

# 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

### About the service

Bilton House is a residential care home providing personal care and accommodation to 33 people aged 65 and over at the time of the inspection. The service accommodates up to 39 people in one house. The house is split over three floors with the ground and first floor having bedrooms for residents. This is called the 'Main House'. The third floor has a twin visitors' room with kitchenette and bathroom for relatives to stay overnight, and a room for staff training. One section of the home named 'Clarice Wing' specialises in providing care to people living with dementia.

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

People told us they felt safe living at Bilton House and were looked after by care workers who knew them well and treated them with kindness, respect and dignity. There were processes in place to protect people from the risk of abuse and avoidable harm, and staff understood their responsibilities for reporting any concerns. Measures were in place to safely manage people's medicines and staff received training and practical guidance on medicine administration. Accidents and incidents were reported and monitored to learn from these.

Bilton House provided a homely atmosphere. Staffing levels and volunteers meant people could take part in a wide range of activities if they wanted to. People were encouraged to maintain their independence, life and the interests they had prior to moving to Bilton House. People's needs and preferences were assessed prior to staying at Bilton House so care could be planned in partnership with them and their relatives. The registered manager used the assessment process to understand people's past lives and experiences to better understand people in their care and provide care that was personalised.

Staff received ongoing training and their personal development was valued by the provider. Changes to how training was delivered meant staff received specialised face to face training in specific health conditions such as Parkinson's and dementia and gave positive feedback about the learning they achieved as a result.

People received timely access to healthcare support because staff monitored changes to their health and wellbeing, sharing key information during staff handovers and with senior team members. The registered manager used research on colour schemes for people living with dementia, so their environment was better suited to their needs. Many rooms within Bilton House had access to lots of natural light which meant people could observe changing seasons and orientate themselves to time of day.

Risks to people's physical health and safety were identified with guidance for staff to follow on managing them. People's dietary needs were identified and assessed so people could be supported to eat and drink safely. People were given choices of what they wanted to eat and drink and alternatives were always available if they did not like what was being provided on the day.

The culture of the home encouraged people to "live their lives" and management took a positive approach

to risk. People living with dementia had the freedom to explore their whole community within Bilton House whilst still being protected from avoidable harm. People were supported to have maximum choice and control of 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 19 July 2017)

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bilton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bilton House

## 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 team consisted of two inspectors.

#### Service and service type

Bilton House 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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 spoke with ten people who used the service and two relatives, one of whom was also a trustee, about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic cleaners and the chef.

We reviewed a range of records. This included three care records and medicine administration records. We also looked at records relating to the management of the service including quality audits, staff handovers, safety checks of the premises and policies and procedures.

#### After the inspection

We continued to gather information from the provider as part of the inspection and looked at training data and feedback from surveys.

# 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

- Staff received safeguarding training and could recognise different types of abuse. Staff spoken with were confident reporting safeguarding concerns to management and knew where to access information on reporting externally if they needed to.
- Safeguarding referrals and communication with the local authority were logged and documented in a central safeguarding folder and the registered manager had told us of safeguarding events where necessary.
- Safeguarding information was located on notice boards at various locations within the home to increase awareness and make information visible to people, visitors and staff.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Bilton House because staff were on hand if they needed them and equipment was used safely. One person said, "They keep looking in to make sure you are alright. If you have got the door shut at night they look in, and in the early hours of the morning."
- Risks to people's physical health and safety were assessed with guidance for staff on how to manage them. However, on the first day of inspection we found one person's falls risk assessment did not accurately reflect the level of risk, and one person with a catheter did not have a risk assessment in place. By the second day of our inspection the registered manager had developed a new falls risk assessment, and catheter care risk management plan with clear guidance for staff to follow.
- The registered manager had a positive approach to risk so people could continue to "live their lives." For example, the dementia suite was not segregated from other parts of Bilton House which enabled people living with dementia to explore their whole community living space.
- Each person's bedroom door had a colour code system on it which indicated the level of support the person would need to evacuate the home in the event of an emergency.

Staffing and recruitment

- People received consistent care, as some of the staff had worked at Bilton House a number of years, so knew them well, and there were enough staff to meet their needs.
- The needs of people already living at Bilton House were considered before accepting new people to live in the home, so the provider could balance the individual needs of people living in the home. If a person's assessed needs were too high for staffing levels, the registered manager would not accept them.

Using medicines safely

- Medicines were ordered, stored and administered safely in line with legislation. People received their

medicines as prescribed and as per manufacturers guidelines.

- Protocols were in place for staff to follow for people who needed 'as required' medicine. This is medicine given as and when the person needs it, and providers should have guidance in place for staff, so they know when to give this medicine. The registered manager recognised some of the protocols could be more detailed and made changes to these after we visited.

#### Preventing and controlling infection

- Bilton House was clean, fresh and free from odours. The laundry room was organised according to best practice for infection control, and staff could tell us what measures they took to control the risk of infection spreading. This included wearing personal protective equipment such as gloves and aprons and carrying out monthly deep cleans in each person's bedroom.

#### Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and reported by staff and monitored by the management team to learn from these.

# 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

- People's physical, social and emotional needs were assessed alongside their preferences for how they wanted their care provided. The registered manager recognised the importance of assessing prospective residents' needs in their current home environment wherever practically possible, so they knew one familiar face when moving to Bilton House.
- The provider had an inclusive approach to people who wanted to live at Bilton House. The registered manager told us; "We are an inclusive home, no one is excluded, whether they have a different faith or no faith."

Staff support: induction, training, skills and experience

- Staff received relevant training and induction to equip them with the knowledge and skills needed for their roles. A period of induction and practical observations provided new staff with the time they needed to understand their roles and responsibilities, and for the provider to identify gaps in knowledge and learning needs.
- Since joining Bilton House, the registered manager arranged for staff to receive specialised, face to face training on caring for people with a dementia, Parkinson's disease and fire safety. Staff spoken with gave positive feedback about the training and learning they achieved as a result.

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

- People's nutritional needs were identified and care plans contained guidance for staff on supporting people to eat and drink safely. Information about people's dietary needs was stored in the kitchen so meals and drinks were prepared accordingly.
- A senior member of staff was a 'diabetic champion'. This member of staff was responsible for promoting up to date practice on healthy diabetic diets, sharing this amongst the staff team and maintaining diabetic care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Three daily handovers so key information about people's needs and changes in their health were shared amongst the staff team. Staff spoke positively about the quality of information shared during staff handovers. Our observations and the handover notes supported this.
- Staff and people spoken with told us referrals to healthcare professionals were made promptly because staff monitored people closely and were quick to identify changes in health. Records showed prompt referrals were made to professionals including speech and language therapists and district nurses.

- The provider used the 'Red Bag' scheme which is a recognised NHS initiative of sharing information between care homes and hospitals.
- People's oral healthcare needs were assessed and included within care planning.

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

- The registered manager used research on colour schemes to help in the adaptation, design and decoration of the premises to be more dementia friendly. Walls were painted in bright yellow and room doors green for contrast, so people could differentiate between the two. Carpets were also brightly coloured and a different colour to the furniture.
- Name badges were changed to be more visible and easier to read by people. Positive feedback was received about these changes.
- A sensory room provided a calm and relaxing environment for people living with dementia. Prior to the registered manager starting, a door was fitted to this room. To encourage curiosity, the door was removed as it was felt to create a barrier to people independently exploring this space.
- Rooms in the Clarice Wing had big windows with views over the gardens so they had lots of natural light, and people could experience the changing seasons and be aware of the time of day.

#### 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.

- The registered manager understood their responsibilities regarding the Deprivation of Liberty Safeguards and made arrangements for mental capacity assessments to be undertaken by the local authority as part of the DoLS authorisation process.
- People who lacked mental capacity to make decisions about their day to day care were supported in the least restrictive way and in their best interests. The registered manager adopted a positive approach to risk which meant people living with dementia had the freedom to explore their environment. However, mental capacity assessments were not always formally recorded within people's care plans. The registered manager had already identified this as an area needing improvement. By the second day of our inspection a new mental capacity assessment form had been designed and used for one person living at Bilton House in relation to a specific decision.

# 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 has 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 and relatives said staff were kind, caring and had time to spend with people. Staff engaged in activities with people and had lunch together. One relative we spoke with said, "You never pass a carer in the corridor who doesn't give you a little smile or make a comment. It is just so personal. The other thing I am impressed with is that there is always something going on, it never stands still."
- Care staff spoken with told us they enjoyed spending time with people and getting to know them as individuals. One staff member said, "Caring is being loving, affectionate. I try to make sure I find something to do with people such as manicures, singing, sitting and holding someone's hand – whether it's 5 minutes or 10 minutes it's a very important part of the job."
- A visitor's twin bedroom was available free of charge to relatives who lived far away or wanted to be on hand at the end stages of a person's life. Relatives had used this room over the Christmas period and were invited to have Christmas lunch. Positive written feedback was received; "Many thanks for letting us be part of the Bilton House Christmas lunch. It was so nice to be with mum, the other residents, and you and your team on such a special day."

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

- People and their relatives were involved in the assessment and care planning process.
- The provider ran monthly meetings and used annual questionnaires to encourage people and relatives to express their views about different aspects of life and care at Bilton House. The questionnaires received positive feedback and the provider used responses to plan changes and improvements.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was valued by the provider and echoed by staff. One person living at Bilton House volunteered on reception at weekends and was supported by the registered manager to do an open university course on religion after this person expressed an interest in doing so. We spoke with this person about life at Bilton House and they said, "One thing I would definitely say is that Bilton House has encouraged my interests and anything I want to be involved in. That is a feature of this house – you're given support and I value that enormously."
- Staff could tell us how they protected people's privacy and dignity. This included knocking on people's doors before entering, closing the door during personal care, and using dignity towels. Information about people's health conditions was shared with dignity and respect. For example, one person had a water infection during our visit that required monitoring by staff. This information was shared with senior care staff

discreetly, away from communal areas and other people living at Bilton House.

