

Anchor Hanover Group

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 ●

Summary of findings

Overall summary

About the service

Bilton Court is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The home can support up to 47 people.

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

Bilton Court had a welcoming environment, where relatives told us staff were calm and caring, with a good understanding of people's care needs. Staff were kind and knowledgeable in relation to promoting independence. People living at the home were involved in planning their own care and were able to express their views. They told us they felt listened to.

Systems were in place to protect people from abuse. Staff received training and were aware of whistleblowing processes. Risks were assessed, and guidance was provided to staff to ensure risks associated with care, were minimised. There were suitable numbers of staff, who were recruited safely and in line with current legislation. There were systems and processes in place to report accidents and incidents.

Initial assessments were undertaken which reflected choices and needs. Staff were offered regular training, staff told us they had enough training to meet people's needs effectively. Consent to care was sought and recorded. The person receiving care was 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 home supported this practice.

Activities and the quality of the food were important at Bilton Court, with the aim of wanting to enhance people's quality of life, by providing a varied range of social activities throughout the day and week. Preparing meals daily from fresh, seasonal ingredients, allowing for choice and preferences on the day.

The registered manager had a clear vision. Staff told us they felt supported in their role and told us morale in the team was good. The registered manager had made close links within the community and worked in partnership with other agencies and health and social care professionals. Systems were in place to provide scrutiny of the care being provided and to ensure it was safe and of good quality.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bilton Court

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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The home had a manager who was in the process of registering with the Care Quality Commission. This means until the manager is registered with the CQC, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their home, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report. We asked Healthwatch for any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

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 three people who used the home and three relatives about their experience of the care provided. We spoke with six members of staff including the area manager, manager, deputy manager, care workers and the deputy cook.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

We spoke with one professional who had visited the home.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care and how to reduce risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- People with long term health conditions had risk assessments in place for staff to follow, in order to reduce the recurrence of ill health and keep people safe.
- The environmental safety of the home was assessed to ensure people could maintain independence safely. Risks associated with fire had been considered and there was a plan to ensure a safe evacuation in the event of a fire. This included Personal Evacuation Emergency Plan's (PEEPS) for people in the home and regular equipment checks.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person told us, "They look after me very well here. I feel safe here and the staff are very friendly."
- Staff followed the provider's safeguarding and whistleblowing policy. Safeguarding alerts had been raised appropriately and clear records were maintained.
- Staff received regular training to update their knowledge on recognising and reporting potential abuse or improper treatment. One staff member told us, "It's good to have the training as it refreshes the memory. It is question based, so when you have completed [the training] you can ask questions in practice or discuss situations about what would you do."

Preventing and controlling infection

- The provider had systems to ensure regular cleaning of the home. Relatives commented on the consistent cleanliness of the home.
- Staff were knowledgeable in relation to infection prevention and control. The provider had a protocol in place for waste disposal to minimise the risk of infection and cross infection for people. Staff were observed following this during the inspection.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Staffing and recruitment

- Staff were recruited using safe recruitment procedures. The provider had carried out background checks including a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions.
- The provider used a values-based questionnaire as part of their interview process, to ensure staff shared a common approach to care.
- There were enough staff deployed to provide people with their care at regular planned times. The manager carried out a monthly dependency review, to ensure people's needs were being met. A person living at the home told us, "If I pull my alarm, [staff] come quickly. I've got an emergency bell, it's fantastic, I can press it if I fall and [staff] come rushing through."

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents. Records showed incidents were recorded clearly and information was shared with relevant bodies.
- The management team had a process for reviewing accidents and incidents, to ensure lessons were learnt and measures were taken to reduce the likelihood of recurrences in the future. Staff told us they acted on the advice from professionals and in the best interest of people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified at risk. Staff followed health professionals' advice in providing meals that met people's dietary needs.
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being. Peoples cultural needs were being supported through their meal options.
- Staff provided people with a variety of fresh, quality food options each day. Fresh fruit and snacks were available in the lounges, with jugs of juice, to offer independence and control to people. One person told us. "[The homemade cake is] lovely and soft, and I had an extra piece."
- People were fully involved in the planning of the meals, with staff regularly reviewing the four-weekly menu. Comments were collected each day from people to ensure continuous feedback was being received, capturing what people liked, so the staff could respond.

