Crystal House Platinum Limited

Bank House Care Home

Inspection report

Brandleshome Road
Bury
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20 September 2018

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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

This comprehensive inspection took place on 12 and 20 September 2018 and was unannounced on the first day.

Bank 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. Bank House Care Home is registered to provide care for up to 43 people with either nursing or personal care needs. The home is a large detached building and is situated close to Bury town centre. Accommodation is provided on two floors, accessible by two passenger lifts. The home is on a main road, close to public transport. There is parking area to the side of the property. At the time of this inspection, 40 people were using the service.

Our last comprehensive inspection took place in May 2017 and we found that Bank House Care Home was not meeting all the regulatory requirements, which are the fundamental standards. We found two breaches of the regulations relating to staff training and support and record keeping. The staff training record showed that staff had not received all the basic training they needed to support people safely and effectively. We also saw that records were not always fully maintained in relation to full employment histories of staff on recruitment files, staff meetings, complaints and activities. At this inspection we found that improvements had been made.

At the time of the inspection the home had a registered manager. 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.

The registered manager was also the registered provider. At the time of this inspection the deputy manager was also in the process of becoming a second registered manager for the home. This process was completed by the end of this inspection. We were told that the registered provider/manager would take responsibility for the administrative running of the home and the registered manager the care people received. The home was also supported by a registered nurse with considerable management experience.

Overall, we found that staff training and supervision and record keeping had improved. The registered provider/manager and new registered manager for care need to ensure that improvements are maintained and sustained.

During our visit we found that although window restrictors were in place they did not meet current guidelines. The registered provider/manager undertook an immediate review of all the windows of the home and informed us 27 would be replaced. We also found that a number of bedroom doors did not have locks on them. This was to be addressed through the new review process with each individual person and appropriate advocate and the outcome recorded.

Staff understood their reporting responsibilities in relation to any abuse and poor practice by colleagues. They were confident that the registered/provider manager would take action to deal with any issues they raised.

Adequate recruitment checks for staff were in place and we saw that there were sufficient numbers of staff available to support people.

Risk assessments were in place, which gave guidance to staff about how to support people and mitigate any risks.

We found that medicines were appropriately managed and the home was clean and tidy throughout. No malodours were detected.

People generally spoke positively about the food they were offered and the chefs. We saw that people were offered plenty of fluids throughout the day.

People had access to healthcare professionals as needed.

The registered provider/manager continues to make ongoing improvements to the environment and facilities.

There was a relaxed and friendly atmosphere at the home. We saw good interactions between staff and people. People and their relatives spoke positively about the care they received from the staff team.

People who used the service were nicely dressed and their hair appeared well kept. People had their belongings with them on small tables set in front of them, for example, handbags, newspapers, books and sweets. People's rooms were personalised to their individual tastes.

People had care records in place that gave information about how they were to be supported by staff and their personal preferences.

Activities were available for people to join in if they wanted to.

There was a complaints procedure on display. The procedure included information about other organisation they could contact if they were not satisfied with the outcome of their complaint.

No concerns were raised with us by the local authority quality assurance and safeguarding teams or clinical commissioning group (CCG).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

Is the service effective?

Good

The service was rerated effective.

Improvements had been made to ensure that staff received the basic training and support they needed to care for people safely and effectively.

The registered provider/manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

People were provided with a choice of suitable food to help ensure their nutritional needs were met and had access to health professionals.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service was rerated well led.

The provider was registered with the Care Quality Commission (CQC) as the manager of the home. The deputy manager had also just registered with us as a second registered manager. Improved oversight of the running of the service should help to ensure the improvements found maintained and sustained.

People spoke positively about the registered provider/manager and the deputy manager.

We found that overall improvements in terms of record keeping and systems to monitor, review and improve the quality of service provided were in place. This helped to protect people

from the risks of unsafe or inappropriate care and support.

No concerns were raised with us by the local authority quality assurance and safeguarding teams or clinical commissioning group (CCG).

Bank House Care Home

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.

This inspection took place on 12 and 20 September 2018 and was unannounced on the first day of the visit. One adult social care inspector carried out the inspection with an expert by experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection, we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the clinical commissioning group (CCG) and local authority commissioning and safeguarding teams for their views on the service. They raised no concerns with us.

