

Ultimate Care Limited

# Bilton Hall Nursing Home

## Inspection report

Bilton Hall Drive  
Harrogate  
North Yorkshire  
HG1 4DW

Tel: 01423869131  
Website: [www.biltonhall.co.uk](http://www.biltonhall.co.uk)

Date of inspection visit:  
28 March 2018  
29 March 2018

Date of publication:  
08 June 2018

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 March 2018. The visit on the first day was unannounced.

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

Bilton Hall provides nursing care for up to 60 older people some of whom are living with dementia. When we inspected there were 50 people living at the home. Accommodation is provided over two floors with a dementia care unit known as the 'Butterfly Unit' situated on the first floor. At our last inspection we rated the service good. There was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) 2014, because arrangements in place to assist people to bathe or shower did not promote people's privacy and dignity.

At this inspection we found improvements had been made and the service was now meeting legal requirements. The rating remained good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate systems were in place to ensure safeguarding concerns were dealt with appropriately. Assessments of risks associated with people's care and support were completed and steps taken to minimise the likelihood of any harm. Lessons were learnt from when accidents or incidents occurred.

Regular checks were carried out to ensure the premises were kept in a good state of cleanliness and repair. Adaptations had been made to the environment to help orientate people to find their way around the home and we were told that people were supported to access the outside space when they chose.

The provider recruited staff safely. Staffing levels were kept under review to make sure enough staff were available to provide people with appropriate, timely assistance.

While more detailed guidance was needed around the use of medicines in specific situations appropriate systems were in place to protect people against the risks associated with medicines.

Staff received appropriate training and support to provide them with the skills, knowledge and supervision they needed to carry out their roles.

People were supported to maintain good health and nutrition in partnership with other healthcare professionals when needed.

There were some occasional gaps in monitoring documentation, but overall records were well completed

and showed that care was provided in line with people's needs and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed positive relationships with the staff and they were treated with respect and kindness.

People were involved in planning how they wanted their care and support delivered. Staff knew people's individual preferences and there were opportunities for people to get involved in activities.

The provider responded to complaints appropriately and people told us they felt confident any concerns would be addressed.

Effective management systems were in place to promote people's wellbeing and drive continuous improvement. This included internal audits and also provider audits which provided positive feedback about the service. People and their relatives were included in the development of the service through surveys and meetings.

Staff and people using the service; their relatives and representatives expressed confidence in the registered manager's abilities to provide good quality care. Staff reported a supportive leadership with the emphasis on good team work.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bilton Hall Nursing 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 28 and 29 March 2018. The inspection visit on 28 March 2018 was unannounced. It was carried out by two inspectors and an expert by experience. The expert by experience had personal experience of caring for older people living with dementia. Two inspectors visited the service on 29 March 2018. The inspectors visited the service on 4 April 2018 to give feedback to the provider and to meet with one relative.

Before our inspection we contacted the local authority commissioning team to obtain their views about the service. We reviewed information we held about the service, including the notifications providers are required to send us regarding changes, events or incidents. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

We used a range of different methods to help us understand people's experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service and 11 relatives to gain their feedback. We spoke with members of the senior management team including the registered manager, nominated individual and a quality assurance manager. We also spoke with two nurses, two care staff, an activities co-ordinator / housekeeper, an administrator and a visiting healthcare professional.

We reviewed care plans for six people to check that they were accurate and up to date. We looked at systems the provider used to ensure the quality of the service was monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, meeting minutes and health and safety checks.

# Is the service safe?

## Our findings

People told us that they liked and trusted staff. A person said, "Staff look after me, I am safe." Staff told us they raised any concerns straightaway with managers and records demonstrated notifications were made when required. Relatives told us people were well looked after. A relative said, "They are very swift to deal with problems, I think it's a lovely place." Another relative said, "[Name] is comfortable and is well monitored."

Risk assessments included control measures people needed such as pressure relieving equipment to minimise risks. Data on incidents was collated and analysed so that it could be used to identify areas to improve and introduce lessons learnt. Assessments were kept under review to ensure staff had up to date information they needed to keep people safe. We saw that people were supported to move safely. Comments from relatives included, "Staff pick up on issues," and, "[Name] lost their balance once and staff were there straight away."

Robust recruitment processes were followed to make sure appropriate checks were completed before staff started work. The registered manager monitored staffing levels and these were adjusted to meet people's needs. Relatives reported there were enough staff. A relative told us, "There could always be more, but when you shout for them they come straightaway." Other comments included, "[Name] doesn't have to wait long for assistance," and, "All the time I have visited there has been enough staff."

