

Bupa Care Homes (Partnerships) Limited

Bankhouse Care Home

Inspection report

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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 caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on the 23 November and the 02 and 09 December 2015. The first day was unannounced.

We last inspected Bankhouse Care Home in August 2014 and identified no breaches in the regulations we looked at. We identified improvements were required within the ratings, 'Is the service safe?' and 'Is the service well-led?' The overall rating for the service was 'Requires improvement.'

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 47 people who lived at the home.

Summary of findings

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.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We saw recruitment checks were carried out to ensure suitable people were employed to work at the home. However these were not consistently applied. We noted on one occasion one staff member had commenced work without having all the necessary checks in place to ensure their suitability.

There were systems in place to ensure medicines were correctly ordered and disposed of. We found improvements were required to ensure medicines were stored and administered safely. This was a breach of Regulation 12 (Safe care and treatment.)

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

During the inspection we saw independence was promoted wherever possible. We saw people were supported to mobilise and engage in an organised activity with patience and understanding.

People were referred to other health professionals for further advice and support when appropriate.

People told us they liked the food provided at Bankhouse Care Home and we saw people were supported to eat and drink adequately to meet their needs and preferences.

There were sufficient staff to meet people's needs. Staff received regular supervision to ensure training needs were identified and received appropriate training to enable them to meet peoples' needs.

There was a complaints policy in place, which was understood by staff. People told us they were confident any complaints would be addressed.

There was a system in place to identify if improvements were required at Bankhouse Care Home. However actions required to ensure improvements were made were not carried out in a timely manner. This was a breach of Regulation 17 (Good Governance.)

People who lived at the home and those who were important to them were offered the opportunity to participate in regular meetings.

Documentation did not always reflect when care interventions had been carried out and was not always an accurate reflection of people's needs. This was a breach of Regulation 17 (Good Governance.)

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

People were not assured they would receive their medicines safely.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner and staff were appropriately skilled to promote people's safety.

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

People did not always receive their medicines safely.

Requires improvement



Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

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

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

Staff received training and development activities to enable them to maintain and develop their skills.

Good



Is the service caring?

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. Care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not responsive.

Requires improvement



Summary of findings

Documentation did not always reflect the care interventions people received.

People were involved in the development of their care plans.

People were able to participate in activities which were meaningful to them.

There was a complaints policy in place of which people were aware. People told us they were confident complaints would be addressed.

Is the service well-led?

The service was not always well-led.

People told us they were confident in the way in which the home was managed. The registered manager sought the views of people who lived at the home.

Staff told us they were supported by the registered manager.

There were systems in place to ensure improvements were identified and actioned. However these were not always effective.

Requires improvement



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.

This inspection was carried out on the 23 of November and the 02 and 09 of December 2015.

The first day of the inspection was carried out by one adult social care inspector, an inspection manager and a specialist advisor. The specialist advisor who took part in this inspection had experience of providing nursing care to people living with dementia. The second and third days of the inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us

plan the inspection effectively. We also contacted a member of the commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with five people who lived at Bankhouse Care Home and five relatives. We spoke with the registered manager, the quality manager, a cook and the activities co-ordinator. We also spoke with the deputy manager, three registered nurses and seven care staff. We spoke with one external health professional who expressed no concerns with the care and support provided.

We looked at all areas of the home, for example we viewed the lounges, conservatory and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation which included fourteen current care records, one historical care record and three staff recruitment files. We also looked at other documentation relevant to the management of the home. This included a sample of medication and administration records, quality assurance records and staff personnel files.

Is the service safe?

Our findings

People told us they felt safe. We were told, “I think this is a safe place, I’m comfortable here.” And, “I feel safe.”

We viewed 14 current care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples’ needs. We noted that risk assessments and care plans did not consistently provide accurate and up to date information. This placed people at risk of care and support that did not meet their needs as information was not always available or was conflicting.

In one file we saw a pre admission assessment had been completed prior to a person moving to the home and assessments had been carried out in order to identify any key areas of risk. However some care plans were not completed to instruct staff in the care and support the person required. We also noted a care intervention had been delivered and this was not recorded in the person’s care documentation. We discussed this with the registered manager who assured us they would address this.

In another care record we viewed we saw documentation relating to a fall required updating. We viewed an incident form which showed the person had fallen. The falls diary and care plan did not reflect this incident.

During the inspection we noted one care record contained specific instructions from a health professional regarding a person’s dietary needs. The corresponding care plan contained conflicting information.

