

Bupa Care Homes (BNH) Limited

# Allington Court Care Home

## Inspection report

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Hertfordshire  
AL2 3TN

Date of inspection visit:  
13 November 2023

Date of publication:  
17 January 2024

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Allington Court Care Home is a residential care home providing personal and nursing care to up to 41 people. The service provides support to older people. At the time of our inspection there were 37 people using the service.

### People's experience of the service and what we found:

The management team completed risk assessments associated to people's risks, however these were not always detailed and, in some cases, where risk were present staff were not aware of these.

The provider collated information in relation to incidents and accidents. Although the management team had recently analysed this and started to implement actions to try and mitigate the risk this had not been recognised sooner and other contributing factors was not considered to reduce the risk, such as people not having their walking aids present or having call bells to call for assistance.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. We recommend the provider reviews the use of the use of potential restrictive practices such as, call bells and bed sensors across the service to ensure these are appropriately used and regular reviews are completed

People received medicines when they needed it. The provider operated safe recruitment processes.

Managers completed quality audits which covered all aspects of care, and filtered through to an action plan, the management team had highlighted some of the areas we identified for improvements, However, some of these audits did not identify failings in the quality of care.

The management team had started taking actions on the information found at the inspection. In addition, they had put additional resources in the service to drive improvements.

Relatives felt their family members were being supported well and the management team were responsive.

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

### Rating at last inspection

The last rating for this service was Good (published 8 April 2021)

### Why we inspected

The inspection was prompted in part due to concerns received about safety relating to intelligence received about the home. A decision was made for us to inspect and examine those risks.

### Enforcement

We have identified breaches in relation to management of risks for people and ensuring people are supported in the least restrictive way. Effective governance systems were not operated to identify where improvements were required. Please see the action we have told the provider to take at the end of this report.

### Follow Up

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

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Allington Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Allington Court is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Allington Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 7 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, clinical lead, care workers and chef. We reviewed a range of records. This included 5 people's care records and a variety of medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- The management team completed risk assessments associated to people's risks, however these were not always detailed and, in some cases, where risks were present staff were not aware of these. For example, one person had a high risk of falls and was on blood thinning medicine. Risk assessments did not identify the risk to the person and steps to take if they had a fall.
- We found where people had epilepsy, the care plans indicated immediate actions to take when the person had a seizure, however further consideration needed to be taken about how to manage wider risks to the person
- We found one person's risk assessment highlighted the need for them to have fluids thickened, Despite the daily records indicating the fluids were thickened. At the time of the inspection the person had been given two drinks that were not thickened, this put the person at risk of aspiration. .
- The management team collected information where incident and accidents occurred. The information showed there was a high number of unwitnessed falls and unwitnessed skin tears. Although the management team had recently analysed this and started to implement actions to try and mitigate the risk this had not been recognised sooner and other considerations to reduce the risk, such as people not having their walking aids present or having call bells to call for assistance.

The provider had not ensured there were effective systems to safely manage risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Despite this, relatives and people felt they were safe with the support provided. A relative said, "The care staff and all the staff have been amazing. They generally care and I have always been confident that [relative] is being looked after and cared for with respect and dignity and most importantly love. The family know my [relative] is safe."
- Staff spoke about their responsibilities when raising concerns about people's care. One staff member said, "The organisation places a strong emphasis on safeguarding, and my responsibility is to promptly recognise and report any concerns. Established procedures are followed, and, if necessary, relevant external authorities are contacted. This commitment to safeguarding contributes to a safe and secure environment for residents."

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- People did not have always access to call bells in their bedrooms to call for assistance when needed. We spoke with people who said they have to shout out and at times had felt anxious and lonely that they were unable to get help when required. The provider had taken immediate action to review where people could and could not use call bells. Where people could not use call bells the registered manager requested that staff check on people hourly.
- Where people were supported in bed, there were a number of people who had sensors on the floor in the event, they were to leave their beds the staff would be notified. The provider said this was to reduce the need for bedrails, however further consideration needed to be taken as to if this was appropriate use of equipment for everyone. The registered management said as part of their review they would look at see if it was appropriate for each person. This is to ensure there are not unnecessary restrictions put into place.
- When speaking to staff they did not always understand the principles around choice and control of people's daily lives. A staff member was asked how people are able to call for assistance due to the lack of call bells. The staff member said the staff would know if the person required assistance if the floor sensor was to sound. This did not show an enabling and proactive approach, but reactive to when people may be at risk of harm.
- One person felt their wishes were not always respected, "I do not like drinking out of the sippy cups they give out. I feel like a baby with these silly cups. .... They have changed my food, so it is all mashed up and I don't like it. They did not listen to me." Following the inspection the provider told us action they had taken to ensure the person's view was listened to and explored adaptations and equipment.

We recommend the provider reviews the use of the use of potential restrictive practices such as, call bells and bed sensors across the service to ensure these are appropriately used and regular reviews are completed.

#### Using medicines safely

- People were supported to receive their medicines safely. However, we found records were not always accurate. Where people were using patches, records did not detail where these were positioned, which meant the management team could not be assured these were being administered correctly and safely.
- We observed a medicine round and the staff used safe techniques when administering medicines and had a good rapport with people.

#### Staffing and recruitment

- Staff confirmed there was enough staff to support people. The registered manager had recently increased the number of staff on a shift as they recognised people's needs had changed.
- The provider operated a safe recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



### Preventing and controlling infection

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

### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers completed quality audits which covered all aspects of care, and filtered through to an action plan. The management team had highlighted some of the areas we identified for improvements, however, some of these audits did not identify failings in the quality of care. For example, identifying areas of improvement with assessing risks, mitigating risks, restrictive practice and medicine management.

The provider had not ensured there were always effective governance systems to identify where improvements were required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The management team had started taking actions on the information found at the inspection. In addition, they had put additional resources in the service to drive improvements and actions were starting to be implemented.
- Staff felt they were supported by the management team and felt they could approach them. One staff member said, "I feel well-supported in my role at Allington Court Care Home. Regular communication, recognition of achievements, and a positive work environment contribute to a high level of staff morale. The organisation's commitment to professional development and team-building activities further enhances the overall sense of support and camaraderie."
- Another staff member said, "I attend the huddle everyday where I hear about any incidents and any actions we need to take as heads of departments. I feel totally listened to in my role and supported. I love doing my job and I am always for ways to improve the quality of life for the residents. "
- Relatives felt they could approach the management, "The management team are approachable and responsive."

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; Continuous learning and improving care

- The registered manager understood their duties in relation to duty of candour. In addition, the registered manager was aware of their responsibility to submit relevant notifications to the relevant partner agencies and CQC.
- The registered manager had plans to improve the service. They told us their priority was to address issues with the environment and had identified improvements to develop people's wellbeing.

- The registered manager was responsive to the concerns we raised and had started to implement changes to the service.

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

- The management team ensured they gained the experiences of people to shape the way they supported them with the aim to provide a great life. This was done through meetings and informal conversation where people were listened to, and action was taken.
  - We observed positive interactions with the activities staff member at the time of the inspection where they allowed time for people to speak about past experiences.
  - Staff gave feedback through individual face to face meetings with the management team and via surveys. Where improvements were highlighted, these were listened to and actioned.
  - The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- Relatives and staff gave positive feedback on the responsiveness of the management team.

Working in partnership with others

- The registered manager gave examples of regular input from other professionals to achieve good outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured there were effective systems to safely manage risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured there were always effective governance systems to identify where improvements were required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.