secure within the home environment.

Staff were all focused on keeping people safe and told us that if they suspected any abuse, they would report it to the registered manager or deputy manager. They demonstrated a good understanding of the different forms of abuse and were aware of the process to follow in reporting concerns. One carer said, “I would pass any information of concern onto the managers. They make the referrals.” Another carer told us, “I would report to my manager but if it were the manager I suspected of abuse, I would go to the company or the local authority.” Staff knew the lines of reporting in the organisation and felt confident that any concerns they raised would be dealt with effectively. We found that they would raise any concerns to management or with external agencies such as the local authorities or the Care Quality Commission (CQC) should this be appropriate.

The registered manager had taken reasonable steps to identify abuse and prevent this from happening within the home. We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed that staff had received training in safeguarding, and that the service followed locally agreed safeguarding procedures.

Risks to people’s safety had been assessed and included those associated with malnutrition, pressure damage and falls. Staff told us that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks to individuals. Staff also said that risk assessments were reflective of people’s current needs and guided them as to the care people needed to keep them safe. We found that individual risk assessments had

been completed for people and were updated on a regular basis. Examples were specific to each person and we found that each assessment had guidance for staff to follow which helped ensure that people remained safe.

The registered manager told us that individual evacuation plans and general risk assessments were in place for people using the service. Records confirmed this to be the case and we found that there were also plans in place to deal with any foreseeable emergencies which may affect the running of the service. It was evident that these processes were in place to minimise the risks to people’s and staff safety.

People who used the service told us they thought there was sufficient staff on duty. One person said, “Yes, I do think there are enough of them. I would imagine more would be nice as they are always busy but they get things done.” Staff confirmed that there were enough of them to attend to people’s needs as long as they turned up to do their shift. One carer said, “Things have improved and we don’t seem to need to use agency staff now.” They went on to tell us that many of the staff were happy to do additional shifts if staff were off sick. Another carer told us, “Staffing has definitely improved. We get done what we need to and it is really good when we have six on duty.” The registered manager confirmed that a recruitment drive was going to take place in June so that additional staff could be employed. This would help with covering annual leave and periods of sickness. Our observations confirmed that there was sufficient staff on duty, with appropriate skills to meet the needs of people, based upon their assessed dependency levels.

We spoke with a member of staff who had recently been recruited and they told us that they were not able to start work until their recruitment checks had come back. The registered manager told us that relevant checks were completed before staff worked unsupervised at the home; these included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. Recruitment records confirmed this and it was evident that the service was carrying out appropriate checks and that the service followed safe recruitment practices.

People told us that they received their medication when they needed it. One person told us, “If I need my tablets I get them. The girls are good at asking if I need any painkillers.” Another person said, “I am so grateful they

Is the service safe?

know all about my medication because I would forget to take it.” Staff told us that they had received medication training which was important, as it enabled them to understand the importance of making sure people got their prescribed medication. One carer said, “It is vital we get it right.”

Each unit had its own medication trolley which was stored securely in a store room, which was kept locked at all times when not in use. Medicine fridges were kept at an appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drug stocks were checked by two staff to ensure medicines had

been administered as required. We observed staff administering medication in a relaxed manner, taking time to check things to ensure people got the right medication and were happy. Medication Administration Records (MAR) charts had been completed correctly and there were no omissions of the staff signatures that confirmed the staff had administered the prescribed medication. Where a variable dose had been prescribed, staff recorded the dose given on the back of the MAR chart. We found that staff carefully recorded the medication being received into the home and carried forward any remaining stock. It was evident that medicines were managed in a safe manner.

Is the service effective?

Our findings

People told us that they felt staff had the right knowledge to provide them with good care and support. Everybody was happy with the care they had and told us that it met their needs. One person said, “They just know what help I need and do it, it’s great.” Another told us, “They never get flustered, and they always know what needs to be done.” Staff worked hard to provide good care for people which met their needs.

We spoke with a carer who had not worked in care before. They told us they had received a thorough induction and were not expected to work alone until they felt confident. Another carer told us about their induction which also included a period of shadowing an experienced carer. They said, “There is always someone to ask.” We spoke with other staff members who confirmed this and told us that there was an effective induction system in place that ensured new staff were competent to work unsupervised.

Staff told us that there was a wide variety of training available, both in house and by e-learning. Training included safeguarding people, infection control and moving and handling. One carer said, “I think we do get the right training for the people who live here, it keeps us up to date.” Additional training was also offered to staff in subject areas relevant to their roles and responsibilities. This included dementia and dignity in care for others. Some staff told us they were also supported to complete National Vocational Qualifications (NVQs) in Health and Social Care which they thought helped them to provide good quality care and support. The registered manager told us that there were plans for staff to undertake End of Life training to equip them with the skills to support people who may choose to remain in the service for the end of their life. We found evidence that regular and on-going training was completed. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people.

