

Bupa Care Homes Limited

Bankhouse Care Home

Inspection report

Shard Road
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Lancashire
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Tel: 01253701635

Date of inspection visit:
15 May 2017
18 May 2017
09 June 2017

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15 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

carried out an unannounced focussed inspection of this service 07 December 2016. At this inspection a breach of legal requirements was found. After the focussed inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this comprehensive inspection in May 2017 to check they had followed their plan and to confirm that they now met legal requirements.

This comprehensive inspection took place on the 15, 18, May 2017 and the 09 June 2017. The first day was unannounced.

Bankhouse Care Home is registered to accommodate up to 52 people who have nursing needs or people living with dementia. The home comprises of two general residential and nursing units and a unit for people living with dementia. All accommodation is located on the ground and first floor. At the time of the inspection there were 42 people who lived at the home.

There are a range of communal rooms, comprising of three lounges, and two dining rooms. There is a garden area with seating for people to use during the summer months. Car parking is available at the home.

The home has a manager who is registered with the Care Quality Commission. 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.

At the focussed inspection of Bankhouse Care Home in December 2016 the service was rated as 'requires improvement' overall, with 'requires improvement' ratings in three of the key questions 'is the service safe?' 'is the service responsive?' and 'is the service well – led?' We identified a breach of Regulation 12, (Safe care and treatment) as medicines at the home were not managed safely.

During the comprehensive inspection carried out in May and June 2017, we found medicines were managed safely. We saw people received their medicines in safe way, at the time they needed them. We saw some advice from a pharmacist was not documented. We have made a recommendation regarding this. We also saw a cream chart was not available. We have made a recommendation regarding this.

We asked people their opinion on the staffing levels at the home. We received mixed feedback. During the inspection we saw one person required support and there were no staff available. We discussed this with the registered manager who amended the rotas to include additional staff at peak times. We have made a recommendation regarding the staffing provision at the home.

We checked to see there were appropriate recruitment procedures at Bankhouse Care Home. We found staff

were checked to ensure they were of suitable character before they started work at the home and references were obtained. This helped ensure only suitable staff were employed.

Staff told us they received training and supervision to enable them to fulfil their role. Staff said they enjoyed the training and further training was available if this was required. We viewed documentation which evidenced staff received supervision and training.

People we spoke with gave us mixed feedback regarding the meals provided at the home. Some people told us they considered the food could be improved. Other people told us they liked the meals provided. We discussed this with the registered manager who said they responded to feedback from people in order to improve the meals provided.

We asked people if they felt safe. People told us they did. One person said, "I feel safe here." We saw staff supported people in a safe way. We observed one person being supported with their mobility. The person was supported in accordance with their care plan which helped ensure their safety.

During the inspection we spent time in all areas of the home. We did this to observe the interactions between people who lived at the home and the staff who supported them. We saw staff spoke gently and kindly to people and people told us they liked the staff. One person who lived at Bankhouse Care Home said, "They're lovely. Very kind."

We asked people their opinion on the activities provided at the home. Some people told us they were bored. We discussed this with the registered manager. They told us the activities co-ordinator employed at the home was on leave and as a result they were recruiting a temporary replacement.

We viewed care records to ascertain the care and support people received. Overall, care records contained sufficient information to inform staff how a people's needs should be met. Records we viewed contained some evidence that people were involved in their care planning. We spoke with two people who confirmed they were consulted regarding their care needs. Feedback received from relatives was conflicting.

The service had a framework of quality assurance systems to identify if improvements were required. Staff told us they were informed if they needed to make changes to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staffing levels at busy times did not ensure people received prompt support to protect them from risk.

There were systems in place to manage medicines appropriately.

Staff were suitably recruited and appropriate checks were carried out prior to staff starting work at the home.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good 

The service was effective

People gave us mixed feedback regarding the meals at the home. The cook and registered manager told us they responded to people's feedback.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of

people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Referrals to health professionals were made if this was required.

Activities were available for people to participate in. Recruitment was underway to support the continuity of an activities programme.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were in place to identify shortfalls within the service. However we found these did not always identify improvements required.

The manager consulted with people they supported and relatives for their input on how the service could continually improve.

Staff spoken with were able to explain the management structure within the home and their individual responsibilities.

Bankhouse 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 was planned to check 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.

We undertook a comprehensive inspection of Bankhouse Care Home on 15, 18, May and 09 June 2017. On the 09 June 2017 we revisited the service. We did this to review documentation and the management of food supplements in order to complete the inspection. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 07 December 2016 inspection had been made.