We spoke at length with three people who use the service and three relatives. We spoke with, the registered provider/manager, the deputy manager (now the registered manager taking responsible for care, a nurse, two senior care staff, two day care staff and one night staff. We also spoke with, a chef, kitchen assistant and a laundry assistant.

We carried out observations in public areas of the service. We looked at three care records, a range of records relating to how the service was managed including medication records. Three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

At our last inspection the safe domain was rated good. At this inspection we found that the safe domain remained good.

People who used the service told us they felt safe living at Bank House. People said, "Oh yes, I know no one can just walk in, I feel safe with the staff", "Yes in general" and "There is only one thing that makes me feel unsafe and that is sharing a room. My room is left open and anyone can go in. I have already talked to the management and they have been cooperative and said if a single room became available I could have it." Relatives said, "They do regular checks on [relative]" and "Oh yes, [relative] has tried to get out but didn't succeed."

When we arrived at the service at 7.30 am we found the front door was locked and a member of staff opened the door and checked our identification before letting us into the home. We were told by the registered provider/manager that they had fitted CCTV throughout the communal areas of the home that they could access remotely.

Some people told us that they had concerns about their property because most rooms did not have locks on the doors. The registered provider/manager told us that at the person's next review this would be discussed with them and their family member and useable locks would be place on the person's door. We were told that after a review of the arrangements one person did not have a lockable space in a shared room. A new lockable cupboard was ordered immediately for this person.

It was also raised that a person had been presenting with challenging behaviour during the night when they first came to live at the service. We were informed that this person was now more settled and the issues were resolved.

We walked around the property with the registered manager. We saw that not all windows were fitted with window restrictors. However, the window restrictors we saw did not meet the Health and Safety Executive (HSE) guidance, 'Falls from windows or balconies in health or social care'. The registered/ provider manager undertook a review of the window restrictors in line with the guidance and confirmed they would change 27 of them immediately.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We saw information that showed the registered provider/manager was the designated safeguarding officer for the service and had a certificate to show they had received the appropriate training to carry out the role by the local authority.

We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that Bury Clinical Commissioning Group had carried out an audit to monitor safeguarding and Mental Capacity Act (MCA) standards for non- NHS providers. We saw that the service was mainly compliant with further work to be

carried out on informing the CCG safeguarding team of all reportable pressure ulcers and working proactively to prevent falls. Staff said that they understood their responsibilities around safeguarding and whistleblowing. One staff member said, "I am not backwards in coming forward. I am confident they would deal with safeguarding concerns."

Staff we asked said that all the necessary recruitment checks had been undertaken before they started work at the home. We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included an employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We asked the provider to check the application employment history of one staff member to check that it was fully complete.

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service we spoke with and our observations showed that there were enough staff on duty to meet the needs of people who used the service.

We asked people if they thought there were enough staff in place to meet their needs. They said, "If I ring my buzzer or I want help they come really quickly", Yes I think so I think they have got the measure just right, they have good staff here and they are really nice to me" and "Yes I do and I think if anything they are overstaffed with work experience people, the staff are brilliant they work very hard." Relatives said, "It varies, I only come once or twice a week and sometimes they are very rushed and sometimes they are okay" and "I don't know how many are on a night I think there are three and when I come in early when he is going to hospital and they seem to know him."

The registered provider/manager told us that the home was fully staffed and there was always a nurse and senior carer on duty. If there was an emergency then the deputy manager lived close to the home and would come in. There had recently been changes to the nursing team. If there were shortfalls in the availability of nurses, regular agency nurses were used who knew people well. We saw that the registered provider/manager had been sent information about the agency nurses including the nurses PIN number. At night there was a nurse and three carers on duty and during the day one of the managers, a nurse, senior carer and four carers on duty. Rotas we saw supported this. A new app was being used by staff to pick up available shifts to help ensure continuity of care for people and reduce the time taken to find cover.

We asked people if they received their medicines. They said, "They always remember to give it to me. They remember when I don't", "Yes and I know what they are for, they always bring them and stand by you when you take them" and "Yes, the medication is done on time and very satisfactorily done and very accurate they have never made any mistakes."

