

Bupa Care Homes (BNH) Limited

Allington Court Nursing Home

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

This inspection took place on 03 February 2015 and was unannounced.

Allington Court is registered to provide accommodation for up to 41 older people some live with dementia and require nursing care. On the day of the inspection there were 39 people using the service and a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers,

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

The provider used safe recruitment practices staff were aware of their responsibility to protect people from harm or abuse.

Staff received regular training and knew how to meet people's individual needs. Any important changes in

Summary of findings

people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information. There were meetings held every day for staff to share information about people's well-being and changing needs.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also understood the importance of giving people as much choice and freedom as possible. The manager had made appropriate applications for DoLS in order to keep people safe. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People had appropriate food and drink and staff had access to accurate and up to date information to help them meet people's needs.

Staff were kind and people appreciated the positive relationships they had with staff. This was also true for

relatives. People using the service were complimentary about the staff providing the service. Choices were given to people at all times People's privacy and dignity were respected and all confidential information about them was held securely.

Care plans were personalised and included information about people's history and interests. People's individual needs were assessed and were specific to people as individuals. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities.

The service was well led by a manager who promoted a fair and open culture. They encouraged staff to take responsibility and supported their professional development. The manager also had a support structure in place from area managers. There were regular supervisions and appraisals to support staff.

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?

The service was safe

There were sufficient staff available at all times and people were protected by staff who could recognise signs of abuse

All risks to people's health and safety were assessed and appropriate action was taken to keep people safe.

People's medicines were delivered safely by competent staff.

Good



Is the service effective?

The service was effective.

People were cared for by staff that had appropriate training. Staff were knowledgeable about people's individual care and support needs.

People's mental capacity was assessed and their care was managed in line with current legislation and guidance.

People had appropriate food and drink and their individual health needs were met.

People were supported to maintain good health and had access to other care professionals.

Good



Is the service caring?

The service was caring.

Staff were kind to people and treated them as individuals.

People and or their advocates were involved in planning their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted.

Good



Is the service responsive?

The service was responsive.

People's individual needs were planned for and met. Daily activities were provided in response to individual interests and preferences.

There were opportunities for people to express their views about the service and there was a clear complaints procedure.

Relatives were encouraged to be involved with care planning to promote and represent the person's individual's personal needs.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a registered manager who encouraged openness throughout the service and all staff had opportunities to discuss any concerns or ideas they might have.

There was a deputy manager to support the registered manager so that leadership was always provided for staff.

Both the manager and deputy manager were highly visible and approachable and led by example.

There were systems in place for the provider to monitor and audit the quality of the service provided.

Allington Court 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 was unannounced and took place on 03 February 2015. The inspection team consisted of two inspectors. Before we visited we reviewed the information we held about the home. We did review other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During our visit we spoke to ten staff, five people who used the service, one family friend and three relatives. We looked at four care records and two staff records. We looked at the quality of the nursing home environment and observed how staff cared for people. We looked at a range of policies, procedures and other documents relating to the running of the nursing home.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us. We observed people over lunch and found there were enough staff to meet people's needs. Staff treated people with dignity and respect. People were supported to eat where required. The atmosphere was calm and people were supported by caring staff.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “Yes I feel safe here and I will speak to staff if I have any concerns.”

Staff were able to describe what constitutes abuse and were confident about how to report any concerns they had. All staff had received training in safeguarding adults and a “Speak up policy” encouraged them to raise concerns. One staff member said, “I would not hesitate to raise any concerns if I saw anything I was worried about. I am confident that all of the staff here would do the same thing. Poor care is not tolerated here.” Another staff member said, “The safety of people is my first priority. I would always raise concerns if I had any.”

Risks to people’s health and wellbeing had been identified and steps taken to reduce them. However people were still supported in life style choices, for example. We saw that where people wished to smoke they were able to and that there were no blanket restrictions applied.

Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example we saw that where people were at risk of falling when walking unaided, pressure mats had been placed in the person’s bedrooms. This meant that when the person was moving the mat sounded an alarm so that staff were aware and could respond in a timely manner to assist.

Staff were trained to recognise and report incidents. We found that staff had been briefed about incidents in team meetings and that lessons had been learnt and action taken to prevent recurrence. For example, we saw that there had been a medication error. A review took place to establish the cause and measures had been put in place to improve safety.

Staff told us there were sufficient numbers to deliver care safely. We saw that there was a good availability of ancillary staff to enable the care and nursing staff to focus on people’s care and support needs. We saw that the provider ran an effective recruitment programme to ensure there were enough permanent and bank staff available to provide additional cover if required at short notice. We were told that the manager was flexible and responded well if the needs of their resident’s increased and additional staff were required. One staff member said, “We have really busy shifts but we always have time to deliver care well. I would not rush the care delivery, that would not be right and we wouldn’t do that.”

We saw that people received their medicines as prescribed and that medicines were stored managed and administered. There were systems in place to manage medication safely. We saw that people were supported, where necessary and appropriate, to take their medicines at a pace that best suited them and their individual needs.

Is the service effective?

Our findings

One relative told us that staff responded well to their relative. They had an infection that has improved and they told us that staff regularly update them about any changes. We spoke to staff who told us that the training was very good and that they felt confident in their ability to provide good care.

We spoke with a staff member who said, "This is a great place to work and I have been made to feel very welcome." We found that staff had received relevant training to help them do their jobs effectively. For example they had received dementia training. New staff were supported and mentored in the work place by experienced colleagues. There was an induction plan followed by shadowing other staff to ensure their proficiency. One staff member said, "My induction was very thorough and we are given more than sufficient time to work under supervision until we feel confident enough to work on our own." Staff were also supported by regular supervisions and appraisals to help with their professional development. We saw 'The manager monitored training to ensure that all staff were up to date.

Staff understood how best interest decisions were made in line with the MCA 2005. We saw examples of how and when steps had been taken for some decisions to be taken in people's best interests. Staff also understood the importance of giving people as much choice and freedom as possible. The manager had appropriately made applications for DoLS in order to keep people safe. People's families were involved where appropriate and there was an advocacy support service available. We observed staff gaining consent with the support they gave in assisting people to move.

We were told that two people who lacked capacity to make their own decisions received their medicines covertly, that is without their prior knowledge or consent. We noted that the provider had completed a detailed assessment for both people and that the arrangements were reviewed every

three months. This was closely monitored and involved expert advice and guidance from a GP and pharmacist. This meant the medicines were given safely and in line with the MCA 2005.

People were given nutritionally balanced meals, there were options to choose from daily and if required there was an alternative menu provided to cater for people's taste. All food allergens were listed, for example, wheat. We found that in one person's care plan that risk assessments had been completed for a person who had put on too much weight. They had been supported to eat a healthy balanced diet. We found that the person's weight had been steadily decreasing. This showed the person had been supported to eat a healthy balanced diet. The kitchen had a system in place to manage people's individual dietary needs. One relative said, "I help with [family member's] lunch. It gives me a real purpose when helping."

Staff demonstrated their awareness of the likes dislikes and care needs of the people who used the service. For example, one staff member told us, "I know some residents are reluctant to eat or drink enough so we suggested having a dedicated carer who concentrates solely on offering food and drinks throughout the day. It has worked very well as we learn exactly what residents preferences are." The staff member told us, "I know people's eating habits and can pick up on changes." At a meeting held daily, we heard the same staff member raise concerns about one person who normally eats very well at breakfast, did not have their usual appetite. The staff member confirmed to us this meant they would be monitored to make sure they were alright.

We found that people were supported and had access to other health care professionals to help and maintain their care needs, for example. GP's, dentists and community support nurses. We saw documented one example. A person who had a high Waterlow score. (Waterlow score gives an estimated risk for the development of a pressure sore in a given patient). Had been seen by the tissue viability nurse and had their wounds dressed and cleaned and at a later date had been seen again to reassess the wound care.