This comprehensive inspection was carried in May and June 2017 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who attended the inspection had experience of dementia and older peoples' care.

Following the comprehensive inspection carried out in November and December 2015, the registered manager sent us an action plan. This indicated the actions the registered manager planned to take to ensure improvements were made. We reviewed this as part of our inspection planning. In addition we reviewed notifications the provider had sent us, and reviewed information provided by the safeguarding authorities and members of the public. This enabled us to plan our inspection effectively.

During the inspection we spoke with nine people who lived at Bankhouse Care Home and four relatives. We spoke with the registered manager of the home and a quality manager. We also spoke with nineteen staff who worked at the home. These included qualified nurses, care staff and the cook.

We had a walk round the home. We viewed the lounges and dining areas, and bedrooms. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included seven care records and a sample of medicine and

administration records. We also looked at records relating to the staffing provision at the home.

Is the service safe?

Our findings

At the focussed inspection carried out in December 2016, we found medicines were not always managed safely. This was because registered provider had not ensured that nurses and carers followed the systems in place to manage medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment.) We carried out this comprehensive inspection to ensure improvements had been made.

At this inspection, we found the registered manager completed regular medicines audits. Where shortfalls were identified; action plans were developed and monitored to help bring about improvement. The manager had reported two medicine incidents to us since our last inspection; these were appropriately reported and managed in accordance with the homes policy. Training was kept under review and a new 'medicines essentials' course was being rolled out to carers providing support with medicines.

We looked at a sample of eighteen medication records across the home and observed part of the medicines administration rounds. We saw people's medicines needs were recorded on admission to the home. Qualified nurses or appropriately trained care staff administered most people's medicines. However, people choosing to self-administer medicines were supported to do so. Where people lacked capacity to make decisions about their medicines, appropriate safeguards were in place to ensure people's best interests were protected. However, one record we examined did not include a record of pharmacist advice regarding the crushing of medicines prior to administration.

We recommend the service seeks and implements best practice in relation to the recording of pharmacists advice .

We saw staff offered support where people needed help with taking their medicines. Consideration was given to special instructions such as, 'before food' when administering medicines. We found staff administering medicines made a record of the administration times for medicines such as paracetamol, where a minimum time need to pass before repeating the dose. This helped ensure people's medicines were administered safely. Staff were aware of people who needed thickened fluids and referred to written information to ensure drinks were prepared to correct consistency. We found if people required food supplements, these were stored safely and were individually prescribed for people who lived at the home. Records were kept when food supplements were administered.

The medicines administration records were clearly presented to show the treatment people had received. However, the separate cream charts were less well completed and one of the five charts we examined was missing. Where new medicines were prescribed these were promptly started. Basic individual information about the use of 'when required' medicines was kept with the medicines records. Further information was documented within people's care plans to help ensure these medicines were offered appropriately when needed. Short-term care plans described the use of antibiotics.

We recommend the service seeks and implements best practice in relation to the retention of cream charts.

We found medicines, including controlled drugs, were stored safely and adequate stocks of medication were maintained to allow continuity of treatment.

We spoke people who lived at the home to ascertain their views on staffing levels at Bankhouse Care Home. Three people we spoke with said they considered more staff were required. One person said they were happy with the staffing provision. We spoke with three relatives who told us staff were busy, and at times staff were not always available.

Staff we spoke with told us there were times when they felt additional staff would be beneficial. One staff member explained it was sometimes difficult to observe people as they were supporting people in their bedrooms with their personal care. They explained this sometimes left some areas of the home unobserved and this concerned them. They said this was a particular concern in the evenings and mornings when people required more support.

During the inspection we saw one person had to wait for care and support. This was as no staff were in the vicinity to help them. The person was upset and on staff arrival, they were pleased to see them. They became happier with staff support.

We discussed this with the registered manager. The registered manager told us they used an assessment tool to calculate the number of staff required and current staffing provision reflected the assessment tool. They responded to our concerns by allocating additional staff to be within the home when people required more support. They also told us they would recruit permanent staff to fill these hours. Prior to the inspection concluding we received confirmation additional staffing provision had been made for the mornings and evenings.

We recommend the service seeks and implements best practice guidance in relation to the staffing provided for people living with dementia.

