

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 ●

Summary of findings

Overall summary

Bilton House is a residential care home, which provides accommodation and personal care for up to 39 older people, who might live with dementia. Thirty four people were living at the home at the time of our inspection visit. At the last inspection, the service was rated Good. At this inspection we found the service remained good.

There was a registered manager 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.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's independence. People and their families were included in planning how they were cared for and supported. The registered manager regularly checked that the premises and equipment were safe for people to use.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when their health needs changed.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence. People were encouraged to maintain their interests and take part in social activities.

Staff felt supported and there was good communication between people. People knew the managers well and were encouraged to share ideas to make improvements to the service. There were checks in place to ensure good standards of care were maintained.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 June 2017 and was conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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 found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no significant concerns about the service.

During the inspection visit we spoke with seven people who lived at the home and three visitors, including some relatives. We spoke with the registered manager, the deputy manager, one of the provider's trustees, the cook, a visiting health professional and two care staff. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. 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 reviewed four people's care plans and daily records to see how their care and treatment was planned

and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe at the home. One person told us, "I feel safe, the surroundings and people make it safe and everything in my room is safe." A visitor told us, "I think the home is safe and the staff seem to have a good recollection of where residents are. Staff are always able to tell me when I visit, where [Name] is" People told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff told us, "I would report a concern to my manager." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe. However, we found one concern had been investigated by senior staff, but had not been shared straight away with the local authority or the CQC. The registered manager assured us in future any identified safeguarding concerns would be referred to the appropriate agencies straight away.

People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. Care plans explained the equipment, number of staff and the actions staff should take to minimise the identified risks. For example, one person had recently experienced a fall. Staff had taken action to review their care needs and put in place measures to reduce further risks and improve the person's safety. The registered manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

The registered manager used the risk assessments, care plans and their knowledge of people's dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely. People told us there were enough staff because they received support when they needed it.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager had identified the support that individual people would need to exit the premises promptly in the event of an emergency.

Medicines were managed, administered and stored safely. People told us they had their medicines when they needed them. One person told us, "I always receive my medication on time and they always enquire if I

am in any pain. If I am, they give me something for the pain." Only trained and competent staff administered medicines. Records showed that the registered manager or deputy manager regularly checked medicines were administered in accordance with people's prescriptions and care plans. They regularly checked the amount of medicines recorded as 'administered' and the amount remaining matched the amount in stock.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. A visitor told us, "Staff have the skills, they are respectful, polite and always greet residents by their names." Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Different methods of training were provided which suited different ways of learning. One member of staff explained what a positive experience their induction had been. They said, "They explained how everything works. I learnt the routine and what was expected." Staff told us they had regular opportunities to discuss and reflect on their practice to improve the quality of the care people received.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act.

We checked whether the provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. The registered manager told us authority had been obtained to deprive seven people of their liberty. They had made applications to the supervisory body for five more people, because their care plans included restrictions to their liberty. The supervisory body were assessing the applications.

The registered manager had made assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave clear guidance to staff about what support people required to make decisions. The registered manager told us most people who lived at the home had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances. The registered manager involved people's representatives and healthcare professionals in making best interest decisions on their behalf.

Care staff we spoke with understood the requirements of the MCA. One member of staff told us, "Everyone is different, I don't assume things about people." Where people had capacity to make decisions, we saw they were able to make choices. One person told us, "Staff don't just do it they ask and treat you with courtesy." During our inspection visit, we observed staff asked for people's permission before supporting them.

People told us the food was very good and was well presented. One person told us, "We have a choice and if you still don't like what is on the menu you can have something else." People's care plans included a list of

their needs and allergies and any cultural or religious preferences for food. Throughout the day, we saw staff encouraged and assisted people to enjoy their food and drinks. We saw people were supported by staff according to their needs at meal times. Staff encouraged people to eat together in the communal dining rooms. People chose what they wanted to eat. Some people used adapted plates to help them eat independently. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition.

Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's behaviours. Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. A health professional we spoke with during our visit, gave positive feedback about the way staff supported one person who often declined treatment. They explained how staff worked in partnership with other health professionals to ensure the person received the best care to meet their needs.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

One person told us, "I am very fond of the staff they are very caring and we have a joke together." A visitor told us, "I am always made welcome when I visit the atmosphere is relaxed, warm and friendly." A visiting health professional told us, "Staff always involve customers [people who lived in the home] regardless of their capacity....They are very friendly....They are very person centred."

