

Bupa Care Homes (BNH) Limited

# Allington Court Care Home

## Inspection report

Lye Lane  
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St Albans  
Hertfordshire  
AL2 3TN

Tel: 01923894542

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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?

Outstanding ☆

# Summary of findings

## Overall summary

This inspection was carried out on 16 May 2017 and was unannounced. At their last inspection on 3 February 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Allington Court Care Home provides accommodation for up to 44 older people, including people living with dementia. The home is registered to provide nursing care. At the time of the inspection there were 39 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People felt safe and staff knew how to work safely. They knew how to recognise and report any concerns. Individual risks were assessed and well managed which included reviewing any accidents to reduce the risk of a reoccurrence.

People were supported by enough staff who were recruited safely. The staff team was trained and supported in their role. There had been some issues with medicines but these had been identified and there was a plan in place to address them. There was regular and appropriate contact with health and social care professionals.

The staff team worked in accordance with the principles of the Mental Capacity Act 2005 and ensured people were encouraged to make choices. People enjoyed a varied diet and were supported with eating or drinking as needed.

People were treated with dignity and respect. Staff spoke to people with kindness and were attentive. People, or their relatives if more appropriate, were involved in the planning of their care. Where needed, advocates also supported people. Confidentiality was promoted.

People received care that met their needs and their care plans were detailed and gave staff clear guidance.

There had been no recent complaints but relatives told us they were confident to raise one if needed. There was a provision of activities that promoted people's wellbeing.

The management and staff team were committed to developing their knowledge and working with other agencies to improve the lives of the people they supported. Feedback about the leadership and management of the home was all positive. The inspection history for the service had been consistently positive. There were several effective quality assurance systems in place to identify and address any

shortfalls. The registered manager was dedicated to promote a positive culture in the home. There was a strong emphasis on a personalised and caring approach towards all the people using the service from staff and the registered manager. They cared for people in a holistic way rather than viewing their care needs in isolation.

The registered manager put a strong emphasis on continually striving to improve the services they provided to people. They promoted and regularly implemented innovative systems in order to provide a high-quality service

## 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.

People felt safe and staff knew how to work safely.

Individual risks were assessed and well managed.

People were supported by enough staff who were recruited safely.

There had been some issues with medicines but these had been identified and there was a plan in place to address them.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported in their role.

The staff team worked in accordance with the principles of the Mental Capacity Act 2005 and ensured people were encouraged to make choices.

People enjoyed a varied diet and were supported with eating or drinking as needed.

There was regular and appropriate contact with health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People or their relatives were involved in the planning of their care.

Confidentiality was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

Care plans were detailed and gave staff clear guidance.

There had been no recent complaints but relatives told us they were confident to raise one if needed.

There was a provision of activities that promoted people's wellbeing.

### **Is the service well-led?**

The service was very well - led.

The management and staff team were committed to developing their knowledge and working with other agencies to improve the lives of the people they supported.

Feedback about the leadership and management of the home was all positive.

The registered manager was dedicated to promote a positive culture in the home.

There was a strong emphasis on a personalised and caring approach towards all the people using the service from staff and the registered manager. They cared for people in a holistic way rather than viewing their care needs in isolation.

The registered manager put a strong emphasis on continually striving to improve the services they provided to people. They promoted and regularly implemented innovative systems in order to provide a high-quality service

The inspection history for the service had been consistently positive.

There were several effective quality assurance systems in place to identify and address any shortfalls.

**Outstanding** 

# Allington Court Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with two people who used the service, six relatives and one person's representative, four staff members, the regional manager and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

# Is the service safe?

## Our findings

People were not all able to tell us if they felt safe due to their complex health needs. When asked if they felt safe, one person told us, "Oh yes." We observed people being supported by staff and noted that they were calm and relaxed while interacting with staff or being assisted. Relatives told us that they felt people were safe. One relative told us, "They are not anxious anymore." Staff had received training on how to recognise and report abuse. Staff were knowledgeable about possible signs of abuse and their responsibility to report any concerns. We saw that there was information displayed to raise awareness and any concerns had been reported and responded to appropriately.

