The Rugby Free Church Homes For The Aged

Bilton House

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

Overall summary

We carried out this inspection on 2 February 2015. The inspection was unannounced.

Bilton House provides accommodation and personal care for up to 39 older people who may have dementia. Thirty-three people were living at the home at the time of our inspection.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living at Bilton House. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Summary of findings

Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. Checks were made on staff's suitability to deliver personal care during the recruitment process.

There were processes in place to ensure people received the medicines prescribed for them in a safe manner.

Staff received training and support that ensured people's needs were met effectively.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

The staff offered people a choice of meals. Risks to people's nutrition were minimised because they understood the importance of offering meals that were suitable for people's individual dietary needs.

Staff referred people to other health professionals for advice and support when their health needs changed.

We saw staff supported people with kindness and compassion. Staff treated people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made when needed.

The registered manager maintained an open culture at the home and there was good communication between staff members. People found the registered manager was visible and accessible.

There were quality assurance checks in place to monitor and improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were enough staff on duty to meet people's needs and people received the medicines prescribed for them in a safe manner.

Good

Is the service effective?
The service was effective.

Staff received training and support to ensure people received the care they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People had a choice of meals which were suitable for their individual needs. People were supported to maintain their health and were referred to other healthcare services promptly when their health needs changed.

Good

Is the service caring?
The service was caring.

Staff supported people with kindness and compassion, in a way that respected their dignity and promoted their independence. People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People were encouraged to be independent and maintain important relationships with family and friends. People were provided with information and supported to follow their interests and beliefs. Staff were responsive to people's changing needs. People were confident any complaints would be listened to and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made when needed. The registered manager maintained an open culture at the home which meant there was good communication with people who used the service. There were quality assurance checks in place to monitor and improve the service.

Good

Bilton House

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 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.

We carried out this inspection on 2 February 2015. The inspection was unannounced.

The inspection team included two inspectors and an expert-by-experience, who had experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of service.

The provider had not been sent a Provider Information Return (PIR) prior to this inspection. This 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.

We reviewed the information we held about the service. We looked at information received from the public and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners who did not provide us with any information that we were not already aware of. Commissioners are people who work to find appropriate care and support services.

We spoke with the registered manager, the deputy manager, four members of care staff and the cook. We spoke with four people who lived at the home and four visitors including friends and relatives of people who lived at the home. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We looked at four people's care plans and checked the records of how they were cared for and supported. We checked four staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. People told us they would speak to the manager if they had concerns. Two people we spoke with who lived at the home told us, "Yes perfectly safe" and "Quite safe, thank you. I would speak to the manager if I wasn't." Visitors told us they considered the home to be a safe environment for their loved one. One visitor told us, "I don't have any concerns." We saw people were relaxed with staff and spoke confidently with them.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. The staff told us they had received safeguarding training. We saw information in a communal area advising people, visitors and staff who they should contact if they had any concerns about people's safety. We saw any incidents were recorded and actions were taken to protect people and keep them safe. This meant people were protected from the risk of abuse because staff knew what to do if concerns were raised.

We saw specific risks to people's health and welfare had been identified and assessed. Care plans gave information to staff about how each person should be supported. For example we saw one person had been referred to a health professional for treatment, but had been unable to have the treatment due to other issues with their health. We saw the person's care plans had been updated and the risks of not having the treatment had been assessed. Staff we spoke with were aware of the recent change in the person's needs. They told us the person had been referred to an alternative health professional for further support. This showed staff were aware of changes in people's needs and provided support which protected that person from identified risks.

People told us there were enough staff to meet their needs. Two people who lived at the home told us, "There seems plenty of staff, they always come when I call" and "I think there is enough staff." A visitor told us, "As far as I'm concerned there's enough staff here." Care staff we spoke with told us the levels of staffing were adequate and there were no problems, especially at weekends or busy times. We saw there were enough staff to support everyone with their needs. For example, we saw there were enough staff to support people to get ready in the morning and also spend time chatting about subjects that interested people.

We found there were also dedicated staff to cover additional roles such as cooking and cleaning. The registered manager told us the number of care staff depends on people's dependency levels in the home. They told us, "At present we have enough (staff)."

The provider followed safe recruitment practices and checked staff's suitability to deliver care to people. In the four staff files we looked at we saw records of the checks made before staff were employed. We found information was available from previous employers which gave details about staff's previous history. The identities of staff were verified. We saw and staff told us checks were made with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records.

People at the home told us they were given their medicines when they needed them. Two people told us, "I take medicines every day, they are quite regular" and, "They always give them to me at 8.00am. I'm never in pain." A visitor told us, "[Name] has quite a lot of medicine. They [staff] contact the chemist and advise any changes. I have no issues with medicine."