# 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

- Care plans were developed in partnership with people and their relatives, so their care was provided according to their individual needs and preferences. The registered manager placed great importance on understanding the individual – "I speak to family about people's individuality, asking them about them. I want to know about people's lives so I know who they are and their identity, to form a bigger picture of that person."
- One person living with dementia was supported to engage in activities associated with their past occupation as a secretary. A file was created for them with their name on, which they still recognised, and contained pictures of things the person liked. The file was kept in an office this person had access to when staff were present, so they could reminisce and count files like they used to.
- Staff recognised the importance of understanding people's needs as individuals. One staff member we spoke with said, "If you spend time reading up about them and getting to know them, you get to know their little ways because they are all individuals and have their own preferences for what they like."

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.

- The provider identified people's communication needs as part of the assessment process and could arrange for information to be available in different formats. The registered manager told us they would outsource information in different languages if people needed it and used talking books for people with sight problems.

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

- A range of activities was available for people to participate in as they wished. This included baking, cooking, arts, crafts and a scrabble club. People were free to use a computer in the activities room as and when they wished as this was not password protected. Regular coffee mornings and annual events included a bonfire party, Easter themed day and summer garden party which included all families of people and staff to be a part of the community at Bilton House.
- We observed a game of bowls being played in the lounge with staff and people. The staff were fully involved and encouraged people to participate. People who weren't taking part were made comfortable on chairs in the lounge with their feet up and blankets to keep warm.

- The registered manager had installed a post box to enable people to maintain written correspondence with important people in their lives. Post was collected daily. During the inspection we observed two people receive post which was brought to them by staff and used as an opportunity to talk.

#### Improving care quality in response to complaints or concerns

- The registered manager took pride in there being no complaints received in the last 12 months and afforded this to maintaining communication with people and relatives; "I would pride myself with having personal dialogue with all my relatives and residents, if there is a slight problem brewing, we sit and talk and try to nip it in the bud straightaway."
- The provider had a complaints policy and information on complaints was located on the noticeboard in reception. This set out the complaints process and where people could escalate their concerns with other organisations if they were not satisfied with how it had been handled.

#### End of life care and support

- Conversations about people's end of life care and wishes took place with people and their relatives as part of general care planning. The registered manager was sensitive to people's situations and placed great importance on timing these conversations carefully.
- Two chaplains linked to Bilton House visited twice weekly. They spent time with people at the end stages of their lives and read from the Bible if this was the person's wish.
- To improve people's timely access to medication, the provider had recently changed pharmacy. This meant pain medication needed for people during the end of their lives was received more quickly.

# 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 good. At this inspection this key question has remained the same. 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

- The registered manager had an inclusive, 'hands on approach' and 'open door' policy to encourage positive relationships and communication with people, their relatives and staff to improve outcomes for people. Individuality was valued and to understand the individual behind the person was of fundamental importance to the registered manager - "It is not about putting labels on people but understanding who the person is."
- Staff spoken with enjoyed working at Bilton House and told us the registered manager was approachable and supportive. One staff member said, "I think we are very lucky to care for the individuals we do. I am an advocate of trying to keep people's skills and a lot of our carers go above and beyond. We don't really have a high turnover of staff and I am proud to work at Bilton House."
- A culture of trust meant staff who recognised changes in people's health were trusted to make suggestions and request additional healthcare support. Staff we spoke with said their requests were followed up quickly.

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 understood their responsibility to notify us about important events that affected people at Bilton House and created an open and honest working culture to drive improvements.

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

- Quality assurance and auditing systems were in place for medicines, infection control, care plans and falls so the provider could identify any trends, patterns, changes or errors. However, some of these audits had not identified a gap in medication recording for one person's medicine administration record we viewed, or that a falls risk assessment contained in one person's care plan needed reviewing. The registered manager responded quickly to these issues to rectify them.
- In accordance with our regulatory requirements, the last report and ratings were displayed in reception.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager valued staff engagement and made changes to staff meetings, so they were more

interactive and encouraged staff to share their views and opinions. One staff meeting was used to develop a 'common vision' for Bilton House, which was a shared set of aims and values the staff wanted to achieve for people in their care.

- Annual surveys, monthly meetings, questionnaires and relative support groups were used to gather feedback from people. This information was used by the provider to plan for future changes and improvements.

Continuous learning and improving care

- The registered manager did an Open University Course in religious studies to better understand the religious and spiritual needs of people at Bilton House.
- Changes to improve the quality of training had been introduced. The registered manager arranged specialised training identified by staff as being beneficial to their roles to improve the care they provided for people with specific health conditions. Further improvements were planned in this area.
- Changes were made to the decoration of the home based on research into dementia friendly colour schemes. This meant people living with dementia could make sense of their environment more easily and wellbeing was improved.

Working in partnership with others

- The provider had close links with the local community and local churches. A nursery visited the home every week and prior to Christmas put on a nativity play for people and their relatives.