Is the service caring?

Our findings

People were complimentary about the staff that looked after them. One relative said, "Staff really want to help my [relative] they are all very caring." We saw that people were cared for by kind and respectful staff.

We saw that staff were patient and gave encouragement when supporting people. We saw staff were calm and not rushed in their work so their time with people was meaningful. People commented on the friendliness and kindness of the staff. The activities co-ordinator told us, "Even when we are busy we make sure we stop and tell people something nice about them. For example, 'your hair looks lovely or you have a beautiful smile.' We call this "butterfly moments" going from one person to the next. Even if the person forgets the contact we hope the feeling remains." We saw that staff were not driven by tasks and were able to prioritise their time according to people's needs.

During our inspection we saw positive interactions between staff and people who used the service. We saw one example of a resident who had recently arrived and had become distressed. We saw staff intervene in a quiet and respectful manner. They encouraged the person to a quiet and comfortable area and sat listening to them. We saw another example when a resident became upset. Staff offered to phone their relative and this was arranged without delay. We saw staff consistently spoke to people in a friendly and respectful manner and responded promptly to any requests made for assistance.

People who used the service and their relatives were given information and guidance about all aspects of the service.

This included information on how to raise any concerns as well as details of independent advocacy support services. People were encouraged to be involved in both care planning and in the overall running of the service. One person said, "Yes I am involved in all discussions relating to my care and I make all my own decisions with a little support." Relatives told us they were involved in the planning of relatives care.

We saw that staff involved people in discussions about their care. For example, one person was due to attend their appointment with the visiting hairdresser had become distressed. Staff asked the person what they wanted to do respected their wishes and choice. One relative said, "I have watched staff wash and dress my [family member] and this is done with complete dignity and respect." One staff member said, "We can be busy but we always try to sit and listen to our residents at some point during the day. This is also how we get to know our residents, about their lives and all of the fabulous experiences they have had."

We saw that all staff had received training in the importance of privacy and dignity and that they promoted these principles during their work. One person said, "Yes, staff always ask me what I want and how I would like things done. They are very good about this. I don't feel talked down to at all. "We spoke to staff and they were able to discuss the importance of respecting diversity and people's human rights. One staff member said, "Our residents have led independent lives, making their own choices and looking after their own families. Why should that all change now? That would not be right." We saw at all times, unless requested otherwise, that all bedroom doors were closed. We saw that people were able to access their rooms at any time they chose to do so.

Is the service responsive?

Our findings

One relative said, “I adore this home, I love it. I have bonded with some of the carers and find the staff really approachable. They [Staff] have been able to stabilise [Relative] from their lowest point and my [Relative] has improved”. We found that care plans were personalised and included information about people’s history and interests

The activities co-ordinator told us that they talked with people and they looked at people’s interests and hobbies to help develop activities people may like to participate in. We saw activities that included a wide range of interests for people to be involved with. There were regular entertainment events including music therapy. People were encouraged to be involved with day to day routine jobs around the home such as helping lay the tables for lunch. We saw in one of the lounges people were involved in playing musical instruments such as tambourines. Some residents and staff were up on the floor enjoying the music and the atmosphere was fun filled with smiling faces everywhere.

We found that people using the service that had been able to had contributed to their assessments and care planning. We saw that people’s preferences, life style choices and aspirations had been sought to promote individual care. We also saw that relatives had contributed to the care planning process. We spoke to one staff member who told us they routinely sought the contribution of people and relatives about care planning reviews. One relative told us that they knew their family member would prefer a female carer and this was discussed as part of the care plans and the relative confirmed that this request was actioned.

There were regular meetings held for family and friends to be involved in the home and an opportunity to discuss any ideas or concerns that they might have. The manager told us they often encouraged relatives to be involved with the planning of their relatives care. To provide personal insight into whom the person is to enable the appropriate and best care for that individual.