Adapting service, design, decoration to meet people's needs

- The manager had made improvements recently to the communal areas of the home and the furnishings were being replaced, to provide extra comfort and provide nice spaces for people to enjoy.
- The provider created an environment which was familiar for people living with dementia. They had installed a bus shelter with a bench in one corridor, to support a person who had been distressed. Staff told inspectors, the person was now calmer, and had somewhere they felt comfortable to spend time.
- People's bedrooms reflected their personalities and contained furnishings and decoration of their own. A relative told us, their loved one, very much enjoyed their bedroom as it was a calm space. They told us how the staff had changed the bed upon hearing they were not sleeping.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were taking part in a local area pilot of tele healthcare at the time of the inspection. Staff were able to access face to face calls for people with a GP via a laptop, without them having to leave the home. Staff told us this was benefiting people who lived at the home, as this speeded up the time in obtaining the initial medical advice.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us staff were very vigilant and understood their relative's needs, they said, "Staff are very good with letting me know [relative] is well or not". Health appointments were made following recommendations from external professionals.
- Staff provided health professionals with important information about people's health and communication

needs, when they had been admitted to hospital.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home, to ensure staff understood people's needs and preferences. One relative told us, "Staff spoke to both of us before [relative] moved in as [relative] memory is not what it was".
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as people's religious and cultural needs. Staff carried out another review at 48 hours post admission, to check a person's satisfaction.
- The manager implemented best practice. For example, guidance for nail care for people with diabetes. Staff were following the guidelines and this information had also been shared with people's families.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles.
- Staff received regular supervision and guidance to support them in their roles, along with a yearly performance review, to aid their professional development. Staff told us their manager was very supportive.
- Senior staff were encouraged to attend development days, to help develop their skills in management.

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People told us staff were patient; they gave staff their consent for any care or support, and said their choices were always respected.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The manager confirmed no one using the service were currently subject to any restrictions to their liberty under DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. A relative told us, "Staff are very good at dealing with my [relative] incontinence, as it cannot be easy." Another relative told us, "So chuffed, [we are] blown away with the care. [The staff] care, they absolutely engage with my [relative]. [The staff] get, that not everyone with dementia is the same or their needs are the same. [The staff are] fantastic, and brilliant with me and my [relative]."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One member of staff told us about a person who had returned from hospital with reduced mobility. Staff had encouraged them to mobilise again and they were now walking, unaided again.
- Staff helped people continue their relationships outside of the home and supported couples to continue to live together within the home. A staff member told us that it was important to consider both the individuals and the relationship needs, of a couple.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. People and their relatives told us they felt listened to by staff.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.
- Staff supported people to decide what they wanted to eat by showing them plated up food at mealtimes. Staff explained what the options were. One person wanted mash potato, and this was accommodated. Staff knew about people's preferences but still asked, such as gravy or smaller portions. Staff supported people if they weren't enjoying their meal to have alternatives.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person said, "It's really nice here, we are well looked after. I've had a cold recently and they fussed about me so much, it was really nice."
- People told us staff were kind and friendly. A relative told us, "Staff are very patient as my [relative] can be quite demanding."
- Staff understood the importance of promoting equality and diversity. Staff encouraged and supported people to attend cultural and religious meetings outside of the home on a regularly basis. Care plans contained information about people's religious beliefs and their personal relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were helped to pursue their hobbies and pastimes. The provider had created a culture whereby all staff engaged with people to provide meaningful activities.
- Staff used people's life histories to match activities to their preferences. People had benefited from a tea room and yoga classes. People at the home, with staff support, had formed its own dementia choir.
- Staff were actively building links with the local community, a variety of local groups regularly visited the home. Staff had considered the needs of the people visiting people in the home and had established a carers café allowing for peer support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and where appropriate, their relatives had been involved in creating and updating their care plans.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, one person preferred to have a female carer.
- Staff completed daily handovers, which followed a consistent agenda, focused on agreed actions for the shift. Staff reviewed people's complex needs and shared problem-solving ideas. This had improved the coordination of the care delivery in the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy. People living at the home and their relatives confirmed, they knew how to complain.
- The manager had displayed the results from feedback received, in a 'you said, we did', format. A suggestion box for people to share their views or provide feedback to staff and a 'Rate us Cards', were also available.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes. For example, an advance decision to refuse medical treatment risk assessment was in place for one person who due to their religious belief, was at odds with medical advice.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.
- End of life care is included in the home's quality assurance statement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- Staff took extra time to ensure the people they were speaking with understood and they had time to engage. Relatives told us staff were good at communicating with their loved ones.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their opinions through a variety of creative ways, along with staff and relatives. The provider actively encouraged them to discuss any concerns. The manager showed us evidence that issues and suggestions were acted upon. One example was that people had requested help with accessing the local community. The manager was now working with a local taxi company and community transport, to remove any travel barriers people might have had, with accessing the community.
- Staff told us, there was a high level of engagement at home meetings and from questionnaires, as a result of people enjoying having a say and seeing things happen. People living at the home had expressed an interest in running and developing the home's shop. Plans agreed will include a community pharmacist and a post office. Staff were supporting people to do this and had made an application to a charitable fund for money to make this possible.
- People's equality characteristics were considered when accessing care and activities. Staff had received training in equality and diversity issues, understood different cultures and respected traditions.
- Staff were supported by the organisation's lesbian, gay, bisexual, and transgender (LGBT)+ customer group, which had advised on policies and helped create guidance for staff about people living in their services.