We observed one member of staff administering people's medicines. People were given a drink and the staff member stayed with them to ensure their medicines had been taken before recording this. All medicines were kept safely in a locked room. The medicine administration records (MAR) we looked at were signed and up to date, apart from one record where a signature was missing to confirm if the medicine had been administered. We discussed this issue with the manager who took action straight away to find out why the error had occurred. We saw changes in people's prescriptions were clearly recorded on the MARs, which ensured that all staff were kept up to date with people's needs. We saw spot checks were made by staff on the quantity of stored medicines to ensure they had been administered and disposed of appropriately.

The registered manager told us staff who administer medicines received regular training and competency checks each year. Staff confirmed this and told us training would be repeated in the event of a medicine error. Staff were knowledgeable about the medicines they administered. They told us that some foods needed to be avoided with certain medicines. We saw any allergies were

Good

Is the service safe?

recorded on people's MAR sheets. This meant there were systems in place to ensure staff's knowledge was regularly updated and to ensure people received the medicines they needed safely.

Good

Is the service effective?

Our findings

Everyone we spoke with told us they were happy with the care provided by staff. Two people told us, "The staff look after you well here" and "Everything here is well thought out." A visitor told us, "I don't have any concerns about [name]'s care, it seems very good." We saw staff knew people well and provided effective support according to people's needs. For example, we saw staff supported people to follow their daily routine, in a way that reflected the information in their care plans.

Staff we spoke with told us they had an induction which included training and shadowing experienced staff. The registered manager told us they checked staff's competencies at supervision meetings during their inductions. This showed staff's competence to work with people was assessed before they began to work independently.

Staff we spoke with told us they received training that enabled them to meet people's needs effectively. For example staff remembered having training on people's needs to do with their culture or beliefs. One staff member gave an example of people needing to wash or pray before meals. We found staff had undertaken a range of training and some staff had received additional training to meet people's specific needs, such as wound care and diabetes. We found training needs were discussed in staff's supervision meetings and the manager had planned training events in advance to support care staff's development. Staff we spoke with told us they felt supported by their manager and received regular supervision meetings where they could discuss their progress, to ensure they provided effective care to people.

We heard and staff confirmed that the handover of information between shifts was clear and effective. We found staff shared information about people's needs to ensure they received good care. All staff said they had access to people's care plans and updated them at each shift. They told us they would highlight any issues to the seniors, who would update care plans and risk assessments where required.

People told us they made their own decisions about their everyday living choices. Two people told us, "The carers never stop me doing anything" and, "I can go to bed or get up when I want. The staff look after you well here." Staff told us people could make their own decisions. One member of staff described how they supported people to make decisions. They told us if people found it hard to make a decision they would try different methods, such as showing two meals to choose from at meal times.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions were made in people's best interests when they were unable to do this for themselves. Staff we spoke with understood the requirements of the MCA. People told us and we saw that staff asked people how they wanted to be cared for and supported before they acted. Two people told us, "They ask me if I want a shower. I did ask them to come back one day which they did" and "They always say, 'is it okay for me to clean the bathroom?" This demonstrated staff obtained people's consent before they supported them and helped people to maintain their independence.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager told us they knew how to make an application for consideration to deprive a person of their liberty. The registered manager told us no-one who lived at the home was deprived of their liberty or was under a DoLS at that time. They told us they understood their responsibility to comply with the requirements of the Act and had obtained professional guidance from the Local Authority when required.

Care plans included a mental capacity assessment completed by the registered manager when needed. We found if people had been assessed as not having capacity, decisions had been made in their best interests and the reasons were recorded in their care plans. We saw records and people's families confirmed that they had been informed of decisions regarding people's care and treatment. One relative told us, "I talk to [manager] all the time to discuss any changes ongoing. I'm kept informed all the time, they ring me; I have no worries about [name]'s care."

People we spoke with told us they were happy with the menu. Two people told us, "The food is excellent, no grumbles whatsoever. I'm on a soft diet" and "The food is

Good

Is the service effective?

quite good. There are two choices, I had roast lamb today." We saw the menu for each day was displayed in both dining rooms. We observed the lunchtime meal and saw people were offered a choice of meals that suited their preferences. Food looked appetising and staff knew which people needed to be encouraged or assisted to eat and drink. We saw people were given the support they needed by staff to eat their meals.

We saw people were offered drinks and snacks throughout the day. Three people told us, "Coffee is at 10.30am, they offer biscuits as well. The same in the afternoon", "[Name] has a jug of water, it's always full" and "Yes there's lots to drink, they come round with the trolley."

