

Anchor Trust

Bilton Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bilton Court is a care home providing care and support for up to 48 older people, some with dementia and some with a physical disability. It is situated on a residential estate on the outskirts of the town of Wellingborough in Northamptonshire. On the day of our visit, there were 38 people using the service.

The inspection was unannounced and took place on 25 April 2017. At the last inspection on 6 May 2015 the service was rated Good. At this inspection we found that the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service continued to receive safe care. Robust staff recruitment procedures were followed. The staffing levels met people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

People using the service continued to receive effective care and 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 support this practice.

People received care from staff that had the appropriate knowledge and skills to meet their needs, and they were supported to maintain good health and nutrition. Staff were provided with a thorough induction and on-going training. They had attended a variety of training to ensure they were able to provide care that was based on current practice. Staff received regular supervision and appraisal from their allocated supervisors.

Staff knew the people who used the service well and delivered care that respected people's individuality and diversity. People were treated with dignity, kindness and compassion and encouraged to be involved in planning their care and support. The care plans were personalised giving details on people's needs and preferences. People knew how to raise a concern or make a complaint and the provider had effective systems in place to manage complaints.

People benefitted from using a service that had a positive, person centred ethos and an open culture. People, their relatives and staff had confidence in the registered manager's ability to provide high quality managerial oversight and leadership. Established quality monitoring systems were used to drive continuous improvement.

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 Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 25 April 2017 and it was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the provider and returned on the 10 March 2017. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC).

During the inspection we spoke with nine people using the service, five relatives and one visitor. We also spoke with the registered manager, the deputy manager, the area manager and four care staff. We reviewed the care plans and other associated care records for three people using the service. We also reviewed three staff recruitment files and records in relation to staff training and support, and the management quality monitoring of the service.

Is the service safe?

Our findings

People told us they safe and secure at the service. One person said, "It's a lovely home, I do feel quite safe." One relative said, "The security is good here." One relative told us previously they had raised concerns about another person entering their relations bedroom, they said the management dealt quickly with the situation.

The staff knew how to report any concerns of abuse within the organisation and externally with the local authority. We saw that safeguarding training was updated annually by all staff. The registered manager had informed the Local Safeguarding Authority (LSA) and where appropriate, the Police of safeguarding concerns. Records showed they had worked with the LSA and Police in carrying out investigations.

Risk assessments identified and respond to areas of individual risk, such as the risks of falls, malnutrition and acquiring pressure damage to skin. The assessments were reviewed on a regular basis and updated to reflect people's changing needs.

The recruitment procedures made sure only suitable staff were employed at the service. Staff told us upon recruitment they had produced documentation to prove their eligibility to work in the United Kingdom and they were of good character. Documents reviewed at the inspection evidenced that all the necessary pre-employment checks had been carried out.

Most people told us they thought there was sufficient staff available. One relative said, "Most of the time there's plenty of staff." Another person said, "There's lots of staff here, they are very attentive usually." The registered manager explained that they were in the process of recruiting more staff and vacancies were being filled by staff from a care agency. We observed during the inspection that staff were available to respond to people's requests for assistance and they worked at a relaxed pace with people as they went about their duties.

People's medicines were managed safely and administered at the prescribed times. One person said, "My medicine comes on time, they are pretty good that way." Another person said, "I don't need regular medicine, but I do have some pain in my wrist, they put gel on it." A third person said, "I take a couple of paracetamol; before I go to bed but only if I ask for pain relief. They ask me a couple of times a day if I want something for my pain." The staff were knowledgeable about the way in which people preferred their medicines to be administered. They had undertaken training on the safe handling and administration of medicine and their competency to administer medicines was regularly assessed.

Is the service effective?

Our findings

People received care from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. One person said, "They are all very skilled." Another person said, "I'd say they are quite well trained." The staff told us they received comprehensive induction training and specific training was provided to meet the needs of people using the service. For example, dementia care, nutrition and pressure area care. We discussed with the registered manager the need for staff to refresh first aid training; they confirmed the training was in the process of being arranged.

The staff told us they had regular supervision meetings to discuss their learning and development needs and that annual appraisal meetings took place. Records viewed at the time of inspection also confirmed the meetings took place as planned.

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 staff had received training on the Mental Capacity Act 2005 (MCA) and DoLS legislation. They sought people's consent before carrying out any care tasks. Some people had interventions that were considered a form of restraint and as such DoLS applications had been submitted to the local authority. For example, people that needed staff to escort them, when leaving the home, and people at risk of falls out of bed, that needed bed safety rails to be in place.

People were supported to eat a healthy diet. One person said, "The food is good, there is a full menu, I like the food, I like the fruit especially the fresh melon. You get two choices; they show you what meals are available, served up on sample plates." Another person said, "If I don't want what's on offer, they will do something else, I also have snacks every day." A third person said, "They ask me what I want for lunch in the morning. If I don't want it they offer me something else. I'm content with the food. They serve us quite quickly, I chat to the other residents, it's quite nice." A relative said, "I'm here at lunchtime there's always enough staff. The staff support people who need it, [Name of relation] gets to choose what they want." The staff were knowledgeable of the different levels of support people needed to eat and drink and accommodated their needs.

The service worked closely with healthcare professionals, following their guidance and advice that was also incorporated within the care plans. She gets all the healthcare visits, no issues there". Another relative said, "The chiropodist and the doctor comes in, she had an eye test recently." Records within people's care plans evidenced that staff arranged for other healthcare professionals to see people for routine health checks and in response to sudden illness and changing needs.

Is the service caring?