People had their individual risks assessed and staff worked in accordance with this. We saw staff were using safe moving and handling procedures and ensured people were supported with pressure care, nutrition risk and fall reduction as needed. Falls were reviewed by the management team with regular analysis to help identify themes or trends and ensure all required actions had been completed to prevent reoccurrence.

People were supported by sufficient numbers of staff. Relatives told us they felt there were enough staff. One relative said, "They [staff] are always there if you need them." We saw that people's needs were responded to promptly and people were not left waiting for support. Staff told us that they felt there were enough staff. The registered manager completed the rota months in advance to help ensure that all shifts were covered. They also used a dependency tool to inform the number of staff needed based on people's individual needs. Staff were recruited safely with all relevant pre-employment checks completed prior to them working in the home.

Medicines were managed safely. There were daily, weekly and monthly checks in place by the registered manager, regional manager and nurses on duty. Boxes and bottles were dated, handwritten entries countersigned and protocols in place for medicines prescribed on an as needed basis. We did however identify discrepancies in two of the nine boxed medicines we checked. The registered manager made plans on the day of inspection to address this and the nurses on duty reviewed the issues to ensure people were receiving their medicines as intended by the prescriber.

## Is the service effective?

### Our findings

People were supported by staff who were trained and felt supported. Relatives told us they felt staff were skilled for their roles. One relative said, "I haven't noted any concerns." Another relative told us, "I am confident in their professionalism and competence." Staff felt they received training and support to enable them to carry out their role. They also had regular one to one supervision. One staff member said, "I have enough training and support." A professional told us that staff were knowledgeable in the health conditions and needs of people. They felt that staff were very well equipped for their roles and always acted appropriately.

People were offered choices and their consent was sought. Where they were unable to give consent, their relatives were involved and they had their capacity assessed. Best interest decisions were documented to ensure people received the best care and support. These decisions were in place for all aspects of people's lives and needs to ensure that their rights were respected and promoted. 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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People enjoyed a variety of foods and were supported with eating and drinking as needed. People were not all able to express their views on the food but one person told us, "It's good." We saw people enjoying their meals, snacks and drinks. At meal times two choices of food was offered and this was done by showing people two plates of food so that they could pick. This also happened with drinks which was beneficial as many of the people living at the service may have found it difficult to make a decision without the visual prompts.

Staff sat with those who needed assistance to eat and supported them patiently, chatting as they were eating. People had their nutritional risk assessed and if they were at risk of not eating or drinking enough, they were referred to the appropriate health professional and received fortified food. The registered manager told us of a recent project they took part in called 'Food First'. They said that part of this meant they had measured the calories in food and the chef had prepared a menu accordingly. As a result people's weights had increased and stabilised. One relative told us, "When [person] was admitted to the home they had lost so much weight and they have addressed that and she is much better."

People received regular health and social care support. Relatives told us that they were happy with the way in which people were supported with their health needs. One relative told us, "As a result of [their] sometimes [complex] behaviour, which I have witnessed, they referred [them] to the Community Mental Health team of the NHS, who recommended that [they] be given anti-psychotic medication. I had reservations about this, but was fully involved with discussions with the NHS team and the home. The medication does seem to have had some beneficial effect." A visiting professional told us that they found the home to be very responsive to people's needs and promptly recognised changes to people's health. They told us they always sought advice when needed and followed this to ensure people's health was promoted.



## Is the service caring?

### Our findings

People were treated with dignity and respect. We saw staff spoke to people with kindness and always waited for a response. Relatives had lots of praise for the staff team. One relative said, "The home is lovely, staff are lovely, they are all very nice." Another relative told us, "[Person] is contented and is having a happy time." A health professional told us, "They know people so well, staff are lovely. I have no worries, it makes me feel good as a [health professional]."