People told us that meal times were protected. The registered manager told us, "We suggest people don't visit at mealtimes because it helps people focus better." A visitor told us, "I can visit when I like except lunchtimes." No one we spoke with raised any concerns about the protected lunchtime.

We saw people's food preferences and any allergies were recorded in their care plans and that people were supported to maintain a diet that met their needs. People were weighed regularly. We saw when people had lost weight this was monitored by increasing the frequency of weighing and, if necessary a referral to the GP. Each person had been assessed for nutritional risk and this was reviewed on a monthly basis. We saw, when appropriate, people had been prescribed supplements to improve their calorie intake.

Everyone we spoke with told us they were happy with the health care they received. People told us how they were supported with their day to day health needs. Two people told us, "The doctor comes to see me here. I see the chiropodist regularly. My [relative] takes me to the optician and the dentist" and "My own doctor comes. The chiropodist came two days ago. My glasses are new, two weeks old." We looked at four people's care records and these showed that staff monitored people's health needs and referred them to other health professionals, such as GPs and dieticians, when needed. For example we saw on one person's care plans a referral was made to a district nurse because they had developed a health condition. The changes to the person's needs and advice given by the health professional were updated in their care plan so staff continued to have up to date information.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring. Two people told us, “They [staff] are always very nice to me” and “Yes I do think they [staff] are quite caring. They are respectful, they have never mistreated me.” A relative told us, “Staff are very patient.” We saw good communication between people and staff throughout our inspection. The interaction created a warm and friendly environment. Staff took time to listen to people and supported them to express themselves. For example we saw staff crouching down when people were sitting, to hold a conversation with them on the same level.

A visitor told us, “I believe they do know [name]’s likes, they try and involve [name] but [name] prefers to stay in their room.” We saw staff knew people well and understood how to support them according to their needs. For example we found one person was supported by staff with their personal needs according to the instructions in their daily routine in their care plan. Staff took time to explain their actions and encouraged the person to participate where they could, which promoted their independence. We saw that the person’s spiritual needs were also met by the support staff gave them and this was reflected in their care plan.

The registered manager told us and we saw evidence that there were regular meetings for people who lived at the home, where care could be discussed. One person told us, “They have meetings, I’ve been to them.” The registered manager told us they visited people in their rooms to obtain their opinions. This showed people were supported to express their views about the service.

Staff told us that people and their relatives were consulted about their interests and hobbies. Some people had a ‘memory box’, which contained things relating to their family history, interests and occupations. Staff told us people were encouraged to put these together with the support of relatives. We saw the boxes were displayed outside people’s rooms or kept with them so they could look at them whenever they wished.

People told us staff considered their privacy, dignity and choices when they supported them with personal care. They told us, “They are very nice, always respectful. They stay outside when I am in the toilet to make sure I’m alright” and “The staff are very good. They do treat me with respect. They always knock before they come in.”

Good

Is the service responsive?

Our findings

People told us they spent their time in the way they preferred. One person told us, "They ask me if I want to do activities." We found people were supported to maintain important relationships with family and friends. Two people told us they liked to go out with their family. This demonstrated people were happy with the care and support they received and that staff encouraged them to be independent.

We saw people take part in a game of Scrabble which staff organised in the lounge. We saw other people painting in the activities room with the activities coordinator. The activities coordinator was specifically employed to support people with their hobbies and interests. People listened to music in the lounge, chatted and read newspapers. A visitor told us, "There are lots of activities. The Scrabble group is popular every week. Lots of people from churches come in. There are practical things like the new computer, which is very good." We saw evidence day trips were organised by staff. We saw a list of organised events was displayed in the communal hallway. The events were also displayed on dining room tables, for people to read at meal times.

The provider supported people to maintain their religious beliefs and there were two religious services arranged in the prayer room each week for people to attend if they wished. The registered manager told us people of any belief could attend these services or have other clerics to visit if they wanted. We saw people were asked about their beliefs as part of their care planning, to ensure their needs were recorded and understood.

We asked people if they thought staff understood their individual preferences. Two people told us, "Yes, I think they know my preferences. They know the food I like" and "They know me very well." We saw people's likes, dislikes and preferences for care were clearly defined in their care plans. We saw people and their relatives had shared information about their personal history. Staff told us how important it was to read people's care plans so they knew what people's preferences were. One member of staff told us they read through people's care plans with them, which gave people the opportunity to discuss their likes and dislikes.