We saw one example of a person who was at a high risk of falling and to meet their needs the manager sought additional funds to be able to provide a care assistant that would work on a one to one basis to ensure the safety of the individual. This meant that the person’s needs had been met.

Staff told us they knew they could speak to the registered manager if they had any concerns. Relatives also confirmed that they knew how to raise concerns. They told us that staff and the manager were approachable and had confidence their complaints would be dealt with. One relative told us that there had been a concern around there relative not been able to remain at the home due to their needs. After a reduction to their medication the situation had changed and the person remained at the home. The relative told us that they felt they had been listened to and that the manager was very supportive and helped to resolve the issue.

We found that the complaints received had been fully investigated and responded to there were action plans in place to resolve any issues or concerns raised. People’s complaints were responded to in a timely manner.

Is the service well-led?

Our findings

Staff felt confident to raise any concerns to their shift nurse or the manager. Staff said their managers were very visible and approachable. One staff member said, “I would not hesitate to raise a concern.” Another staff member described the management team as, “Fantastic, so on the ball and supportive.”

Staff told us they are encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. Examples given by staff, where improvements had been made, included a dedicated care assistant to oversee all food and drinks provision throughout the day. This meant that other care staff had more time to focus on other aspects of care. They also introduced labelling of fortified drinks for each resident each shift.

The manager told us they empowered and encouraged people and staff to make decisions about how the home operated. This was done by supporting staff to develop. Regular meetings to discuss issues and ideas and allowing people to develop their ideas, for example. The manager told us about a system in place for the management of keys. The new system was put in place because keys were regularly being lost. This new system designed by the staff for the management of keys had worked really well at eliminating this problem.

The manager carried out a weekly “walkabout” where they toured the whole service and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe. The manager told us that they have an open door policy and made themselves available to residents, relatives and staff. The staff are encouraged to use the organisations support structure for example. Care staff would bring any issues or concerns to the attention of the senior nursing. We felt that the service was well led because of their outstanding manager who was very passionate about the people and staff at the home and was always looking to improve the services provided.

The manager is supported by the area manager and they have regular monthly meetings. These are also used as learning events, for example they recently watched videos

on health and safety issues. There is also sharing of information from the providers other services to support learning. The manager told us that quality assurance managers carry out monthly spot checks of the service to ensure that standards are maintained and to drive improvement. A senior financial manager also visits to ensure people’s finances are managed effectively. People and relatives have access to this information. This showed that the provider regularly monitored the home to improve the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We were able to see that positive actions were taken to learn from incidents. For example, when an accident had taken place the manager reviewed the circumstances and took steps to reduce the risks of these happening again and make sure that people were safe. We saw one example of a person who was at particular risk of falling and the provider had sought additional funds to provide a care assistant on a one to one basis to ensure the safety of this person.

The service use a “barrier board” for staff to raise any issues or concerns they may have that may be a ‘barrier’ to them performing their roles effectively. It then becomes the manager’s responsibility to resolve the issue. For example, we saw an issues raised previously by one member of staff about the grey bumpers used to protect walls. These had overtime become damaged themselves and were now hard to clean properly. This was resolve by involving the maintenance person. They did an audit of all the grey bumpers in the home and replaced where required. Another example was that staff said food trays are left in rooms for more than two hours. This was resolved by speaking to staff during handovers and allocating a staff member daily to collect trays. If the manager was unable to resolve any issues raised the problem was dealt with by the next level of management until resolved. This showed people were listened to and concerns raised were responded to.

The manager promotes an open culture and encourages people to speak out. This is promoted at meetings and staff we spoke with told us that the management team were very approachable. The manager said it is important that

Is the service well-led?

staff and people feel supported and are confident to express any concerns. Staff we spoke with were aware of the whistle blowing policies and contact numbers for people to call should they have concerns were available.