Most evident during the inspection was the consistency of people's well maintained appearance. Given the complexity and dependency needs of many of the people who were living there, everyone was well dressed, well-groomed, nails were clean, and painted in some cases, and at no time did we note that anyone was in need of personal care. Staff discreetly prompted people to use the toilet and supported them appropriately. One relative told us that they had found supporting their relative with their increasing needs prior to them moving into the service. They told us, "I have been impressed by the way in which Allington Court have coped with this. They are demonstrably caring and involved: whenever I visit (usually I or my wife goes at least twice a week) they not only recognise and greet me, but also all know where my [relative] is and what he is doing. They manage to remain cheerful and friendly in often difficult circumstances."

We observed staff spoke with people as they walked into a room. We heard a staff member say to someone, "[Name] you look pretty today." They then chatted with them. Staff spoke kindly to people, explaining what they were doing if they were supporting them, and also the reason why they were doing it. For example, we heard a person sounding anxious when receiving personal care. The staff talked them through what they were doing, with the aim for them to feel more comfortable and be ready for the day. The person soon relaxed.

Most people were not able to be involved in planning their care due to their complex needs, however staff told us that they tried to involve them in day to day decisions, such as what they would like to wear or eat as much as possible. Relatives were invited to be part of the care planning and reviews. One relative told us, "I had lots of planned reviews but there was no change so now I just speak to them if I want something changed and they keep me updated." Staff offered choices throughout the day, "Would you like to sit here?", "What would you like to drink?", "Would you like to come into the activities room?". This demonstrated that although people may have had difficulty making decisions or communicating, staff continued to try and empower them to make their own choices.

People who needed additional support had advocates allocated to them. These visited monthly and were part of those people's care reviews and supported them with decisions.

Confidentiality was promoted. We saw that records were stored securely and staff spoke discreetly when discussing people or supporting them. Staff completed records as they had provided support and promptly put the records back in the locked office.

## Is the service responsive?

### Our findings

People received care that met their needs. They were unable to tell us about their experience of the care they received but we observed staff supporting them in a timely manner and people looked well presented with brushed hair and appropriate clothing. Relatives told us that they felt people's needs were met. One relative said, "[Person] has changed since he's been there, much more relaxed." Another relative told us, "[Person] had really bad [health condition] when they moved in, and they have managed to get [issue] under control. They've really done well with that." They went on to say, "I really think they do the best anyone could do for people with these needs." A third relative told us, "[Person's] condition has improved, they were in a bad way when they left the hospital four months ago. When I saw her last, she was the happiest I've seen her in six months."

People's care plans were clear and gave staff guidance on how to support people appropriately. However, we did note that not all care plans included the same level of detail. For example, when supporting people with behaviour that may have been challenging. We discussed this with the deputy manager who told us that they would address this straight away. Relatives told us that they felt staff knew people well and were very aware of their needs. One relative told us, "I find that the staff, and [Clinical Services Manager] in particular, are always up to date with [their] situation and happy to discuss it."

There were regular activities that reflected people's strengths, limitations and interests. People were able to participate as much or as little as they liked. Relatives told us that due to the varying abilities and attention spans it was often difficult to get people to participate in activities but that staff continued to try. One relative told us, "They do try to get him involved with things, today [person] was in the "Activity Room" and was, unusually, taking some interest in what was going on." On the day of inspection it was lady's day which included hairdressing and nail care. We also saw a group of ladies sat together reading magazines, newspapers and doing puzzles. A staff member sat with them talking about their lives and the things they enjoyed doing. We saw throughout the home people were playing with musical instruments, listening to music. The activity planner included walks, a gentleman's club, gardening and baking. Relatives told us that there was always something going on. One relative told us, "The activities are having a positive effect, [person is much calmer and happier than [they] used to be." A visitor to the home told us, "Some of these people are real frail old folk but the staff still bother with them, they still make an effort. I think they're brilliant."

