

HC-One No.1 Limited

Bankhouse Care Home

Inspection report

Shard Road
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Lancashire
FY6 9BU

Tel: 01253701635

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bankhouse Care Home is registered to provide nursing and residential care for up to 52 people who may be living with dementia in one adapted building. At the time of the inspection 31 people were receiving care and support at the home.

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

People were cared for by staff who were caring and knew people's needs and wishes. We found some areas of the home required cleaning and clutter needed to be removed to minimise the risk and spread of infection. Risks to people from the environment were not always managed. Care documentation and management of medicines required improvement, and this was being addressed by the registered manager and management team.

People told us they felt safe, and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with vulnerable people and staff had completed training to support their skills and knowledge. Risk assessments relating to care were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed.

One area of the home had been identified as requiring action to improve the environment. We have made a recommendation about the timescale for completion of improvements to the environment.

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.

People were referred to health professionals if this was needed and there was regular contact with external health teams to ensure people's needs were identified and met.

Checks and audits were carried out to identify what had gone well, or if improvements were required. These did not always drive improvement. Staff told us they were supported by the registered manager and management team, and they could approach them to ask for advice or guidance. The provider identified individual achievements and staff were recognised for their contribution to people's lives. People were consulted and asked their views on the service provided. They told us they were happy at the home and were confident any comments or complaints they made would be listened to. Staff told us they felt supported by the registered manager and management team and they were able to approach them if they needed support and guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 27/09/2019).

Why we inspected

The inspection was prompted in part due to concerns received about the management of skin integrity and wound care, personal care, call bells and staff training. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. The provider responded to our concerns and took action to improve the service. This has minimised associated risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bankhouse Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of infection prevention and control, the management of environmental risk and governance. We have also made a recommendation regarding the timescale of completion for the outstanding actions in relation to improvements to the environment at one part of the home.

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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Bankhouse Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor. The site visit took place over two days.

Service and service type

Bankhouse Care 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. Bankhouse Care 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 including information from the public. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided, in addition we spoke with four relatives. We also spoke with an external health professional. In addition, we spoke with eleven members of staff including the registered manager, regional quality improvement lead, three qualified nurses, two care staff, two cooks, a maintenance person and a well-being coordinator.

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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- The provider and registered manager had not ensured people were protected from the risk of avoidable harm. On the first day of inspection we found in some bedrooms, people's beds were placed next to electric wall sockets. These were in reach of people when they were in bed. Equipment was plugged into the sockets. This posed a risk to people who may be living with dementia becoming harmed by electricity or electric cables. A staff member told us that within the last two weeks a person had removed a plug from a switched on socket, while they were lying in their bed. We visited the room of the person and saw the bed was next to the wall with a double plug socket and two plugs plugged in and working. We passed our concerns to the registered manager.
- On the first day of inspection, we also noted disposable razors were stored in an unlocked cabinet in an unlocked bedroom. This posed a risk as people who may be living with dementia and were able to mobilise independently could access the razors and experience avoidable harm. There were no risk assessments to show the risks had been assessed. We passed our concerns to the registered manager.
- On the second day of inspection, we were informed the razors had been removed. However, in another bedroom we found disposable razors were stored in the top of a wardrobe in a box containing toiletries. This posed a risk as people who may be living with dementia and were able to mobilise independently could access the razors and experience avoidable harm.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks to people were not always managed.

The registered manager and regional quality improvement lead responded immediately during and after the inspection. They confirmed action had been taken to minimise associated risks. This included a documented risk assessment for the storage of razors and repositioning of beds where required.

- The provider ensured appropriate individual health risk assessments were carried out to help maintain people's safety in relation to their care. Risk assessments in nutrition, skin integrity, falls and the use of equipment were completed and reviewed. Guidance for staff to follow was available with the risk assessments. Records of skin care and wound care were in place and completed as required.
- Information on the help people needed to leave the home in the event of an emergency was available to guide staff so people could be safely evacuated if this was needed.

Preventing and controlling infection

- The home and equipment were not always clean. On the first day of the inspection, we found high level dust throughout the home, toiletries were found in communal bathrooms and a shower seat needed cleaning. In addition, we also found a mattress cover had leaked and a mattress was stained. A communal bathing area had a wheelchair in it and clutter was also noted in the area. Some armchairs had a build-up of debris, dust and items down the sides of them.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the home was not consistently clean. This posed the risk of and spread of infection.

The registered manager and regional quality improvement lead responded immediately during and after the inspection. They confirmed extra cleaning had taken place and additional checks were now in place to help ensure the cleanliness of the service.

- The provider and registered manager supported people to have visitors in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff completed training in safeguarding, so they knew the action to take if they felt people were at risk of harm and abuse. Staff told us they would raise concerns to the registered manager and could also raise concerns with the local safeguarding team if they felt this was appropriate.
- People told us they felt safe. People told us, "I feel safe here." And, "They check on me at night to just see if I'm ok, you know. I appreciate that."