This was a breach of Regulation 17 (Good Governance) as records were not accurate, complete and contemporaneous.

Risk within the home was not always appropriately managed. During the inspection we observed a staff member did not respond to a verbal altercation between two people who lived at Bankhouse Care Home. This was a concern to us as the lack of intervention may have resulted in harm occurring to the persons involved. We brought this to the attention of the registered manager who said this would be addressed.

We checked to see procedures were in place to enable safeguarding matters to be raised with the appropriate bodies. We saw a policy was in place to guide staff on the action to take and staff we spoke with were knowledgeable

of these. We asked staff to give examples of abuse. They were able to describe the types of abuse which may occur. They were also able to explain the signs and symptoms of abuse and how they would report these. Staff said they would immediately report any concerns they had to the registered manager, the registered provider or to the local safeguarding authorities if this was required. One staff member told us, “I would take action to protect people.” Staff told us they had received training to deal with safeguarding matters and we saw documentation which confirmed this.

We asked the registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples’ needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure the home had sufficient staff available to support people. The registered manager told us they were currently recruiting qualified nurses and shortfalls were covered by the use of agency staff. The registered manager told us they would ensure agency staff were supported by staff that had knowledge of the home. The registered manager further explained an on - call system was in place to ensure support could be accessed outside of office hours. The staff we spoke with confirmed this.

We viewed one week’s rotas and saw staffing levels were consistent with the registered manager’s explanation. During the inspection we observed one person requested support with personal care during lunch. Although staff responded to this, this resulted in a person who was being supported to eat waiting to complete their meal. We discussed this with the registered manager who told us they had previously consulted with staff to ensure the staffing provision at mealtimes was sufficient. They told us they had received confirmation of this from staff. However they would now introduce a ‘hostess service’ at mealtimes which would enable staff to respond to peoples’ individual requests without delaying the support others required.

People we spoke with were happy regarding the staffing provision at the home. The people we spoke with told us staff supported them promptly. One relative told us they had occasionally had difficulty locating staff and they had spoken with the registered manager regarding this. They told us they were happy with the response. Other relatives we spoke with were happy with the staffing arrangements in place. We discussed this with the registered manager who told us they were confident the staffing arrangements

Is the service safe?

in place were sufficient. They told us they would continue to monitor feedback from people who used the service, relatives and staff in order to identify if additional staff were required.

We reviewed documentation which showed safe recruitment checks were carried out before a person started to work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who lived at Bankhouse Care Home. Although systems were in place to ensure staff suitability, we saw one person had started to work at the service prior to their DBS check being completed. We discussed this with the registered manager who told us this was an oversight.

During this inspection we checked to see if medicines were managed safely. We discussed the arrangements for ordering and disposal of medicines with the deputy manager. They were able to explain the procedures in place and we saw arrangements were in place to ensure medicines were disposed of appropriately by returning them to the pharmacist who supplied them.

We looked at a sample of Medicine and Administration Records (MAR) and saw gaps in one record. We also noted the record was handwritten and was not signed by two staff. Records should be accurate and signed by two staff to ensure medicines are managed safely. We checked a sample of MAR and saw records and the amount of medicines matched. This meant there was sufficient stock available to administer to people who required medicines.

We checked medicines were administered safely. We observed a medicines round and saw the staff member was very patient with the people who lived at the home. The interactions were person centred and relevant to the people to whom they related. We saw where people needed physical observations taking prior to receiving certain medications, such as their blood sugar recording or their pulse checking this was undertaken in a competent and confident manner.

We checked to see if medicines were stored safely. We saw medicines were stored in a lockable cupboard and this was accessible only to authorised staff. However during the

medicines round we noted the medicines trolley was left open on several occasions. Medicines should be stored securely to ensure they are not accessible to people who are not authorised to access them.

We checked to see if medicines were stored at the correct temperature. We noted several occasions when the room temperature exceeded 25 degrees Celsius and the fridge temperature exceeded 8 degrees Celsius. Medicines should be stored at temperatures between 5 and 25 degrees Celsius to ensure they remain effective. We also saw on four occasions medicines were opened but did not have the date of opening recorded on them. The effectiveness and safety of some medicines may be affected if they are opened for longer than the recommended timeframe specified by the manufacturer of the specific medicine.

During the inspection we also noted if people required their medicines within a specific timeframe, for example prior to receiving food, this was not always carried out.