We looked to see if people received their medicines safely. We saw that medicines trolleys were stored in a lockable treatment room. Only people who were trained to administer medicines did so and held the keys to the trolley. Nurses administered medicines to people who were assessed as requiring nursing care and senior care staff administered medicines to people who required support with personal care only. There was a signature list for staff who were trained and authorised to administer medicines so they could be identified as the individual staff member who administered the medicines.

We observed people being administered their medicines. We saw that the nurse and senior carer both wore

red 'do not disturb' tabards to help prevent them being distracted whilst administering medicines.

We looked at the medicines administration records for people. We saw that there was a photograph of the person for identification purposes. There was also information about any medical conditions and allergies as well as the name of the person's doctor. We saw that "when required" protocols were in place. The records we saw were accurately completed and up to date. This demonstrated that people received their medicines as prescribed by their doctor.

We were told that either a nurse or senior care staff who were authorised to do so were responsible for applying prescribed creams. Body charts were in place to show where the creams were to be applied.

The nurse in charge held the key to the controlled drugs cupboard. We checked the controlled drugs for three people. We found that the drugs in stock matched the number recorded in the controlled drugs register.

We looked in several bedrooms and all communal areas. We found these to be clean and tidy with no malodours. We saw communal toilets and bathrooms were clean and contained appropriate hand hygiene guidance, paper towels and liquid soap to help prevent the spread of infection. We saw that staff wore appropriate PPE when carrying out personal care tasks, which was changed when supporting people with their meals. The service used the 'red bag' system to transfer soiled items to the laundry. The red bags were placed into the washing machine and dissolved during the washing process. We saw that an infection control audit had been carried out by the local infection protection nurse on 2 March 2018 and the home was 93% compliant.

The service had received a 5 star rating from the national food hygiene rating scheme in October 2017 which meant they followed safe food storage and preparation practices. A legionella check of the services water supply had been carried out on June 2017. We were informed by the registered provider/manager that this was valid for two years.

Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. These were kept in the business continuity file in the office, which would be passed to the emergency services, for example, in the event of a fire. Other information gave contact details about what action to taken if, for example, there was a shortage of staff or there was a power failure. We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. However, there was no record of a fire drill being carried out. The registered provider/manager said that they would ensure that one was carried out immediately. This would help to ensure that people and staff knew what action to take in the event of a fire. We looked at the maintenance and servicing records. We saw that there was a valid gas safety certificate, an electrical fitments and fittings certificate was dated June 2015 and was still valid. At the time of this inspection the maintenance person was not available and a director for the company had oversight of health and safety issues at the home.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included falls, the use of bed rails, pressure area care, dependency assessments and moving and handling.

Some people were moved by use of a hoist. Training was undertaken through Bury Partnership Training. We were informed that people had their own slings. Hoists and slings were last serviced and checked in April 2018. We saw that where wheelchairs were being used by people, foot plates were always used to help

protect people's feet from injury. Cleaning of wheelchairs was carried out by the night staff. This was recorded and checked.

Good

Is the service effective?

Our findings

At our last inspection the effective section of the report was rated requires improvement. At this inspection we rated the effective section Good.

At our last inspection we identified shortfalls in the basic training of nursing and care staff and regular supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. At this inspection we found improvements had been made.

We asked people if they thought that staff were well trained. They said, "Oh yes, they help me having a shower and getting me up they are very good", "I think so, it is difficult to criticise someone when you can't do it yourself, they are dedicated and caring and damn useful for finding things when I lose them" and "They are trained over a long period of very accurately. They know the tricks of the trade and how to put things right if they go wrong. They are very good." Relatives spoken with agreed. They said, "I don't really know there are all levels but they have been ok with me" and "Yes, I see they have regular training and I know they go on mandatory training and they make sure new staff are trained.

Staff spoke positively about the staff team. They said, "It's a really good staff team" and "Very good staff team. We know each other well and cover for each other. We guide new staff by reminding them how things should be done."

We looked to see what support staff received to develop their knowledge and carry out their roles safely and effectively. The records we saw showed an improvement in staff training and supervision. We saw that staff completed an induction when they started at the home which covered the fire procedure, first aid, spread of infection, the complaints procedure and equal opportunities. Staff spoken with told us that they completed induction training before they started to support people in an unsupervised capacity. The induction training included working different shifts and shadowing established and experienced staff.