Appropriate medicine management practices were followed to ensure medicines were given safely. Administration records had been completed to show the treatment people had received. There was guidance for the use of PRN protocols for people with certain conditions such as diabetes. Guidance for staff regarding the safe administration of 'as and when required' (PRN) medicines such as anti-anxiety medicines was not available. Having this guidance in place is best practice to ensure people receive PRN medicines appropriately and also helps to ensure that distressed behaviours are managed proactively. The registered manager told us they would take action to implement individual PRN protocols.

Health and safety checks were undertaken to ensure the premises and equipment were safe. While some people reported unpleasant smells on occasion overall we found that the service was maintained to a good standard of cleanliness. Staff followed a cleaning schedule; infection control audits were completed regularly and any required action points implemented. The registered manager liaised with the community infection prevention and control team when needed. The service had a rating of 5 from the food standards agency, which demonstrated that systems were in place to manage hygiene in the kitchen and around food.

People had a personal emergency evacuation plan (PEEP) which contained details about their individual needs in case of emergency. There was a business continuity plan in place to ensure people would continue to receive care following an emergency.

## Is the service effective?

### Our findings

People's care and support needs were assessed and these were kept under review. Health professionals were consulted and their advice followed to achieve effective outcomes. People told us they thought staff were well trained and provided effective support. Comments included, "They [Staff] have the right qualifications overall," and, "Most staff are well trained and the continuity is good."

Staff told us they were supported to undertake their role. Newly appointed staff completed an induction programme and staff completed training in a range of topics and this was up to date. Staff supervisions and annual appraisals were used to monitor performance and give staff an opportunity to discuss their personal and professional development. A number of staff held a 'champion' role to promote best practice and cascade information to staff. Staff in these positions took on a real sense of ownership and this was a feature of the home and worked well. One staff member told us, "The training is very good and we have set goals each year." Another staff said, "We work together and go at a pace to suit individual training needs."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Not all records were signed to confirm people's acceptance and agreement to the content. Some of the forms have recently been put in place in line with the new policies and procedures and are yet to be discussed with individuals for signing. Best interest decisions had been made for people who lacked capacity that included a person's legally appointed representative when required.

Staff had received training in the MCA. We observed staff encouraged people to make day to day decisions. For example, regarding what activities they wanted to do.

Where people required assistance at meal times this was provided and any dietary needs were catered for. We observed that mealtimes were a social occasion. Although one person did say they thought the food could have more seasoning people were positive about the quality of the food provided. One person said, "I like the food and I enjoy my meals here." Another person said, "Before I came here I didn't eat at all, but my appetite is coming back slowly."

The premises are a listed building, which has been extended and adapted for its present use. On the ground floor people could choose to spend time in one of several communal areas including a music room. There were also signs in the home to help people to find their way around and these included pictures for some people who may need information shared in that format. Staff had designed and created a secure, dementia friendly garden and the registered manager told us that efforts were made to support people to access outside.

## Is the service caring?

### Our findings

At our last inspection in December 2015 we found people's privacy and dignity was not always protected. At this inspection we found the provider had made improvements in this area. A relative told us, "I have been here when [Name] needs personal care. They always knock on the door before entering and close the curtains to protect [Name's] privacy." Staff explained to people before they carried out any personal care and were patient and kind. A relative told us, "They [Staff] take their time to explain things and make sure [Name] understands."

People had caring, kind, supportive relationships with the staff who supported them. We observed positive interactions between staff and people at the home throughout our inspection. One person told us, "Staff are fine with me, they like me and I like them. They look after me well." Staff included people in their conversations and they were cheerful and patient. A relative told us, "[Name] has a great sense of humour, staff treat [Name] well, and they do a good job." Other comments from relatives included, "[Name] likes to chat. They [Staff] talk respectfully," "The staff are lovely. They are kind and polite," and, "They [Staff] are very respectful and polite."

We observed staff provided reassurance for people who were upset or distressed. We observed that they knew how to communicate with people and understood how to calm people who were upset. For example, when one person was calling out a nurse sat next to them and their presence appeared to soothe them. The nurse said, "You get to know people's likes and dislikes, and their needs. We know people very well and know how to help them."

Relatives told us that they could visit at any time and were always made welcome. A relative commented, "Other places just don't have the warmth and feeling of this place," and, "They [Staff] look after the residents in every possible way."

Staff had completed training in equality and diversity. We were told that people from all backgrounds were made welcome at the service and steps were taken to ensure all people using the service, relatives and staff were treated with dignity, respect and without discrimination. Care plans for people using the service recorded any religious beliefs and people we spoke with confirmed they could take part in spiritual activities as they wished.