Each person had a personalised activities plan. These included time spent caring for dolls, music therapy, hand massage, activities relating to the royal family for a fan, food tasting for someone whose calorific intake needed to be increased and in particular chocolate as it was their favourite food. The registered manager told us, "[Person] loves sweets and enjoys the different flavours. It is a sensory experience that reminds her of her childhood when they went to the shop and had little bags of different sweets. These positive memories of her childhood makes her feel happy." They went on to say, "We use dementia mapping to empower the staff to engage in evidence-based critical reflection in order to improve the quality of care for people living with dementia."

There was a system in place for making and receiving complaints. However there had been no recent complaints. Relatives knew how to raise a concern and were confident to do so. One relative told us, "I've been in the office to chat about [person's] condition, they always listen." Another person told us, "I don't have any complaints, quite the opposite, nothing but praise for them." The registered manager told us, "I deal with any little issues or grumbles straight away and they don't grow into complaints." We saw that these issues were fed back to staff at handovers or team meetings.

## Is the service well-led?

### Our findings

Everybody we spoke with during the inspection was extremely positive about the leadership in the home. Relatives told us that they felt the home was well run and the managers were approachable. Relatives told us they could approach the manager any time and get a swift response or help from them if they needed it. One relative told us, "The [registered] manager is around, I asked her to sign something for me and she did it really quickly." Another relative said, "The [registered] manager is very nice, so is [deputy manager]."

When asked about what the home does well, one relative told us, "The care, the place itself, this is more than a friendly place." They couldn't give us any examples of what they could do better. Relatives were happy with all aspects of the service. A person's representative told us that they had moved to the service as they were unhappy at their previous care home. They said, "The resident has only been at the home for a few months, we have noticed a distinct improvement in the level of service, care and general communication when compared to the previous home. Whilst it is early days, I am very impressed with the care home and have nothing negative to say based on my experience." Professionals that visited the home also felt it was well led. One professional said, "I love it here, it's so well run and well organised."

The registered manager was dedicated to promote a positive culture in the home. They were visible and approachable for staff to share their views and acted as a role model. Staff were very positive about the leadership in the home and they valued the registered manager's attitude towards them and people living in the home. One staff member said, "The [registered] manager is very good, on top of it, on top of us." Another staff member said, "I love it here, the [registered] manager walks round all the time checking." We observed that the attitude and approach of staff was also positive and open. Staff were cheerful and bright as they worked and chatted with each other and people and created a welcoming homely atmosphere. This had been noticed by relatives. One relative said, "You can speak to all of them, so helpful." The provider was not only responsive to meeting the needs of people who used their services, they were dedicated to recognise and value their employees and ensure their hard work was recognised. The registered manager told us, "Bupa have just launched an employee portal called 'Everyday Hero' and I am a champion on the system. It is designed for staff to be able to send cards to each other, and I am allotted an amount of money monthly that I can reward staff with. I have been thanking staff for their contributions, awarding monetary gifts and sending letters to staff in recognition of their contribution to the home." This meant that the provider and the registered manager had recognised the importance of valuing their staff and motivating them to deliver better quality care for people.

The service had a track record meeting regulations. Their approach to maintain standards and striving for continuous improvement was consistent throughout their inspection history. The registered manager was committed to working with external agencies to improve learning and standards throughout the organisation and to support other providers. They shared this knowledge in the home and this improved the welfare of people and created a positive environment. They told us, "Earlier this year I attended a UK clinical event a two day conference on initiatives that are being piloted in homes and workshops to identify how we can improve systems and processes for the benefits of our visitors, residents, relatives and staff." We found that there were no recent pressure ulcers in the home and people's weight had increased where needed or

stabilised. People who were admitted to the home for end of life care two years ago were still living a good quality of life. In some cases the health and abilities had improved and relatives told us of the change in people's welfare. This included from discharge from hospital, transfer from other care services or their own homes. The registered manager went on to say, "I am proactive in looking at innovative ways to promote the quality of life for my residents whilst looking at the staff and ensuring we are doing everything we can to look after them, raise self-esteem, value them."