New care staff completed the Care Certificate. The Care Certificate is a nationally recognised induction programme designed to support staff new to the role. Three staff members were undertaking this induction programme.

We saw there was a dedicated room at the service that staff could use for training sessions. We looked at the training records for the whole staff team. Training was available in for example, food hygiene, infection control, first aid, fire and health and safety training. Basic training is a way of helping to ensure that staff are competent to carry out their roles safely and effectively and keep up to date with changing best practice and legislation. We saw that refresher training had been booked for staff to take place on 26 September 2018 covering, safeguarding adults, infection protection and control, as well as dementia awareness, with an overview of MCA and DoLS.

Staff had access to React to Red training to help raise awareness of pressure area care. We were told that the impact of this training meant there had been fewer pressure sores at the home. Registered nurses had

access to clinical supervision from Bury CCG. The next planned session was to be held on 25 October 2018 at the home. Participation in this clinical supervision contributed as evidence for NMC revalidation. The deputy manager and a senior carer had undertaken Six Steps end of life training.

We saw that more regular meetings were being held with staff of different roles, for example, senior care meetings had been held on 5 February, 1 May and 13 September. Night staff meeting 3 September 2018, RGN 5 September 2018. The last carer meetings were held on 15 February 2018 at 1.30pm and 7.30pm and discussed changes to shift patterns, challenging behaviour during the night, data protection and clarity about who was in charge of the home. More supervision sessions had been held however, we suggested that the format was changed to show the different types of support staff received.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were being met.

At the time of our inspection, authorisations for DoLS were in place for fourteen people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Relatives confirmed that their relative had a DoLS in place. One relative said, "[Relative] has a DoLS in place. We had a meeting with [the local authority] about it."

We asked people whether the staff asked them before they provided care for them. They said, "They always ask me if they are doing anything for me", "I have never really noticed" and "Sometimes they don't ask you sometimes they just tell you to do it but I have no complaints about the staff from my point of view." People told us they could make decisions about their day to day lives. They said, "I can go to bed and get up when I want, if I want to stay in my room but I usually go in the lounge as I like to talk to people and "Yes, I do. They come to you if it is getting a bit late and if you want to stay in your room that's okay."

We asked people what they thought of the food. They said, "The food is very good for institutional cooking. The chef will go out of his way to make things for you if you don't like the menu", "The food, they do their best. The lunch today was first class" and "Not very good, you know what it is like. I am very finicky and they put up with a lot from me saying I don't want this and I don't want that but the chef here is very good."

We saw that the food served was good and people all 'tucked in' and seemed to enjoy it. Any person that needed help to eat was supported and had a protective cover on. The meals were served promptly and the staff seemed to be aware of the needs of each person.

We saw that people preferred to eat in the lounge, however because the lounge had been reorganised we saw that there were not enough tables for people to sit an eat at if they wanted to. The dining room was quite a long way down a corridor and it would have taken a long time logistically for them to all get in there and the space would have been limited. This meant that people ate their meals from their chairs, which reduced the opportunity to move around to keep their circulation going and socialise with others.

We saw that jugs of cold drinks were available in the main lounge and all the people we visited in their rooms had access to fluids. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

We spoke with the chef and the kitchen assistant who told us they had undertaken in August 2018 updated Level 2 food hygiene and the Level 3 food hygiene supervisors course. We saw that certificates confirming this were on display. The kitchen staff were aware of which people needed a modified diet and had received up to date training in the recent changes to the scoring system for them.

We spoke with the chef on duty in the kitchen, who had worked at the service for many years. We found the chef had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They told us about managing portion sizes so as not to over face some one so they would eat more and fortifying meals to help ensure people received adequate calories.

Where people were identified as being at risk of malnutrition food and fluid charts were maintained. These people were weighed on a weekly basis and other people were weighed every month. Some people were taking supplements to help improve their calorie intake and maintain a healthy weight. We saw that there was information on thickeners and consistencies of food and drink which were used for people. Thickeners are added to people's drinks and sometimes food for people who have difficulty swallowing. This helps to prevent a person from choking. Where a person used a percutaneous endoscopic gastrostomy (PEG) feeding tube there was a regime in place for use. A PEG feeding tube is used when the person is at high risk of aspiration because they cannot swallow safely.