Staff said they received regular supervision which included observations of their practice. They told us that they had the full support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled. One said, “I am

asked in each supervision about how I am getting on, and if I need any training.” We saw that the registered manager assessed and monitored staff skills, and took action to address issues when required.

People were keen to tell us that staff always gained consent from them before providing support and care. One carer said, “We always ask people before we do anything to them.” We observed this in practice during our inspection, with staff asking people about their care and how they wanted things done before supporting them. Staff were aware of the importance of gaining consent from people before providing any intervention.

Staff understood the basic principles of the Mental Capacity Act (MCA) 2005. Carers described how they supported people to make decisions that were in their best interests and ensured their safety. They were aware that any decisions made for people who lacked capacity had to be in their best interests. For example, in the care records where it was considered in the person’s best interest to have bed rails in place, this was supported by a risk assessment and an agreement to these being used as they could be considered a form of restraint. The registered manager told us that applications for Deprivation of Liberty Safeguards (DoLS) had been made where someone’s freedom may need to be restricted if they require more care and protection than others. The records we reviewed confirmed this.

People told us they enjoyed the food on offer within the home and said that they had a lot of choice. One person said, “We are given the choice of two meals and if we don’t like them there is always something else.” Another person said, “Food is always good.” People told us that they had access to food and drink during the day and night and received support from staff when required.

We completed some observations over lunch time and found there was a supportive atmosphere between staff and people during meal times. Staff allowed people to eat at a pace that was appropriate for them and ensured that people liked their meals and whether they had enough to eat. Drinks were accessible for people to help themselves and for those who could not; we saw that staff supported them in a timely manner.

Staff told us that assessment and monitoring tools were used to identify changes in people’s health and wellbeing in relation to nutrition. For example we saw that people

Is the service effective?

were weighed regularly; and a new spread sheet had been devised so that people's weight could be monitored more easily. Where people had specific healthcare needs, staff were aware of the level of support people needed, for example in relation to nutritional intake or specific dietary requirements.

People told us that they saw their doctor when they needed to and were supported to attend hospital appointments. One person said, "If I tell staff I don't feel well, then they get me some help." We observed that visits from doctors and other health professionals were

requested promptly when people became unwell or their condition had changed. We saw from the care files that a variety of health professionals supported the home. We spoke with a visiting health professional who said, "The home follow instructions, sometimes we have to re-iterate what it is they should be doing but they follow instructions well." They went on to say that they believed that care staff sought professional advice appropriately. Staff ensured people had appropriate access to health, social and medical support.

Is the service caring?

Our findings

People told us they were more than happy with the care and support provided. One person said, “I can’t grumble about anything, everyone is so kind.” Another person told us, “I can’t see very well and the staff always explain what is happening.” This person felt that staff were good natured, kind and compassionate.

Staff told us that they worked really hard to ensure they provided good care. One carer said, “The care here is good, I wouldn’t have any worries about my family being looked after here.” Another carer told us, “You work here for so long and spend so much time here that we all become like one big family. We care about people and want the best for them.”

We observed that staff spent a lot of time interacting with people. They spoke with people by name, got down to their level and gave eye contact when communicating. They took time to ensure that people understood what was happening, either when going to an activity or moving from one room to another. We saw staff giving people reassurance, through touches where appropriate, showing that they were aware of people's emotional needs. Throughout our visit we saw mutually positive interactions between staff and people. Staff engaged meaningfully with people; they sat with them and discussed the recent Royal Birth and the name the baby had been given. We observed that people took great joy from this and that there were lots of smiles and laughter, as staff and people interacted together.

Staff told us about people’s likes and dislikes. One carer told us about someone’s daily routine and showed through their discussion that they really knew this person. They also told us about another person’s life history and showed an awareness of what was important to them, including information about their past employment history, which meant a lot to them. Staff had the right knowledge to provide personalised care, in accordance with people’s preferences.

The service supported people to express their views and be involved in making decisions about their care and support.

Staff told us they involved people and their relatives in planning and reviewing their care. We saw that people were given the opportunity and were supported to express their views about their care. For example, we saw staff consulting and involving people with their daily living activities.

People told us that they were involved in making decisions about their care and treatment. One person said, “They never just take it for granted about what I want, they always ask.” One person’s records showed us that a review meeting had been held and the records detailed that the person had been represented appropriately and their thoughts had been recorded within the care records. Systems were in place to identify the support people required to make important decisions about their care.

There was no one using the services of an advocate at the time of our inspection. The registered manager said that people’s relatives normally advocated on their behalf. However, we found that systems were in place to access advocacy services should these be required.

People told us that they were able to maintain relationships with their family and friends and could see or speak to their families and friends at any time. We saw relatives visiting people throughout our inspection.

