

Ultimate Care Limited

# Bilton Hall Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bilton Hall Nursing Home is a residential care home providing accommodation for people who require nursing or personal care to up to 60 people. The service provides support to people living with dementia, people over the age of 65 and people under the age of 65. At the time of our inspection there were 44 people using the service. The building is adapted into three wings, each with separate facilities. One of the wings specialises in providing care to people living with dementia.

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

People did not receive safe care and support as staff were not reliably trained to support their required needs.

Risk assessments were in place and considered risks and how to minimise them. Medication was administered safely, documentation for topical medicines was not always in place. We have made a recommendation about this. Infection prevention and control practices had improved. Staff were recruited safely, and lessons were learnt when things went wrong.

People were afforded choice and control over their care and there were activities available. Information was available in a variety of formats and care planning was to a good standard.

People were included in decisions about their care and the provider had systems in place to work with other organisations. There was a new manager in post who had a plan to improve the standard of care and systems to improve outcomes for people.

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 Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of all the regulations found on the last inspection.

### Why we inspected

We received concerns in relation to the management of catheter care and the standard of food at the

service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains requires improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

The provided already had plans in place to retrain staff in regard to catheter care and a new general manager was improving the standard of care and culture within the service  
You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff training and poor knowledge on catheter care at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bilton Hall Nursing 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector, a specialist professional advisor 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.

#### Service and service type

Bilton Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bilton Hall Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the manager registered with CQC no longer worked at the service and a new manager had been employed.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and one relative. We spoke with nine members of staff including the area manager, general manager, deputy manager and care staff, admin staff, the activity coordinator and maintenance person. We reviewed a range of records. This included five people's care records. We reviewed the medicines administration records for nine people. We reviewed a range of documentation relating to the safe management of medicines including people's administration charts. We reviewed medicine error incident forms and subsequent learning from these. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, spot checks, meeting minutes, rotas and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our last inspection staff had failed to adhere to infection prevention and control practices to manage the risk of infection transmission. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess people's risks to minimise the risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk to people was assessed and effectively managed.
- Bilton Hall Nursing Home had a robust review of environmental safety checks where a rolling plan of refurbishment and upgrades were in place. One member of staff responsible for maintenance told us, "I've done lots of improvements and replaced broken equipment. The provider has agreed and paid for

everything I've needed to do."

- The fire alarm and emergency lighting has been assessed as needing replacement. The systems continue to work however, the provider told us they are in the process of replacing this.
- Specific risks, such as falls, weight loss or cognitive impairment, were robustly assessed with a clear plan in place to minimise the risk of harm. One relative told us, "I was invited in to read the care plan and comment on it. It was very good, and I am happy, [person name] is being well looked after."

### Using medicines safely

At our last inspection staff had failed to safely administer covert medication, creams and ointments. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Detailed guidance specific to each person on how to administer medicines to be taken, 'as and when required' was available for staff to follow.
- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines. One person told us, "I always get my time critical medication on time. It's never a problem."
- Instructions for medicines to be given at specific times were available.
- There were individual balance checks of quantities and stocks of medicine for each person that corresponded accurately.
- Staff maintained and shared information with those involved in supporting people regarding their medicines, as appropriate.
- People who received topical medicines did not always have body maps in place to direct staff on where to apply these.

We recommend the provider consider current guidance on recording topical medicine for people alongside their prescribed medication and take action to update their practice accordingly

### Staffing and recruitment

- Staff did not have the correct training or knowledge to provide safe care.
- There were gaps in staff training where essential training, such as diabetes and falls prevention, were not completed by the majority of staff.
- Not all staff had the knowledge required to provide safe catheter care.

Systems had not been established to assess, monitor and mitigate risks of incomplete training and poor knowledge which impacted on the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a plan in place to upskill staff regarding catheter care. The provider took action to ensure staff complete all training required.
- Staff had been recruited safely.
- There were enough staff to meet people's care needs. The provider used a dependency tool to calculate



the staffing required to provide safe care and treatment. People who we spoke with gave positive feedback regarding the level of staff.

- Relatives had a mixed experience regarding staffing levels. One relative told us, "Staffing is a real problem, especially at weekends. There is only a skeleton staff on." Another relative told us, "The staff are lovely and very caring. I have no problem with the staff. It's always the same staff group."

#### Visiting in care homes

- Visitors were able to visit Bilton Hall Nursing Home in line with the government guidelines.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse.
- Safeguarding concerns were effectively and consistently recognised and acted upon. One professional who visits the service told us, "We get safeguarding referrals appropriately and we have a good working relationship with the manager."
- The provider had raised safeguarding concerns to the local authority and CQC appropriately.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. One staff member told us, "We always make sure we assess the person's mental capacity and have a best interest in place, if needed. It's important."

#### Learning lessons when things go wrong

- The provider monitored all accidents and incidents at the service and learnt lessons to minimise the risk of reoccurrence.
- There was a system in place to review and take appropriate action when there was an accident or incident.
- Staff were updated on an individual basis where further learning was needed. The provider had implemented a new daily meeting to update the staff team of any new issues.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 person centred and clearly reflected people's support needs in line with their preferences.
- Staff had a good understanding of people's needs, preferences and choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had access to information in a variety of formats.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

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 supported to live independent and active lives.
- There were a wide variety of activities available for people to participate in. One person told us, "There is always something going on. I like it here."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The provider responded to all concerns/complaints in line with their policy.

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified, comfortable and pain free death.
- At the time of inspection, people did not require end of life care, but staff had a good understanding of the care needed should someone be at the end of their life.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider audits had failed to identify poor infection prevention and control practices which increased the risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The general manager had a clear oversight of the quality of care provided.
- The general manager is new to the service and is working with staff to understand the areas of improvement needed. The general manager completed regular audits and checks.
- The general manager was working with staff to improve the completion of training, refurbishment of the premises and staff knowledge.
- Staff felt supported and engaged with the general manager's ambitions which provided better outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care which was person centred and promoted positive outcomes.
- One person told us, "The staff know what I like. They are all very good."

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; Continuous learning and improving care

- The provider acted within their duty of candour.
- The provider reviewed accidents incidents and complaints to learn lessons from this and to share this learning. One relative told us, "I always get a call if something has happened."
- The general manager has developed a plan to review care practices and intends to improve the standard of care provided to people.

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

#### characteristics

- People were involved in the development of the service.
- Staff had a good understanding of people's protected characteristics and how to provide person centred care.
- The general manager had a development plan to hold "resident meetings" to obtain people's views and opinions more consistently. One person told us, "I know where to go if I have a problem and I know it will get sorted."

#### Working in partnership with others

- The service worked in partnership with others.
- The service had links with the local community organisations such as the GP, district nurses and social care professionals who routinely visited the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff did not have up to date training. Nursing staff did not have up to date knowledge regarding catheter care.
	18(2)(a)