We asked people what they would do if they felt unwell. They said, "I pull my help button, they ask me and if I want the doctor they get him for me and if I want my son they get him for me", "It depends what it is I have word with the nurse first and they help me to decide whether I need the doctor but one of the bonuses is that they have a GP on call when you need one" and "If I felt unwell I would have to go to the staff and they would sort it out."

Relatives told us, "Yes they sorted the opticians when [relative] came here and the podiatrist comes and sorts out [relatives] feet", "[Relative] has just had new glasses they sorted it out for [relative], they have a podiatrist who looks after [relatives] feet and a hairdresser who comes in" We were informed that there was a £25 charge for staff to be arranged to accompany people to hospital. This was confirmed by the registered provider manager who told us this was to ensure that there were enough staff available to support people at the home.

Records we saw confirmed that people have access to doctors, dentists, speech and language therapists (SALT), tissue viability, opticians, audiology and chiropodists.

We asked people their views and opinions about the premises. They said, "It is nicely decorated and my room is just as I like it with family pictures of my grandchildren, my family like it when they come here", "The decor is okay. I am not sure about the facilities if there is something I want I know where to go for it. The Bank House system is brilliant, the way it is run it is clean and tidy and it doesn't smell" and "It is very good it is a nice space to live in light spacious rooms, lovely rooms with lots of character but it is the people in it that make it special but the surroundings do help to give you pleasure."

"Relatives said, "The rooms are nicely decorated, very airy and clean. The communal rooms are okay they have made a few changes but they could do with a new TV. They have changed it so they can talk but the arms on the chairs mean they can't always see each other", "To be honest I think they are working their way

through with decoration and the garden and some of the bedrooms need refurbishing but they do them as someone leaves the room. [Relative] is in a shared room and doesn't like noise. The person [relative] shares with is in the lounge all day so I have private time with [relative]."

We saw that the registered provider/manager continued to make improvements to the home which included the refurbishment of six bedrooms, the purchase of six profiling beds and air flow mattresses, replaced decking and garden furniture, bought a new fridge freezer and the dining room had been redecorated and new chairs had been purchased. Plans were in place to replace the lounge carpet and curtains by the end of November 2018.

Good

Is the service caring?

Our findings

At our last inspection the caring section was rated Good. At this inspection the service remained Good.

All the staff we observed were friendly and cheerful and knew people and their individual ways and needs very well. The people we spoke to said if they needed anything they were there quickly to help them.

We asked people if they thought staff were kind and caring. They said, "Oh yes they are and I don't think they get paid enough. They do everything for me. On your birthday you get a cake and cards", Yes, it is the small things you want they offer to get it for you. They got a TV magazine for the gentleman sat next to me" and "Yes I do, I wouldn't take that away from any of them."

Relatives we spoke with agreed that staff were kind and caring. They said, "It is local to me, I think he is well looked after. Once [relative] had settled in we made our wishes known. They always let us know if anything is wrong" and "It is clean and it doesn't smell and it is friendly" and "It is handy for me and everything is nice and clean and it smells nice and everyone is very kind."

Staff said, "We keep smiling and keep everyone happy. Approach is very important. I have no concerns about the care of people. I feel like this is my second family." We spoke to a member of the night staff. They told us that there was good team work between day and night staff and there was no pressure to get people up.

We asked if staff encourage people to do things for themselves. They said, "I can't do much but they do encourage me to do things for myself", "I could be independent but I like someone doing things for me" and "I am very independent I would rather do things for myself."

People told us that staff maintained their privacy and dignity. Relatives said, "I think so yes", "Yes they do, I have seen them give [relative] a wash" and "Yes they make sure the door is shut." People we saw appeared well cared for and well dressed and had their personal belongings with them, for example, handbags, books and magazines.

Relatives said, "Yes they are", "As far as it goes [relative] is in the last stages of dementia", Yes [relative] can be very anxious as [relative] has dementia so they leave [relative] and come back later. [Relative] loves it when they react to what [relative] says and it makes [relative] smile."