People were treated with dignity and respect. One person told us, “They always knock on my door and don’t talk about me to others. I like that.” Another person said, “They always respect my decisions, if I want privacy then I can go to my bedroom.” We asked staff about promoting people’s privacy and dignity and they told us that they always offered people choices; for example, when dressing, at mealtimes and about the times of their daily routines. We observed that staff assisted people to meet their personal care needs in a discreet manner and respected people’s choices. Staff were polite when talking with people and we saw that people looked relaxed and happy, talking openly about things they were interested in. People were supported in a manner that promoted and protected their dignity.

Is the service responsive?

Our findings

Before admission to the home, people told us that their needs had been assessed to ensure that staff could meet their needs. One person told us that the deputy manager had met with them and their family and discussed their care needs, likes and dislikes. They said, “That was nice, I knew they would understand me before I had even got there.” Staff told us that this process helped to develop care plans that were personal to each individual person.

The registered manager confirmed that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan. We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people’s varying level of needs and provided guidance on how people wished to be supported. Care plans included a ‘This is me section’ which had been completed in order to support people living with dementia in unfamiliar places. For example, staff told us it would be taken with someone if they needed to go into hospital. It was evident that giving people choices and promoting their independence were essential factors in how people’s care was delivered.

Staff told us that the service supported people to visit a local church and that a priest also visited, which meant that people from different faiths were supported to maintain their religious beliefs. We found that people were encouraged to bring in personal possessions from home, including beds and wardrobes. Rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

People told us that they enjoyed the activities that took place in the service. They said that these were catered for people’s individual needs, in accordance with their abilities. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they wished. On the day of our visit we found that staff sat with people and engaged in general conversation. Some people were doing gentle arm chair exercises to music. Staff encouraged them to try by suggesting if they didn’t want to exercise they could listen to the music. This was well received by people who joined in with great positivity, smiling to show their enjoyment.

When people chose not to engage in group activities of their choice, staff told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice, for example, reading the newspaper or discussing a television programme. One person told us that they particularly enjoyed having this time and their records confirmed that such sessions took place.

People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. One person told us, “I don’t have any issues but know that all the staff would listen if I did.” The complaints policy was displayed on notice boards for people to see. The complaints log showed that complaints and concerns were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and in a way that would improve the service. We found that there was an effective complaints system in place that enabled people to express their concerns and improvements to be made.

Is the service well-led?

Our findings

Staff recognised the visions and values of the home and their role within that and it was obvious that they had a sense of pride in their work. Staff also told us they had the opportunity to give their comments on service delivery and ideas for improvement, based upon lessons they had learned. We found that they regularly had the opportunity to express their views during staff meetings and through supervisions with the registered manager at the home.

Staff also told us they would be confident to report members of staff who they witnessed doing something wrong. They told us they would have no hesitation to use the whistleblowing systems should the need arise. One carer said, "If I saw a colleague doing something wrong I would not hesitate to report them. These people have to be stopped." We asked what they would do should they have concerns about the registered manager's actions and were told that they would speak with the provider or the local authority. Everybody told us that the registered manager had an 'Open Door' policy and they were able to speak with her at any time.

We saw the registered manager worked well with other staff and was available to support them when needed, working on the floor to ensure that they were fully aware of the issues that might face people and staff. The rota detailed the availability of the registered manager and the deputy manager so that all staff were aware of when management support was available to them.

We spoke with the registered manager and they explained their role in relation to safeguarding, disciplinary action and notifying CQC of any statutory notifications. Where necessary, the home worked in conjunction with the local authority for safeguarding matters and the community nursing team for health care needs. From speaking with these organisations, it was clear that the service worked in partnership for the benefit of the people who lived there.

People were positive about the staff, the management and the way in which the home was run. One person told us, "The manager seems very nice, and she comes to see us regularly." Another person told us that the whole staff team was really good, from the chef, domestic staff to the care staff. A carer said to us, "The manager is very approachable

about anything, there are no problems." The staff we spoke with were keen to tell us how the service had made improvements over the past few months. One carer said, "We have had our problems, but I can tell you I really like working here now. We all work together as a team and have the same common goal, to look after the people." Both people and staff were happy with the way in which the registered manager led the home.

Relatives had regular conversations with the registered manager and we found from records that any issues raised, were dealt with quickly. We looked at the processes in place for responding to incidents, accidents and complaints. Staff told us that where incidents or other untoward events had occurred, the provider had analysed patterns to prevent future occurrences. The provider analysed this information and used it for discussion within staff meetings and individual staff supervision so that lessons could be learned where appropriate. The records of staff meetings and incidents and accidents we reviewed confirmed this.

People who used the service, their representatives, staff and health and social care professionals were asked for their views about their care and treatment. An annual questionnaire was sent out by the registered manager and staff told us they supported people to complete their questionnaire when required. We reviewed some of the comments received from the most recent questionnaire and found that the comments were all very positive about the service and the care delivered. The registered manager told us that the results had been fully analysed and action taken to address areas where improvement had been suggested. People were supported to make their views known about the service.

The registered manager told us and we saw that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. They told us these were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.