The provider identified technology as an area they were looking to develop to enable people to retain their independence and manage risks. For one person we saw the IT equipment they had been provided with had maximised their independence and enhanced their wellbeing. Technology was identified as important to the service improving and being sustainable.

People had access to an external advocacy service if required. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.



## Is the service responsive?

### Our findings

Care plans contained information about the person's life history and care preferences. People's assessments and care plans were kept under review to ensure they remained relevant and up to date. Relatives said they felt able to tell staff if anything needed changing or could be improved. A relative said, "When [Name] came here we went through the care plan and [Name] has a designated nurse who I speak with about any required changes." Staff understood people's care preferences and provided care that was responsive to their needs.

There was a structured programme of activities in place. People's birthdays were celebrated and the activities programme included information about significant events. The activities co-ordinator told us they arranged for outside companies to visit, which included a manicurist and pet therapy. A relative told us, "I sometimes think they should do more. But there is a list of activities." Another relative said, "[Name] doesn't get involved much, that is their choice."

For people living with dementia staff were encouraged to support people flexibly to engage their interest and stimulate conversation. In one lounge we observed an activity which involved throwing and catching a balloon. Staff encouraged people to join in and involved everyone. People seemed happy to join in. Staff spoke to people by their names and helped people who needed support to catch and throw the balloons. A staff member told us they had plans to grow plants that people could pick and eat such as garden peas and beans to stimulate their senses.

The provider had a complaints policy in place. People confirmed they knew how to make a complaint. People told us they would speak to staff or to the registered manager if they had a complaint. Comments included "I would mention it to the nurse," "I would speak to the manager we have a good relationship," and, "I would have a word with the nurse then the manager. She has an open door policy on a Thursday where I could discuss it with her." Relatives said that any issues they raised were dealt with appropriately. A relative told us, "We were concerned about [Name's] eating. We spoke to staff about it and they looked into it and got it sorted. We were very happy with the outcome." Another relative said, "We made a complaint when [Name] first came here. The manager dealt with it well and in a timely manner." Records showed complaints had been managed appropriately.

Where people had chosen to, their end of life care wishes and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation decisions were recorded where appropriate. This meant that people's wishes and preferences regarding their end of life care were discussed and so they could be respected at this important time.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

There was a clear vision to deliver high quality person centred care and support at the home. One relative told us, "Their needs come first." Another relative advised, "I am confident to go on holiday because [relative] is safe here." The registered manager, as a volunteer for the Alzheimer's Society, is a dementia friends champion who provided information sessions to enable others including staff, relatives and community groups to become dementia friends. One relative told us they found the information session they had attended very reassuring and increased their understanding of their loved one's dementia related care needs.

The registered manager had a clear goal of having happy residents, relatives and staff. The registered manager set high expectations for themselves and the service, "I see myself as a very dedicated and passionate person about care." They described reminding staff that people are paying for a service to stress that people are their priority. Staff demonstrated and told us that treating people with dignity and respect was central to their work.

When we spoke to staff they told us they felt valued and supported by colleagues at all levels, including seniors and the registered manager. One member of staff explained that staff support each other to address issues. This showed they shared and understood their responsibilities.

There was strong, effective leadership in the home with good communication at all levels. Relatives told us that they knew who the registered manager was and that the registered manager knew them. One relative said, "I know who the manager is she is approachable. We talked a lot when mum arrived here. She would sort out any problem and listen to me."

Management systems were in place to monitor the quality of the service and drive improvement. The registered manager and provider completed audits and action plans on a monthly basis as a quality control. The provider was clear that any issues identified that affected service users had the highest priority, requiring them to be addressed quickly. This helped ensure care within the service was consistent and that on-going improvements were considered.

The registered manager and provider had identified high staff turnover in the company. The provider found this was particularly the case those in post for less than 6 months. To address this provider told us they had very recently implemented a mentoring system to support new members of staff. The registered manager said they would keep this under review to make sure it was having the desired or intended result.

The registered manager told us that the home held two residents' and two residents' and relatives' meetings

per year. They used information from these and from people's surveys to look at any needed changes. People knew about the meetings and when they were due to take place. Minutes from the meeting were shared with people and an action plan developed. Where people that use the service and their family members had attended residents and relatives meetings they found them informative, "I have been to every one. They cover everything from food to laundry. They ask residents if they have any issues. I told them about the towel rail in his room had dropped off. It was sorted in a few hours."