We saw that were a younger person was nursed in bed that they appeared comfortable and clean. We saw that their room was personalised with things that were important to them such as posters of Liverpool Football Club and Elvis.

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

Good

Is the service responsive?

Our findings

At our last inspection the responsive question was rated Good. At this inspection the service remained Good.

On the first morning of our inspection, we attended the morning handover. At the handover, the nurse on the night shift handed over to the nurse on days, two senior care staff and four carers. An update was given to day staff about every person who lived at the service. This helped to ensure staff had the information they needed about people and arrangements were made for the deployment of staff to support people during the coming day.

People's needs were assessed prior to their admission to the home. This was so the service could be sure they could meet people's needs. The registered provider/manager or the nurses carried out these assessments depending on the person's identified needs.

People told us that they were not sure if they had a care plan or not however relatives told us that they had been involved in setting up their relative's care plan and keeping the care plan under review. They told us, "Yes, I helped to devise [relative's] care plan" and "Yes, I sat with the doctor and the staff at Bank House to devise [relative's] care plan. Also "Oh yes, they keep me informed and we discuss his care", "Yes when I come in we have a chat about it" and "Yes I talk to the carers about it." One relative confirmed that they had reviewed their relatives care plan with a member of the Continuing Health Care (CHC) team.

We looked three care records. We saw they contained information which included, an MCA assessment and the person's care plan which covered a range of care and support needs. These included mental health, medicines, maintaining a safe environment, skin integrity, hygiene, mobility, eating and drinking, continence, sleeping and daily records. Care records included personal information which included my life story, my childhood, my working life, significant relationships, places and life events, social activities and interests, things I like and things I don't like.

We were told by the deputy manager that a new review of care system had been put in place on a rolling basis with families. Two reviews a week were to be held.

We asked people about the activities take place in the home. People told us, "Oh yes, there are lots of things going on. I like to join in if anything is going on. If you don't want to join in you don't have to" and "Yes, they play dominoes. It is a sort of community you are in. There is one guy who comes in and does various exercises with polystyrene swords. He is very good. I can play bridge but no one else can."

We looked at the activities file. Records for individuals had been added to the file. The home recognised that some people had activities they pursued as individuals and some people regularly refused to be involved in activities. Photographs of activities were kept. We saw people enjoyed, dominoes, knitting, looking at old photographs to aid memory, listening to 50's and 60's records, colouring, bowling, throwing bean bags to knock over cans and big ball throwing to each other.

The home had celebrated the Royal Wedding, Wimbledon, had a fashion show and some people had visited the owner's farm. Cheese and wine and afternoon tea events were said to be popular. Links with the local primary school were maintained and some people went across to the school fair.

We asked people did the home encourage visits from family and friends. They said, "Oh yes they can come anytime", "Yes family and friends can come and see you but they suggest they avoid mealtimes if possible" and "The family and friends can come anytime but they don't encourage it at mealtimes."

We asked people if they knew how to complain if they were not happy about something in the home. They said, "I think I would speak to one of the carers" and "Oh aye I do all my own complaints." Relatives confirmed they had access to the complaints procedure. We looked to see how the service dealt with complaints. We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We looked at complaints records. The had been one complaint since January 2018. We saw that a group meeting of staff had taken place to ensure that there was no repeat of the issue. There was also a record of any concerns raised of small issues and what action had been taken to resolve them

Records of compliments were kept, for example, "Thank you all for supporting me and understanding me", "Just a small thank you for the care considerations you all gave my [relative]" and "Thank you for the care you gave to [relative]. We could not have asked for more."

We asked people if they had ever attended a residents meeting. They said, "I went to a residents meeting where we discussed things and they are very good like that. If they find anything that needs doing they deal with it" and "No I have never been to a meeting." Relatives said, "They have them but I couldn't make it to them. I don't think it is very often" and "Yes, they hold them once a quarter or six months."

We saw that the last resident and relatives meeting took place on Saturday 5 May 2018 in the afternoon. At this meeting the people were informed about the new CCTV, the additional charge for staff to support people to appointments and hospital and the need to complete advanced care plans and submit them to the person's doctor.