We asked people if they felt safe. People told us, "All the time. I don't have to worry." And, "Yes, I feel safe. It's a nice place." Also, "I'm safe here. I don't feel under threat at all." Relatives we spoke with raised no concerns regarding their family member's safety. During the inspection we reviewed care records to see how risk to people who lived at the home were managed. We saw risk assessments were carried out to identify risks. Care records contained instructions on how risks should be minimised. For example we saw one person had been identified as being at risk of falls. During the inspection we saw they were supported in accordance with their care plan. This helped ensure their safety. In one care record we viewed, we saw a risk assessment was incomplete. Prior to the inspection concluding we were informed this had been carried out.

We spoke with staff about safeguarding. Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse which may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. One staff member told us, "The numbers are in the office. I would make that call." During the inspection, we saw the local authorities safeguarding number was displayed within the home. This helped ensure staff could report concerns to enable further investigations to be carried out if required.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before staff started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being

employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) and we saw documentation which evidenced this.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We noted window restrictors were fitted and water temperatures were monitored to minimise the risk of scalds. This helped ensure peoples' safety and security.

Prior to the inspection we received information of concern that personal protective equipment such as gloves and aprons were not always available. We discussed this with the registered manager. We were informed these were restocked daily by the house keepers. The registered manager said there had been occasions when the housekeepers had not replenished the supplies, and in this instance there was an on-call system for staff to use if more provisions were required.

Is the service effective?

Our findings

We spoke with people who lived at Bankhouse Care Home to gain their views on the care provided. One person told us, "I'm happy with it." A second person said, "I'm well looked after."

Prior to the inspection we received information of concern that people were not always supported with their continence needs. During the inspection we checked to see people's needs were met. We did this to see if people were in need of assistance with their personal care. We saw if people needed support, this was provided.

Care files we viewed contained contact details of people who were important to those who received care and support from Bankhouse Care Home. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the manager and other health professionals as required. We viewed documentation which demonstrated people received referrals to other health professionals as required. We saw appointments were made for people to see doctors and district nurses as their needs changed. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the manager and other health professionals as required. During the inspection we noted two care records required further information to ensure people's needs were effectively met. Prior to the inspection concluding we received confirmation this had been done.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw documentation which evidenced if people were unable to consent to care and support, mental capacity assessments were carried out. We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

During the inspection visit we saw people were asked to consent to care and support before this was given. For example, we saw one person was asked if they wanted to go to the lounge area. The person chose to stay in their room and their wishes were respected by staff. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and told us they had received training in these areas. They told us they would report any concerns immediately to the manager or registered provider to ensure people's rights were protected.

We asked people their opinion on the food provision at the home. People gave us mixed feedback. Two

people who lived at the home commented, "It's good. There's a choice and I get enough." And, "They do very well. I've no complaints." Two people described the food as "average." One person said they did not like the food. Relatives we spoke with also gave us mixed feedback. One relative described the meals as, "Not brilliant." A further relative voiced no concerns.

During the inspection we observed the breakfast and lunchtime meal. We saw one person preferred a cooked breakfast. The care record we viewed instructed the cooked breakfast should be provided cut up, with a fork and spoon. We saw this was provided and when the person had finished their meal they were offered an extra helping.

We observed the lunchtime meal being served and saw this differed from the menu provided. We noted green salad and potato salad was not provided with the sausage lattice. Instead tinned tomatoes and new potatoes were provided. We discussed this with the registered manager who told us this was in response to people's feedback. They explained they responded to people's feedback by amending the menu to improve the meals provided. They also told us they would continue to seek people's views in order to accommodate people's preferences. We asked the cook how they sought people's feedback. The cook explained they spoke with people who lived at the home, asked care staff what meals individuals enjoyed and attended 'residents and relatives' meetings. We saw minutes of a meeting which evidenced this took place.

During the inspection we saw people were offered alternatives if they did not want the meal provided. We observed one person being offered a variety of alternatives. They chose to have a sandwich, banana and crisps. This was provided quickly and we saw they ate it all. We also observed a person being supported to eat their meal. We saw a staff member sat with the person and helped them in a dignified manner. They were gentle and encouraged the person in a respectful way. We noted the person ate all their meal.

We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods. During the inspection we saw fruit, biscuits and cakes were available and offered to people throughout the day. This helped ensure people ate and drank sufficient to meet their needs.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, safeguarding and moving and handling. We reviewed the training matrix. This is a document which records the training staff have completed and the training staff are required to complete. This further evidenced staff were provided with training to enable them to meet people's needs.