Staff sat with people and took time to interact with them on a one to one basis about the things they were interested in. Staff told us they liked working at the home. One member of staff told us, "I love working here, I have good relationships with the residents." A member of staff explained people had key workers who they knew well and who they could discuss issues with on an individual basis and in a way they could understand. A key worker is a member of staff who is allocated to support a person on an individual basis. People knew who their keyworkers were when asked and told us they got on well with them.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. Staff moved to speak to people so they made eye contact on the same level. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way. Staff understood that some people found it difficult to communicate verbally, but they understood people through their body language and facial expressions. A member of staff told us, "[Name] has difficulty getting words out. They have a picture book and I encourage them to point to things they want."

People's care plans recorded how people and their representatives had been asked about how they would like to be cared for and supported. Care plans had a life history section, which included information about people's religion, culture, occupation, family and significant events. Staff told us they were confident they could support people to maintain their individual cultural or religious traditions. One member of staff told us, "Everybody's different, I ask people what they prefer." Staff understood that some people might need particular support to make them feel equally confident to express themselves. A member of staff explained how one person sometimes showed signs of anxiety and how they supported them to overcome this. They said, "I usually sit down and have a chat with [Name] and see what they'd like to do. [Name] has a little doll they carry around and that calms them down. If [Name] gets agitated, I fetch their doll."

We saw staff respected people's privacy and promoted their dignity. One person told us, "They always close my door when I am getting dressed and when I need privacy." Care plans included information about people's preferences and needs for support with personal care, with clear guidance for staff about the things people could do themselves.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. One person told us, "Staff know how to look after me. I need more help now which staff provide." A visitor told us, "I have no concerns about [Name]'s care, they receive really good care...[Name] was very poorly a few weeks ago, staff were brilliant with them and the family, keeping us involved." A visiting health professional gave positive feedback about the service and said staff followed their recommendations. They said, "Communication is marvellous...They always have a lot of communication with people's families."

People told us staff understood them and knew their individual likes, dislikes and preferences, because they were involved in planning how they were supported. Relatives told us they were invited to meetings to review their family member's care where appropriate. A relative told us staff were good at contacting them if there was a change in their family member's needs. They said, "Any changes are discussed with me...I don't have any concerns." This showed the service was transparent about how it could meet people's care needs.

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs. Care plans contained information about people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff told us, "[Name] likes reading so I bring them down to the library in the activities room, to choose a book."

People led fulfilling lives because they were engaged in activities that were meaningful to them. People were supported to take part in their hobbies. For example, one person told us, "They do their best to maintain my independence...I don't get bored, I love cooking and I have cooked in activity sessions. The activity sessions are very good." Another person told us, "I can make decisions of how I want to spend my day...they make the effort to occupy us." During our inspection we saw people took part in a prayer meeting, armchair exercises and watched a film at film club. People told us they enjoyed the home's outdoor spaces. The registered manager explained a new greenhouse had been purchased for people to enjoy. One person told us, "I go into the garden it's beautiful. I am very interested in the greenhouse and I water the plants in there. There are also raised beds where we planted spring bulbs." There was a new salon for people to use when they saw the visiting hairdresser or chiropodist. The registered manager explained it had been, "Decked out as an old fashioned salon in an art deco style, with a proper chiropodist chair." The provider held a variety of events for people to attend. For example, a garden party to celebrate the Queen's birthday.

Information was available to people in communal areas, about activities taking place in the home. Information was in large print with pictures to help peoples understanding. We saw people read chalk boards with information about available activities, at the lunch table during their meal. There were several

reminiscent areas in communal parts of the home, where people could spend time looking at items of interest, such as pictures.

The service was actively involved in building links with the local community. The registered manager explained local schools visited and sang at the home. Students from a local college had made a collage of local places of interest which decorated a communal hallway.

People told us they were asked about their beliefs and cultural backgrounds as part of their care planning. One person told us, "My religion is supported within the home." A relative told us, "Services on Sunday are wonderful, [Name] really enjoys going." The registered manager explained there was a strong religious ethos at the home which was encouraged by the provider. There was a dedicated prayer room where weekly prayer meetings were held. Different types of church services were held regularly at the home by chaplains who visited each week and people could speak with them in private.