We saw that there was information for people and visitors on display about advanced decisions, the Six Steps end of life model and best interests at end of life. We saw that the service had two end of life champions who had completed the end of life Six Steps training. We spoke with a senior carer who was also an end of life champion. They told us about the need to be aware of changes in each person for example, increasing number of infections. They said staff were organised to sit with people as they approached the end of their life and that lights were dimmed and gentle music would be played. They told us that most people did not want to go into hospital as they nearer the end of their life. We noted that a priest was visiting the home to carry out the last rites for a person.

Good

Is the service well-led?

Our findings

At our last inspection we rated the well led section of the report as requires improvement. At this inspection we re-rated the section as good.

At our last inspection we found that the service was in breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because improvements were needed in record keeping for, full employment histories of staff on recruitment files, staff meetings, complaints and daily activities. We also found shortfalls in staff training and supervision, which had not been picked up through the services auditing system. At this inspection we found overall improvements had been made.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also the registered provider. At the time of this inspection the deputy manager was also in the process of becoming a second registered manager for the home. This process was completed by the end of this inspection. We were told that the plan was that registered provider/manager would take responsibility for the administrative running of the home and the registered manager the care people received. The home was also supported by a registered nurse with considerable management experience.

We asked people if they knew who the registered manager/provider was and if they were approachable. People said, "[Registered provider/manager] has just been here, she pops round and chats to us", "Yes, it is [Registered provider/manager] I have never spoken to her", "[Registered provider/manger] is nice you can talk to her" and "Yes I think so she has been round and we have a talk and I was invited to a cheese and wine party."

Relatives spoken with confirmed they knew who the registered provider/manager was. They said, "If I have any worries I go into the office", "She will come and approach me to see if [relative] is okay or to say hello. I have spoken to her", "If I have ever wanted to speak to her she is available and if anything is wrong she puts it right", "I know [registered provider/manager] spends a lot of time here and [deputy manager] and then the seniors. there is a good staffing system and I have a good chat about my [relative] but also about general things" and "Things are run really well."

We saw that there were systems in place to review and audit people's risk assessments to help ensure they were accurate and up-to-date. The service completed the NHS Safety thermometer every month which was sent to the CCG. The safety thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. We saw that the deputy manager had also started an audit tracker for care plan audits, hospital admissions and discharges, weight checks, people who were on

modified diets, medication audits, DoLS, authorisations and expiry dates, accidents including falls and pressure area care. Some work was needed to develop the format further.

We looked at the quality assurance systems in place within the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. The last quality assurance surveys were sent out to people in May 2018. The provider was aware that a quality assurance review was due. We saw that the results of the last quality assurance exercise were displayed in the entrance hall. The quality assurance exercise had been changed since our last inspection to make it easier for people to complete.

The quality assurance exercise was undertaken by seven people who use the service, seven relatives and seven staff. Overall the responses were positive. Comments included from relatives, "Brilliant care home, brilliant staff, lovely caring home. Well done Bank House" and "Happy how my [relative] is being looked after and very friendly to me."

We were aware that the registered provider/manager had continued to make improvements to the home. A decision had been made not to expand the computerised administration system to the care plan system to support the management team and continue with paper records.

Prior to out inspection we contacted the local authority commissioning and safeguarding teams and also the clinical commissioning group (CCG). The CCG told us that the service was very engaged from a CCG perspective. The service attended the quality and safeguarding forum meetings and was involved in the local quality and safeguarding forum meetings. We were also made aware that the service had been involved in the introduction of the 'red bag' system. The 'red bag' system is a new local initiative used when people were admitted to hospital to help ensure the person's records and personal items are not lost during their stay in hospital. The service was also piloting the Vcare training at a local hospital to help improve the training available for registered nurses. This demonstrated a commitment to working with other agencies and keeping up to date with changes in best practice and legislation.

The service was awarded the Investors in People award in January 2016. Investors in People sets the standard for better people management. The standard defines what it takes to lead, support and manage people well for sustainable results.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding incidents, accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe. We were told about an incident that was subject to a Coroner's Inquest. We heard that this matter had been investigated by through the local authority safeguarding process.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating in the entrance hall area of the home. We did not see a website for the provider online.