Staff we spoke with told us staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with their line manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to gain feedback on how they were performing within their role and to plan any further training required. We saw documentation which evidenced these took place.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. Feedback included "They're all so very, very helpful" And, "They treat me very well." Also, "They treat me as a human being." Overall, relatives we spoke with told us they had no concerns with the caring nature of staff. One relative described the approach of staff as, 'Good.' A further relative described staff as, "Fair to good." A third relative described the staff as, "a mixed bag."

We found staff were caring. We observed staff talking with people respectfully being kind. For example, we noted one person was reading a book. We saw a staff member sat with them and talked with them about the books the person liked. We heard the staff member and the person shared their opinions on their favourite books. This demonstrated staff took time to develop positive caring relationships with people.

We saw staff were patient with people who lived at the home. We observed one person being helped to sit at the table for lunch. The staff member asked the person where they wanted to sit and helped them to their chosen place. They offered encouragement while the person walked and was gentle in their tone of voice. This had a positive impact on the person who was smiling as they walked. We noted people responded positively to staff interaction. We saw a staff member approached a person who lived at the home. We observed the person's face lit up and they called the staff member their friend. We observed staff gave complements to people. For example we saw a staff member say, "Good morning. You are looking very handsome." The person smiled in response to this.

Staff told us they valued the people they supported. One staff member told us, "Everyone here is important to me." A further staff member said, "Individual care is the cornerstone of our values." In addition staff spoke fondly of people who lived at the home. One staff member described a person they supported. They said, "He's lovely." A further staff member said, "I'm lucky to work with residents, they're all fantastic." Staff told us they took time to get to know people as this enabled people to feel comfortable and valued. Staff we spoke with could explain what was important to people who lived at the home. For example, one staff member explained a person liked their room and quiet environments better than the lounge area. This demonstrated staff had an understanding of people's preferences.

Care records we viewed contained some documentation which evidenced people and their relatives were involved in care planning. In one care record we noted family members had been involved in a planning meeting regarding their care. We asked two people who lived at the home if they had discussed their care with staff at the home. Both people told us they had. One person commented, "Yes. That was done before I came here and again when I got here." A further two people who lived at the home said they did not know if they were involved in their care planning. We received mixed feedback from the relatives we spoke with during the inspection visit. Three relatives said they had been involved in the care planning of their family member. One relative told us they were not. We informed the registered manager of the feedback we received to enable further discussions to take place.

We discussed the provision of advocacy services with the registered manager. The registered manager

informed us advocacy support was arranged at people's request. During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms. In addition we saw people's dignity was upheld while they were helped to mobilise. We saw people's clothing was arranged to ensure their dignity was maintained. People who lived at Bankhouse Care Home told us their dignity was protected. One person commented, "Staff are very discreet."

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

We asked people if their individual needs and preferences were accommodated. People we spoke with told us they could follow a routine of their choice. One person told us, "If I want to stay in my room I can. If I want to sit in the lounge I can. What I do is up to me."

Prior to the inspection we received information of concern that people did not have a choice regarding the time they got up from bed. We checked to see if this was the case. On arriving at the home we saw people were either in bed, or were sitting in the lounge area. People in the lounge area were seen to be appropriately dressed and alert. We noted one person was drinking a hot drink and a further person was watching television with a hot drink. Staff we spoke with explained people were supported to get up at a time of their choosing. One staff member told us that if people were sleepy they remained in bed until they were ready to get up. They commented, "It's their home." A further staff member said, "We encourage natural waking here. If someone wants to stay in bed, then they can. It's their right." A third staff member said, "People get up when they want."

During the inspection we saw people's individual requests were responded too. One person asked to have their pudding later in the afternoon. We saw this was accommodated. A further person asked to go to their room. Staff supported them to do so. In addition we saw a further person was offered support with pain management. The person declined pain medicine but accepted a massage and the application of a cream. We saw the person appeared more relaxed as a result of the intervention.

We looked at care records and saw these contained information regarding people's preferences. For example, we saw one person preferred to have their room door open and their call bell within reach. During the inspection we saw this was carried out. We saw a further care record which recorded a person who lived at the home preferred a shower. We spoke with staff who confirmed this was the case. This demonstrated staff were knowledgeable of people's preferences.

We viewed documentation which evidenced people were referred to health professionals if this was needed. This was also confirmed by speaking with a person who lived at the home. They told us they had required a referral in order to gain an expert opinion and they had benefited from this.