People and their relatives said they would raise any concerns with staff. A relative told us, "If I had a concern I would talk about it to the staff and manager. I feel the staff are my friends which it's how it should be." The provider's complaints policy was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. The registered manager told us there had been no formal complaints in the last 12 months. They told us how they would deal with any concerns which arose. There was evidence of compliments about the service, some of these were displayed on a notice board in a communal area. One compliment was from a relative about the standard of care provided by the service, it read, 'Thank you for the wonderful care you gave [family member's name].'

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People were happy with the quality of the service. One person told us, "I think it is well led, the manager is very available. When I fell earlier this year, the home dealt with it very well." A member of staff told us, "I really enjoy my job, making a difference in people's lives." The registered manager, the deputy manager and many of the care staff had worked for the service for many years and knew people well. A health professional gave us positive feedback about the leadership of the home. They said, "The manager has good communication skills, they are good at arranging meetings if there's any issues with customers." They gave an example where the registered manager had acted in a, "Professional way" dealing with a complex case, to ensure relatives could understand the needs of their family member. Staff told us the registered manager was approachable, they told us they could make suggestions and these were acted on. A member of staff told us, "[Name of manager] is an amazingly fair manager, they support me with anything I need....They always makes time for staff."

Staff we spoke with understood their roles and responsibilities and felt supported by their manager's leadership. There were processes in place to enable staff to share information about the service in an open way to help improve the quality of care for people. We saw there were regular staff meetings, daily handovers and staff were provided with regular supervision meetings. Staff meetings were held for different staff groups within the service. For example, separate meetings for day staff and night staff, so all staff could attend and share information. A member of staff told us, "We can make suggestions and the manager appreciates this." They gave an example where they had suggested making a decorative Easter tree, which people enjoyed looking at. The registered manager shared information about important events once a month with the provider. They told us, "We discuss staffing, training and accident audits." They said they shared information about risks within the service and suggested where improvements could be made. For example, the registered manager explained they had requested resources for an additional member of night staff, to help reduce people's risk of falls and were in the process of recruiting to fill this new vacancy.

The manager had been in post at our previous inspection visit and had been registered with us for six years. They were aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. However, we found one concern had not been shared promptly with the local authority, or notified to us. This was discussed with the registered manager who explained the circumstances of the concern and gave us their assurance any future concerns would be referred to the appropriate agencies straight away.

People were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw questionnaires had recently been sent to people and their relatives and were in the process of being returned. We saw the results of the previous survey in 2016 asking people for their opinions about the service, were positive. The responses had been analysed and the registered manager explained

the information had been shared with people in the home. Changes had been made to improve the service as a result of the responses. For example, menu choices in the home had been changed and communal areas had been redecorated.

People were encouraged to be involved in developing the service. There were meetings for people who lived at the home and for relatives. People were positive about the meetings. One person told us, "The residents meetings are useful...it gives you the opportunity to voice your opinion." A relative told us, "I have attended a couple of relatives meetings where we are kept up to date with things." The registered manager had arranged guest speakers to attend meetings, following consultation with people and their relatives. For example there had been a talk by a local solicitor, who responded to people's queries.

The registered manager was committed to making improvements to the home and had commissioned an independent review of the care they provided in January 2016, by an external organisation Dementia Care Matters. They had also attended a training course by the same organisation and had made improvements to the service following recommendations from the review. For example, the registered manager told us more reminiscence décor was placed near residents' rooms for them to identify with in a person centred way.

There was an effective system that monitored the quality of service. This included monthly checks in areas such as infection control, medication, quality of care plans and accidents. Records showed actions were taken to make improvements to the service, following audits. For example, we saw changes were made to care plans to ensure they were up to date.

The provider's trustees completed additional quality assurance checks, to ensure the home was meeting required standards and people who used the service were well cared for. One trustee told us they had recently carried out a check on staffing. They said, "We talked to residents about staffing and they were very positive. All said how cheerful the carers were with them." The trustee told us they discussed the findings of their checks at regular meetings with the registered manager and the provider. At these meetings they ensured improvement actions had been taken. They gave an example where they had recently discussed how the risk of falls could be reduced within the home. Improvement actions had been suggested by the registered manager and we found these were being followed. People's care was improved because the quality assurance system was effective and was strengthened by the provider's checks.