

Bupa Care Homes (BNH) Limited

Allington Court Care Home

Inspection report

Lye Lane
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St Albans
Hertfordshire
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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?

Good ●

Summary of findings

Overall summary

About the service

Allington Court Care Home provides accommodation for up to 44 older people, including people living with dementia. At the time of the inspection there were 31 people living at the home.

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

People who lived at Allington Court Care Home received care from a staff team who were all caring about delivering an individual based service. Staff knew each person well. People's views were respected, and they were involved in everything that happened in the service.

People were happy and relatives trusted the staff team to look after their family members. One relative we spoke with told us, "We are very happy with the care, the staff are lovely, they know everybody's name. Staff are caring and you can see that they care about the residents, the way that they are talking to the people that are here and all staff are approachable."

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infections.

Sufficient numbers of staff were employed to meet people's needs. Staff received training which gave them the necessary skills and knowledge to carry out their roles and meet people's needs.

Staff delivered care and support that was personalised. Staff were kind, caring and motivated. People, their relatives and external professionals were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

A health care professional commented, "The team are always organised, punctual in their attendance of rounds and the nurse conducting the rounds has a good knowledge of the clients and presents client needs professionally."

People were supported to maintain their health. Staff made referrals to health professionals when required. Staff were kind and caring and had developed good relationships with people using the service. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to food and drink based on their individual choice and preferences. People had access to a range of diverse activities that reflected their specific needs and interests.

Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.

Systems in place ensured that people's risks were well managed, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on any concerns raised to make improvements to people's care. A relative told us, "They are quite approachable. If I had any complaints I would speak to (name), who is always in the office but we have not had to make any to date though."

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 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector over 2 days.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We saw how the staff interacted with people who lived at Allington Court Care Home. We spoke with three people who lived at the service and three relatives. We spoke with the deputy manager, the registered

manager, a senior representative of the provider and 10 members of the care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including audits and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at survey results and quality assurance records. We received feedback from two health professionals who regularly visited the service.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Allington Court Care Home. One relative said, "Yes happy with both the safety and the care provided." Another relative told us that after a recent admission into hospital their family member was, "Happy and safe to be back at Allington Court."
- Systems continued to be in place to protect people from harm. Staff were clear of what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility and choking.
- Equipment used in the service continued to be maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire. The registered manager and senior staff had also conducted a recent review of falls within the service and had introduced additional safety measures. This review had successfully reduced the instances of falls by 50%.
- Staff knew how to support people who showed signs of distressed behaviour, this ensured everyone was kept safe.

Staffing and recruitment

- People told us they thought generally there was enough staff to meet their needs. One person we spoke with told us, "Yes I do think there are enough staff, they all work together, I can't fault it." However, one relative told us that there were, on occasions problems with finding staff to help their family member during the evenings and often agency staff worked at weekends and they were not always up to date with their family members care needs. This information was handed over to the registered manager for their attention.
- Staff told us that there were enough staff for the number of people currently living at the service. One staff member told us, "If we're short staffed, they would book agency, they keep the staffing levels on the floor accordingly to the BUPA policy and maintain staffing pattern."
- The provider's recruitment policy ensured as far as possible that new staff were safe and suitable to work in the service.

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One relative we spoke with said, "They handle all of this for (name). They will talk to us about the

medication and will tell us about things like antibiotics as (name) has had two chest infections."

- Protocols guided staff to give medicines prescribed to be given 'when required,' safely.
- Staff continued to undertake training and have their competency checked on an annual basis. Regular audits were conducted, and action was taken when appropriate.

Preventing and controlling infection

- Systems were in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. One staff member confirmed, "Yes, we use gloves and aprons and we make sure we don't come out of the room with them on and when finished with the resident you wash your hands."
- The environment was clean and tidy throughout. We noted any spillages were quickly attended to. One person told us, "Yes they clean our rooms. Bathrooms are very clean."

Learning lessons when things go wrong

- Staff continued to record any incidents and accidents. The registered manager evaluated what might have gone wrong and shared any learning from this with staff.
- Staff meetings gave staff the opportunity to discuss any safety issues, to learn from them and to change their practice if needed.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's holistic needs continued to be fully assessed before they were offered a place at the service. Needs were assessed in line with current good practice guidance. This initial assessment formed the basis of the person's care plan.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people very well.