During the inspection we did not see any external activities taking place. We were informed a therapy dog and musical entertainers came to the home. We saw an activities programme was displayed which included these activities. We asked people how they spent their day. We were told, "Nothing, I get bored, there's nothing going on, but I'm quite happy as I am." Also, "I get ready and then go into the lounge. The TV is always on and you can have a chat with other residents." And, "I read the paper, watch TV and that's about it. I like being alone as much as possible." One person told us they would like to go out more. They said, "I'd love to go out, but there's nobody to take me." Two relatives we spoke with told us they considered more activities could be provided.

We discussed this with the registered manager. They told us the activities coordinator had had to take

extended leave and the care staff were supporting people with activities until the activities coordinator returned. We were informed alternative arrangements were in the process of being made. The registered manager explained the activities coordinator's leave had been longer than anticipated. They further explained that as a result they were currently recruiting for a temporary activities co-ordinator to ensure the continuity of the activities programme.

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit we saw one complaint was currently being investigated. We asked the registered manager what action they took if they identified improvements were required. The registered manager said they would discuss the outcomes of complaints with staff to address the complaints made. We saw evidence this took place. We viewed minutes of a meeting which documented staff had been informed that improvements were required in the management of people's individual laundry.

Staff told us if people were unhappy with any aspect of the service they would pass this on to the manager. This demonstrated staff were aware of the process to follow to enable complaints to be addressed.

Is the service well-led?

Our findings

During the inspection we checked to see if the home was well run. We observed the registered manager supporting people with drinks. We noted the registered manager knew people by name and people responded positively to the registered manager's presence. For example, we saw one person laughing and saying, "You on tea duty again then?" to the registered manager. A second person told us about the registered manager. They said, "She seems very nice."

Staff told us they were able to approach the registered manager. Comments we received included, "I'm confident in [registered manager.]" "[Registered manager] listens and tries to sort stuff out." And, "[Registered manager] is nice, supportive and caring. [Registered manager] is genuinely interested in resident's views and welfare." Also, [Registered manager] keeps in touch with what's happening. You can go to her." Staff we spoke with were able to explain the management structure within the home and their own roles and responsibilities. One staff member told us they found their written job role helpful. They told us, "It makes it clear what my responsibilities are." A further staff member said, "I have my own clinical responsibilities and I know [registered manager] has management responsibilities. The whole team works together and we have an on-call system for advice if [registered manager] isn't here." This demonstrated there was a management structure in place to ensure the smooth running of the service.

The registered manager spoke positively of the staff who worked at Bankhouse Care Home. They told us they were committed to improving team working. They explained they [Registered manager] and the staff at the home were supported by a health professional to encourage positive professional relationships and improve the service provided. They said, "I was really proud of the staff. They spoke up about what frustrated them and what we can improve." This showed the registered manager sought advice and support to improve the team working and service at the home.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks on medicines, care records and the environment took place. They also told us the registered manager observed them working and would inform them if an improvement was required in their working practice.

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which evidenced this. We viewed the accident and incident audit. The registered manager explained this helped them identify if improvements were required. They further explained they could check people were appropriately referred to other health professionals or that specialist equipment was provided to minimise risk. This helped ensure improvements were identified.

We asked staff if meetings were held to enable them to discuss any concerns. Staff told us these were held. The registered manager told us they held short daily meetings with staff to discuss any concerns. They said this enabled them to speak openly if they were reluctant to speak in front of a large group of people. The

registered manager told us if there was need, they would hold large staff meetings.

We saw people were offered the opportunity to give feedback on the quality of the service provided. The registered manager told us they offered people and relatives the opportunity to complete surveys. We saw the registered manager had developed an action plan following the survey. This included the action to improve the environment. During the inspection we spoke with the maintenance person. They told us they had consulted with a relative to ensure the redecoration of a person's room was in accordance with their preferences. We viewed the room and saw this had been freshly decorated. This demonstrated the registered manager actively sought peoples' views and responded to these.

In addition the registered manager sought feedback at 'relatives and residents' meetings. We saw records which demonstrated people were consulted. We noted a change had been suggested to the mealtime arrangements. The records we viewed recorded people who attended had been in agreement with the suggested change. However, during the inspection we received mixed feedback regarding the meal provision at the home, the availability of activities and the involvement of family members in the care planning process.

We recommend the service considers how the views of all people who use the service, and relatives are sought and captured to ensure areas of improvement are identified and actioned.