The registered manager clearly identified the positive impact this work had on people who lived in the home. The personalised care, the activity provision and also the emphasis from staff to improve people's welfare changed people's lives to the better. For example we found that a person who was unable to come out of bed when they moved into the home and was totally dependent on staff for all aspects of their life had regained their mobility and was eating independently and putting weight on. This person also went from not being able to communicate at all to now joining in with others and enjoying time with people. We found that this was not an isolated event, there were many examples from relatives and the registered manager about how the personalised care and support improved people's lives.

We found that there was a strong emphasis on a personalised and caring approach towards all the people using the service from staff and the registered manager. They cared for people in a holistic way rather than viewing their care needs in isolation. Staff had taken time to get to know people and developed personalised activities plan for each person to ensure people were occupied and involved in pursuing their hobbies and interest. These included sourcing a newspaper in a person's native language and staff learning the language from the person's tuition. This had a positive impact on people. For example we found that the numbers of incidents relation to behaviour from people which may have been challenging were very low. We also noted that the home was very calm and although they supported some people with some complex needs, everyone was calm, relaxed and encouraged to join in with activities and conversation. A health professional who regularly visited the home told us, "You would not find a group of people with more advanced dementia elsewhere, but they support people so well. Anxiety levels are low, people are happy and their health is promoted as a result."

The registered manager put a strong emphasis on continually striving to improve the services they provided to people. They promoted and regularly implemented innovative systems in order to provide a high-quality service. For example, the registered manager established a well-developed programme for people to be involved in interviewing perspective new staff. Regardless of the fact that people were living with dementia, they were enabled to make their voices heard and actively participate in the running of the home. This helped to ensure that staff employed were best suited to supporting people living with dementia and had the same attitude as the team by seeing the person and not their diagnosis of dementia.

The management and staff team valued people and their long standing relationships with their relatives. The staff and the registered manager looked for ways to help people maintain a meaningful relationship with their family members when they lost their ability to communicate verbally. For example, they looked for ways to communicate with people and share this with visitors and relatives. One person was unable to tell their relative about the things they were doing so with consent, the team took photos of the person participating in activities or engaging in a task and they shared these with the relative. The relative was then able to take the photos and discuss what they had been doing between their visits. Another person had papers and magazines sourced in their native language. This helped boost their mood and they enjoyed translating to staff. Another person liked to do household chores. As a result they felt part of the workforce and valued for their contribution.

The service worked in partnership with the local authorities and commissioning and showed that through consistency and dedication they consistently managed to meet people's changing needs. Representatives

from the local authorities who gave us feedback about the service were very positive and praise the leadership in the home.

The registered manager described the home and the team as a beacon for learning, development and good practice. They told us they embraced working with the local authorities to pilot new systems and further improve standards at the service. The service had previously worked with the clinical commissioning group for the local authority to pilot a 'Food First' programme which was designed to improve people's intake, increase weight, promote welfare and reduce the need for supplements. The desired outcome was to ensure people received all the nutrition they needed while reducing expenditure on prescribed supplements. This had been a successful trial. The registered manager was the engagement lead for the provider's East Midlands area for employee engagement and they had identified how to encourage employee engagement and promote employee welfare by providing staff with fruit. They were also the Dementia Ambassador for East Midlands area (90 homes). They told us, "The meetings are chaired by our Global Dementia Director and focus on the latest information available, good practices, what is working well and not so well in our homes and improvements that can be made." They hoped this would be a forum for sharing good practice and new ideas which would benefit the people they supported.

The registered manager used a robust quality assurance model which enabled them to keep a close eye on the quality of the services they provided to people. The quality assurance systems in place reviewed all areas of the service. Audits included medicines, care plans and health and safety. There were regular meetings for people and their relatives, staff and daily catch up meetings. A survey was also completed annually. Each of these checks generated actions and we saw that these were signed off as they were promptly completed. For example, we noted that even though the survey was extremely positive, the registered manager still developed an action plan so that they could build on what they had achieved and improve things further. This included ways to further develop their activity plan, the menu they offered, relative involvement and how to obtain more feedback. These findings were shared with staff through meetings, handovers and during supervisions. This demonstrated that they were not satisfied with being good, they were looking to be better.