Staff support: induction, training, skills and experience

- Training courses and development opportunities continued to be regularly undertaken which ensured staff had the knowledge and skills to support and care for people effectively. The registered manager had introduced a variety of practical training sessions in order that staff could fully experience the impact of the care they provided and how it was delivered. One member of staff we spoke with also confirmed they had received a full induction when they commenced working at the service.
- Staff felt well-supported by the management team. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed. One staff member told us, "We have regular staff meetings and a daily handover meetings. I find these very useful and informative."

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

- People had choice and access to food and drink throughout the day; food was well presented, and people told us they enjoyed it. One relative said, "Yes, the food is very nice, usually a choice of two things and the staff are very patient." One person we spoke with told us, "I like the things that are available, basic food, it's quite good." The registered manager had recently increased the amount of drinking stations throughout the service which encouraged people to maintain adequate levels of hydration. We also saw that people had access to a variety of snacks between their main meals of the day.
- The registered manager and staff should be congratulated on achieving a 'Gold award in Nutrition awareness from the Hertfordshire independence living service for outstanding practice.'
- Staff were aware of people's dietary needs and any support that they required to eat and drink to maintain a healthy weight.
- Staff worked with other agencies to provide consistent, effective, timely care
- Staff worked closely with other agencies such as the local hospitals and GP to make sure that they met people's needs and provided people with seamless care.

- Referrals to other agencies such as dietician and chiropody were made in a timely manner.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The registered manager and staff had worked hard to adapt the environment to support people who lived with dementia. For example, we saw communal areas and corridors had been decorated with signage to assist people in locating their bedrooms. Several areas of the service had displays of memorabilia, which included a traditional red telephone box, music collages and several people had memory boxes outside their bedrooms depicting their past lives and interests.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew people very well and could recognise when they were not well. A relative told us, "(name) had a fall a few weeks ago, and paramedics were going to come out, the home phoned me, the paramedics said (name) was ok, and then they phoned me back to reassure me."
- A range of healthcare professionals supported people to stay as healthy as possible.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One staff member told us, "We treat residents as individuals, assume capacity and take realistic steps to help to make a decision. Just because a resident takes unwise decision does not mean they lack capacity."
- Appropriate applications to the local authority meant that people's freedom was not unlawfully restricted.

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.

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

- People were supported by staff who treated them with patience, kindness and understanding. Staff described Allington Court Care Home as a friendly service. One person said, "Yes, definitely, people are kind and caring, all of them, I haven't met one who isn't." A relative we spoke with told us, "They know (name) well. They know our names, make us feel very welcome and as soon as you get here, they ask if you want a cuppa." The registered manager told us, "We consider ourselves a safe haven, not just for anyone that is LGBT, but for any race, religion, culture, spirituality. All have different knowledge, experience and skills and so do our residents, so it is important that we all get along together as a community and learn from each other. This is thoroughly embedded across the home."
- Throughout our inspection we observed staff interacted with people, often reassuring those who were anxious by sitting next to them, talking with them and holding their hands. One staff member we spoke with described how they supported one person who regularly became anxious. They told us, "We know (name) likes a hug, and we will do that and hold their hand if they are frightened." A health professional told us, "In my observation clients appear well cared for and the staff treat them with respect and as individuals with a good knowledge of the client's specific wishes." A visiting professional stated, "I have been able to observe the staff's interaction with residents to be polite, professional and caring. Before I start any work a member of the clinical team gives me a report on any problems that I need to prioritise."

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

- People were treated as individuals and supported to make choices. One relative told us, "If (name) doesn't want to eat now, they will come back later. There is also a choice of where (name) eats their meals." Another relative told us, "(name) can choose when to get up and when they want to go to bed, there are no rules about that."
- People were supported to maintain relationships with those most important to them, and relatives told us they were always made welcome when they visited the service. One relative said, "I think it is a lovely home, and happy and delighted that (name) is here and we know that they are safe."
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence was promoted. One person said, "Definitely yes, they respect our privacy, they always knock on the door when I am here with (name)."

- Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well-presented was an important part of their supporting role. Staff knocked on people's doors before entering. They also called out to let people know before they entered their room.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People, their relatives and health professionals continued to be involved in the planning of the care and support. One staff member told us, "We always make sure we know each person's routines and we refer to their care plan, we also speak to their family as they can help with this information."
- Staff knew each person by name and also knew their likes and dislikes. A visiting professional said, "They inform me of any medical changes that impact on my work for example, diabetes and blood thinning medications."
- Progress notes were recorded within each person's plan of care which ensured that all staff knew the care each person had received.

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans. Staff told us how they used body language or signs as a means to know if non-verbal people might need support.

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 offered a diverse and interesting range of activities both within the service and social activities within the local community. The registered manager and staff had worked hard to research people's past lives and interests. Several people had been supported to experience events that reflected their past professions. One person said, "I have accomplished my dream to fly again."
- There were also a range of activities provided to support and involve people who lived with dementia. For example, an interactive activity board that depicted scenes and shapes that people could touch and move around. There were also a range of examples seen throughout the service of events and activities that people had enjoyed taking part in, this included a performance of traditional Caribbean music and dancing event. We were told of a positive experience that had been provided to one person who enjoyed looking after babies. This prompted the introduction of 'Doll therapy'. This person was given dolls to look after. They were also provided with a pram and a cot for their bedroom. The registered manager said that this had helped reduce this person's anxiety and generally improved their wellbeing.

Improving care quality in response to complaints or concerns.

- Policies and procedures were in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.
- People and their relatives told us they felt able to talk to the registered manager at any time and were confident their concerns would be addressed. One relative said, "We know the managers name, but we have never had a reason to complain but if there were any issues, I know their door is always open." The service had received numerous complimentary letters and cards from relatives. For example, one person wrote, "We wouldn't have coped without you, heartfelt thanks. Staff are wonderful."

End of life care and support

- The staff continued to support people and their relatives both in planning for and at the end of people's lives.
- The staff team ensured that people's wishes were fulfilled at the end of their lives. They supported people and their relatives to discuss what they wanted to happen. They recorded the details about the person's wishes and how those wishes would be met.
- The home's ethos was that people should be able to die in their home if that was what they wanted. Staff worked closely with the GP to make this happen if this was possible.
- Staff had received training in end of life care and additional and refresher training was booked, when necessary. This ensured staff remained up to date with current and best practice.
- The service was currently working towards completing the Gold Standards Framework. (GSF) This is a nationally recognised accreditation programme that provides training, advice and support to staff in care homes in order to ensure people receive the best possible care when they are nearing the end of their lives.

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 Outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives said, they had a very good relationship with the registered manager and staff team. A staff member said, "The manager is very approachable and very supportive, they always make sure everything is done." A relative told us they found there was a, "Very happy atmosphere in the service."
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, a range of meetings and reviews with people were held with regard to their care and support needs. One relative we spoke with told us, "Yes they do have these meetings, I haven't been to any of them, I will try. They are advertised on the notice board."
- Staff told us that they felt very supported and listened to by the registered manager. A staff member said, "We get on well together, good friendships and the team works well." Another staff member told us, "I enjoy everything about working here, the team spirit is good." A health professional told us, "The team have a very good knowledge of palliative care and excel in this area ensuring that we are prompted in all aspects of advanced care planning. Unscheduled admissions to hospital are low."
- The registered manager had recently introduced two new initiatives to help support people who lived with dementia. These included waking night staff wearing nightclothes in order to help orientate people to distinguish between night and day and to help reduce people's anxiety. There had also been a trial conducted in which sensory 'items' such as fidget toys were used to assist people who became anxious and agitated. The sensory items were held, cuddled or squeezed and had a proven effect on reducing people's anxiety and to instil a sense of calm.
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

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 registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they continued to learn from these and looked to reduce the risk of recurrence. The registered manager completed a detailed analysis record entitled 'Lessons learnt' on a monthly basis or more regularly when required.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service.
- Staff were encouraged to continue their professional development, undertaking further vocational qualifications, where possible. One member of staff told us, "I have always found support in developing my skills and knowledge." The provider held an annual award ceremony which celebrated individual staff members who have been nominated by their peers for going above and beyond their call of duty, or for doing something remarkable as part of their role. One staff member stated, "Its recognition such as these that motivates the staff and boosts the staff morale, this authenticates that hard work pays off."