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

- The staff team promoted person centred care in all aspects of the home. Relatives told us the positive attitude of the manager, had helped people to receive prompt and professional care. One relative said, "The [manager] is so easy to speak to and they take everything on board." Another relative told us, "The manager is very open."
- The manager supported the whole staff team. Staff told us, "People are well looked after at Bilton Court and the manager is amazing." Another member of staff told us, "I had an issue when I first came here to work, but I spoke to [manager] and [they] sorted it out for me."
- Staff told us they were happy working at the home and felt very much supported by the management team. Staff were proud of the home.
- The manager told us, they had been supported in their role, with daily support and the "spark" of enthusiasm had continued with the staff and how they delivered the care every day at Bilton Court.

Continuous learning and improving care

- The manager told us the home takes part in the 'Your Care Rating' survey. An independent confidential survey, that was giving people living at the home, the opportunity to provide views and feedback. The provider used the results to drive service improvement and ensure peoples' voices were heard. The manager told us that following last year's results, they had recruited more staff and increased the staffing levels to support all the staff team to get involved in activities.
- The management team use an excellence tool (an audit system), to improve and monitor the quality at the home and its care delivery. This was regularly verified by a district manager, resulting in a live action plan, which staff continuously worked on. This was linked to the CQC's Key Lines of Enquiry (KLOE's).
- Relatives and staff told us, improvements had been noticed and felt, making the home a great place to live and work. Since being in post, the manager had ensured organisational policies were being followed by staff from handover, the activity programme, dementia improvements and staff training.

Working in partnership with others

- Staff recognised their role in supporting people to pursue full and active participation in the local community. Staff supported people to attend trips to the local theatre and had invited the local community to their recent anniversary event. Staff had developed knowledge of community services and built links with the emergency services, to establish partnership working locally. A local playgroup also visited the people living at the home on a regular basis. The manager had recently extended this, to a veteran's coffee morning, to give more people the opportunity to share experiences and form new friendships.
- The manager was focused on community action and was passionate about tackling loneliness and had started a collection for hampers. Staff were requesting nominations from people visiting the home about people who were living alone locally. The manager told us that if this initiative proved successful, this potentially be adopted by the whole organisation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the manager acted to improve the service using their excellence tool (live action plan), to support the home in becoming self-regulating. The manager told us how the monitoring of the home was multi-layered with involvement from both staff at the home, along with support from the organisation.
- The manager and the staff team, understood their regulatory requirements and took this seriously, reporting incidents and events to CQC. Our records showed these had been submitted as required.
- Policies and procedures were in place, including the organisations business plan, containing current and supported best practice. The manager regularly shared this with staff at team meetings and at supervisions.
- Staff attended meetings to discuss updates in policies and refresh knowledge and had recently started to undertake internal accreditation. The provider awarded the accreditation to those homes that delivered the highest quality and standards of dementia services. The manager told us, it had made staff look at what they were currently doing and what they could do better.

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

- The manager understood their regulatory responsibilities and ensured, professional and regulatory bodies were notified about events they were required to by law.
- Staff told us, "It was always better to be open and honest and let relatives know what is happening. Families are always told straight away following an incident." A relative told us, staff always kept them updated about their relative.
- The management team supported staff to learn from incidents and actions taken. Robust systems to

review, audit and analyse data and other records ensured quality standards remained high and processes were in place to ensure oversight and scrutiny of the care being delivered. Records showed the management team had developed a system to check the care was meeting regulatory requirements.