Our findings

People were treated with kindness, compassion, dignity and respect. One person said, "The staff were good natured, kind and compassionate." Another person said, "I like the girl over there, she's very nice, she looks after me. They are all quite caring; I've never had any problems." One relative said, "I really can't fault the staff, they are all wonderful. [Name of relation] was in another home before she came here, she was very anxious about moving in, but the staff soon put her at ease, it's wonderful to see her so relaxed. She loves it here and we love her being here, the staff go that extra mile." A visitor said, "I get the impression the staff are very caring. It's a nice atmosphere here." We observed good interactions between people using the service and the staff. The atmosphere was light hearted with lots of laughter and good humour, it was evident that people felt comfortable with the staff and had good relationships with them.

The staff took an interest in getting to know people. They knew about people's preferences, their hobbies, interests and past occupations. People were addressed by their preferred name and staff took time to ensure that people understood what was happening, offering reassurance; people took comfort from this attention. One relative told us how the staff helped them celebrate their 60th wedding anniversary, they said, "I was invited for lunch, free of charge, we had a room where we brought in our own food, we also invited some of the other residents."

People were encouraged to write comments on a piece of paper shaped like a leaf to attach to an artificial tree. We saw the comments placed on the branches from people that had visited the service were very complimentary. For example, 'This is a very pleasant home', 'Very supportive staff', 'The staff approach is cheerful and helpful' and 'How beautiful this place is'.

Systems were in place to identify the support people required to make important decisions about their care. People told us they were involved in making decisions. One person said, "They discuss my care with me and my son."

Information was made available to people on advocacy services There was no one using the services of an advocate at the time of our inspection. We saw relatives visiting people throughout our inspection. One relative said, "There is no restrictions on visiting, I visit whenever I like."

The staff understood the importance of maintaining confidentiality. This was reflected in the discussions we had with staff and the observations made during the inspection. Information about people using the service was kept confidential, stored securely and only accessed by people who had permission to do so.

Is the service responsive?

Our findings

Peoples' needs were assessed prior to moving into the service. One relative said, "We came to visit the home unannounced 'out of the blue' to have a look around, no appointment. We were made welcome and everything was explained to us. Before [Name of relation] moved in we were asked lots of questions things like, her medical history, any allergies, mobility, her likes and dislikes etc." We saw that the information gathered from the pre admission assessments was used to develop individualised care plans. We saw that people were encouraged to bring personal possessions to personalise their bedrooms to make it their home.

People were aware of the activities available at the service and received a plan. A number of people told us they took part in the activities and some told us they chose not to do so. One person said, "They tell us what's on every day, but I'm happy to do my own thing." Another person said, "They took me to the pub by taxi, a few of us went. We also went to Church at Easter. I also go to the services in the home. We have bingo, skittles and arts and crafts sessions." Other people told us they had been on trips to the zoo.

An activity person was employed at the service and there was varied programme of individualised and group activities provided. People told us that they enjoyed the activities that took place in the service. On the day of the inspection we observed a group of people take part in an activity of carpet bowls, facilitated by the activity person. One person said, "They asked me to do the bowls this morning, they always ask me." We saw that all people within the group seemed to enjoy the activity and took part, and there was a light-hearted spirit of competitiveness.

One person told us the staff were helping them to do an audio recording of their childhood memories and life growing up in one of the Northamptonshire Villages. One relative said, "[Name of relation] does different things every morning, things like, skittles, bowling and dominoes." Another visitor said, "The staff seem to know what [Name of relation] likes and doesn't like. She does a lot of the activities." Another relative said, "The staff take her on pub visits and to the railway station. She went on the Waendle walk (which is an international walk held annually in Wellingborough), I know I couldn't take her."

There was a formal complaints procedure in place, which was on display within the service for people to access if needed. People told us they would tell a member of staff if they needed to raise a complaint. One person said, "I have never made a complaint, this is a good place." Relatives confirmed that any concerns they brought to the registered managers attention was quickly dealt with. The complaints records showed that complaints were responded to in a timely manner and action was taken to learn from complaints to continually improve the service.

Is the service well-led?

Our findings

The registered manager took up post on 3 August 2016 and most people said they knew who the registered manager was and had confidence in the way the service was managed. One person said, "The manager is great, she's more than a friend." I would give the home 9/10, it's great, they look after me." Another person said, "[Name of manager] is a good manager, she comes round to see how I am." A third person said, "They are in contact so much you can sort anything out with them."

Relatives told us they would recommend the service to others. One relative said, "The atmosphere is very good here. It's the best home in Wellingborough, [Name of relation] is far better living here." People using the service, relatives and staff were positive about the care provided at the service.

People and relatives were invited to give their views on the service they received, by attending meetings and completing feedback questionnaires. One person said, "I went to a meeting a few months ago it was in the newsletter, they discussed food mainly. I think the food is quite good, I would give a score of 10/10." Another person said, "Everything here is very good, nothing needs improving." A third person said, "I go to the residents meetings, they are usually monthly." A fourth person told us they had completed questionnaires to provide feedback on the service. They said, "They have nothing to improve, it's all good."

There was a positive, open and transparent culture in the service. Systems were in place for responding to accidents, incidents and complaints. Staff knew how to keep people safe from harm; They confirmed they felt supported in their roles and involved in making decisions through attendance at one to one meetings and team meetings. The feedback, we received indicated the staff took pride in helping people to lead enriched and fulfilled lives. They were motivated to work to high standards and build upon their skills and knowledge through on-going training.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas that required further development. Where improvements were required, actions had been identified and completed to improve the quality of the care given.