Using medicines safely

- On the first day of the inspection, we saw an excess of creams were stored in wardrobes. On the second day, these had been stored safely. We also saw evidence action was being taken to improve the recording of cream applications and the registered manager was seeking support from the local pharmacist and GP surgery.
- Staff administered medicines in a person centred way. People were asked if they were ready to receive their medicines and their drink of choice was available for them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- The provider ensured staff received training and their competency to administer medicines was assessed.

Staffing and recruitment

- The registered manager followed processes to help ensure prospective employees were recruited safely.
- We reviewed three recruitment records and found criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. If gaps in employment were identified, reasons for this were explored with prospective employees. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager arranged staff to enable timely delivery of support. People and staff told us there were enough staff to meet people's needs. One person told us, "I'm happy, they come quick enough for me." Overall, staff raised no concerns with staffing arrangements and said they had enough time to support people. One member of staff said they did not always have time to support people with bathing and /or showering and two people said they would like to bathe more frequently.

Prior to the inspection concluding the registered manager provided us with assurances that this had been investigated and people were being supported to bathe/shower at a frequency of their choosing.

Learning lessons when things go wrong

- The senior management team and registered manager carried out reviews of incidents and accidents. Action was taken to minimise the risk of reoccurrence. For example, equipment to support safety was introduced if this was required.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Staff did not consistently complete records of oral and personal care. The registered manager had identified this, and action was being taken to improve this area of record keeping.
- Staff completed risk assessments and care plans which contained details of how people should be supported. If changes were required, records were updated.
- Information was available to share with other agencies and records of health professionals' involvement were up to date and accessible.
- People told us they considered the care to be good and relatives we spoke with also said the care was good. One relative said of the care, "Overall, it's been a positive experience." A further relative said, " [My family member] is being very well looked after."

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person-centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence. They also said they had supervisions and appraisals where they were able to discuss any concerns, training needs or seek clarity on anything they wished.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them.
- People told us they were happy with the food, and they could ask for an alternative if they wanted. One person commented about the food. They said, "It's usually very good."
- Staff assessed people for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

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

- Staff referred people to specialist professionals for support and guidance. This was echoed by relatives. All relatives spoken with told us the home sought medical advice if this was required.
- Care documentation reflected the advice of medical professionals and staff were knowledgeable of people's needs.
- In the case of an emergency, person centred records were in place which were provided to health

professionals to support decision making.

- The registered manager shared that they planned to meet with external health professionals to support collaborative working.

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

- The provider carried out audits and checks to ensure the environment met people's needs and promoted their wellbeing. We noted a review of the physical environment had been carried out in one part of the home using a Dementia Care Evaluation Tool in February 2023. Suggestions had been made to improve the environment for people living with dementia, but not all actions had been completed. We were informed by the registered manager and regional quality lead; this was currently being actioned.

We recommend the provider reviews the timescale for completion of the recommendations as a result of the review.

- The home was bright and well-lit; people could personalise their rooms with their own belongings if they wished to do so.
- There was a garden and courtyard where people could choose to spend time if this was their wish.
- Mobility aids were available to help people safely maintain their independence.

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 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 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.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- Staff asked people for consent prior to supporting them. We saw people were asked to consent before care was given, for example, when helping people to mobilise or eat.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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 good. At this inspection the rating has changed to requires improvement.

This meant the service management was inconsistent. Improvements were needed to support the delivery of high-quality, person-centred care.

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

Continuous learning and improving care

- The registered manager and management team carried out audits and checks at the service, the outcomes were shared with staff to improve the service. Audits identified some areas of improvement, for example, records of personal care. However, audits and checks had not consistently identified the concerns noted on inspection with the cleanliness of the service, or the risks from beds being placed next to electric sockets and razors being accessible in bedrooms.

This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action and made changes to the audit processes to help ensure areas of concern could be quickly identified in the future.

- The registered manager had completed a case study after reviewing an event at the home. This had been shared with other health professionals to support improvement of practice and collaborative learning.
- The provider recognised staff contributions and the impact staff had on people's lives. Awards for kindness were given to staff for the difference they had made and the work they had done. One staff member commented, "I felt like I'd been recognised."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 attended daily 'flash meetings' with staff whenever possible. This enabled information to be shared effectively and supported communication.

- The registered manager worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.

- Relatives commented that the registered manager was, "Very approachable" and, "Easy to talk too." One relative shared that they felt communication had improved within the service since the registered manager had started working at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided. Relatives told us they were kept well informed and had regular updates regarding their family member when this was required.
- The registered manager was introducing individual 'clinics' where relatives could meet with them (and their family member if wished) to discuss the care and support provided. The registered manager said they hoped this would be an opportunity for people and relatives to give feedback on a one-to-one basis.
- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.
- Staff told us the registered manager listened and made changes to improve the service. One staff member shared how they had suggested a detailed information sheet could be developed to support new staff. This was now in use at 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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The environment was not consistently clean to minimise the risk and spread of infection.</p> <p>Risks were not consistently assessed and managed to minimise the risk of avoidable harm.</p> <p>Regulation 12 (1) (2) (a) (b) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not consistently identified and driven improvements.</p> <p>Regulation 17 (1) (2) (a) (b).</p>