The registered manager told us, "Once a year we sit down quietly with people and their relatives to review their care." We saw ongoing records of when people and their relatives had been involved in the planning of their care. One relative told us, "The last time we had a review was three months ago with the senior carer. If there are any issues they tell me when I come." Another relative told us, "I talk to [registered manager] all the time to discuss any changes ongoing. I'm kept informed all the time, they ring me. I have no worries about [name of relative] care." Comments people and relatives made to us showed involvement with people and their families was an important part of care planning.

We saw care plans were updated to minimise identified risks to people's mobility, nutrition or skin condition, as appropriate to their changing needs. For example we saw one person had recently had a fall and a senior member of staff had updated their care plans. The risk to the person had been reassessed and there were detailed instructions for staff to follow about how to minimise any future risks. We saw the support staff gave the person reflected the new instructions in their care plans. This showed staff had responded quickly to the change in this person's needs.

We saw minutes of meetings for people who lived at the home. People discussed issues of interest to them such as food and mealtimes. We found people had made suggestions and action had been taken by the manager. For example, we found people had been encouraged to share their views about the service and there had been changes made to the menu.

People we spoke with told us they would raise any complaints or concerns with the registered manager. A relative told us they had made a complaint to the registered manager and the issue had been resolved to their satisfaction. We saw the provider's complaints policy was accessible to people and it was displayed in a communal area. Staff told us they would support people to make a complaint if they wished. We saw there had been one complaint made in the previous 12 months, which the provider had responded to in accordance with the complaints policy. We saw the outcome of the investigation and saw the provider had taken appropriate actions to resolve the issue in an effective and proportionate way.

Good

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. Two people told us, "It's lovely, warm and friendly here" and "I do believe the staff understand their responsibilities very well."

People we spoke with were positive about the leadership within the home. Visitors told us, "The atmosphere is friendly, they always say hello. The manager is always available; I see them around the place"; "[Registered manager] is always able to see you. [Registered manager] is around the home a lot" and "The manager is accessible, she's calm and she's there to talk." This showed the manager was visible and accessible to people.

Staff we spoke with understood their roles and responsibilities and felt supported by their manager's leadership. Staff told us they loved working at the home and achieved a great sense of satisfaction from their role. Staff told us that senior staff and managers were supportive. We saw there were regular staff meetings, daily handovers and staff were provided with regular supervision meetings. The registered manager told us supervision was an opportunity to talk to staff, they said, "I learn a lot from sitting down and taking to staff." The registered manager told us, "Staff are encouraged to read care plans. Handover is written down so that if staff are off, they could look at it." This showed staff shared information, which helped them to deliver a good quality of care to people.

Staff told us they had regular staff meetings and these were useful. Staff felt able to share their ideas at meetings. One member of staff told us how shift patterns had been discussed and staff suggestions had been used to make improvements to the service. Another member of staff told us how a recent staff meeting had included a session on pensions, which they found very helpful. The registered manager told us there had been hand outs for staff following the session to help their understanding. The manager told us, "They [the staff] feel I'm pretty approachable. They will give me ideas." This demonstrated the manager maintained an open culture with good communication between staff members.

People and their relatives were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw questionnaires had been sent to people's relatives in May 2014, asking them their opinions about the service. We saw the registered manager had analysed the results of survey and had made improvements to the service where issues had been identified. For example there had been a suggestion that a computer with internet access would be useful for people in the home. We found the registered manager had arranged installation of a computer following the suggestion.

We found the registered manager included people and encouraged them to be involved in developing the service. There were regular meetings for people who lived at the home and for relatives. People were positive about the meetings. One person told us, "I say what I think". A relative told us, "I attended the last relatives meeting, it was useful." We found the registered manager had arranged a variety of guest speakers to attend meetings, following consultation with people and their relatives. For example there had been a talk on 'exploring dementia' from a qualified health professional at a meeting for relatives.

The registered manager had sent notifications to us about important events and incidents that occurred at the home. We found they also notified other relevant professionals about issues where appropriate, such as the health and safety executive. This demonstrated they were aware of their responsibilities as a registered manager

There was a system in place to monitor the quality of service. This included monthly checks carried out by the registered manager in areas such as infection control, medication and the quality of care plans. For example we saw the registered manager had completed a recent check on the quality of mattresses within the home and new ones had been obtained. This showed checks were effective and improvements were made to the service. We found senior managers and the provider also carried out additional regular quality assurance checks, to ensure the home was meeting required standards and people who used the service were well cared for.

We saw people's confidential records were kept securely in the care office so only staff could access them. The staff updated people's records every day, to make sure that all staff knew when people's needs changed. Staff records were kept in a locked cabinet which meant they were kept confidentially and were available when needed.