The above were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment) as medicines were not managed safely.

We discussed our observations with the registered manager. The registered manager told us they were aware of the concerns we had identified and showed us an audit which had been completed in October 2015 prior to the inspection. We saw this included actions to address areas of improvement. We saw formal assessments of medicines administration by qualified staff was planned. In addition we saw further training was being provided to ensure staff were aware of their professional accountability and medicines competency meetings were to be arranged.

We looked at a sample of accident and incident records and saw these were completed by the staff on duty. The registered manager told us these were then reviewed by themselves and included in the persons care planning. The registered manager explained this enabled them to identify if referrals were required to other health professionals to minimise any risk.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical, gas and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised.

Is the service effective?

Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they had consented to and they found staff were knowledgeable of their needs. Comments we received from people who lived at Bankhouse Care Home included, "They don't presume anything here. I talk to staff about what I want, not what they think I want." And, "They've asked me what I want and what's important to me." One relative commented, "They seem to know each person's needs."

We saw documentation which evidenced people were supported to see other health professionals as their needs required. For example we saw people were referred to Speech and Language Therapists and doctors if there was a need to do so. We noted, in one file a person had lost weight. There was no information recorded in the file to suggest this health need had been addressed. We spoke to a member of staff who informed us they were aware of this and were in the process of referring the person to an appropriate health professional. Prior to the inspection concluding we saw the person had been referred to an appropriate health professional and the care documentation had been updated.

During the inspection we spoke with one external health professional. They expressed no concerns with the care and support provided by Bankhouse Care Home.

We observed the lunch time meal being served. We saw this was served quickly when people were seated and was in accordance with their preferences. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

The people we spoke with told us the menu was flexible and food was prepared on request. Comments we received included, "There's a wide selection here." And, "The food's good."

We observed the lunch time meal and saw people were provided with a drink of their choice. We noted people who required specific diets were provided with these in accordance with their needs. The atmosphere was calm and background music was played. Although we saw some

people sat and chatted we observed little interaction from staff towards some people during the mealtime experience. We observed staff asked people if they wanted second helpings and these were provided as requested.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

Within the care records we viewed we saw mental capacity assessments were carried out as required. We noted these were not always decision specific. We discussed this with the quality assurance manager and the registered manager who told us new documentation was being introduced to ensure this was rectified. We saw evidence of this within the care documentation. We saw if an application to lawfully deprive someone of their liberty was required, applications were made to the supervisory bodies as required. The applications were held in individual care records. The registered manager told us they were aware of the processes in place to ensure people were not unlawfully deprived of their liberty and would ensure these were followed if the need arose.

We viewed one care record which contained a completed DoLS authorisation. We saw it was a condition of the DoLS that log sheets were to be completed to identify if care interventions were successful. Within the care record we viewed we could find no log sheets. We discussed this with the registered manager who told us they were currently sourcing appropriate monitoring charts for the person.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day

Is the service effective?

practice in the home. Staff could give examples of practices that may be considered restrictive and without exception told us they would report these to the registered manager immediately. Staff told us they had received training in this area to ensure their knowledge remained up to date and we saw documentation which confirmed this.

During the inspection we saw people's consent was sought before support was provided. We observed people being asked if they required support with personal care, medicines or if they wanted to join in with an organised activity. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. They also told us they received training in food safety and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision.

We discussed the arrangements for staff supervision with registered manager. They told us they carried out daily observations of working practices and would provide information and feedback immediately if this was required

to improve a staff member's performance. We also saw documentation which evidenced a formal supervision and appraisal system was in place. All the staff we spoke with told us they felt well supported by the registered manager.

We spent time looking at the environment in which people lived. We saw the home was clean and we noted no odours in any area. We saw aids and adaptations were in place to support people. For example we saw hoists and shower chairs were available in bathrooms to support people with

mobility needs. We also noted appropriate signage was displayed on doors to help aid peoples' orientation. There were handrails fitted on corridors to enable people with mobility needs to move independently and people could sit in quiet areas or communal lounges as they wished.

We saw the unit that supported people who were living with dementia had a small lounge which was decorated in a café theme. We observed people using this on the day of the inspection as saw this was a positive experience for people. We also saw there was a small enclosed court yard available to people if they wished to access this.

The registered manager told us they were planning to develop a small area at the end of a corridor to provide a stimulating area for people to explore. They further explained work on this had not started as they wished to consult people who lived at the home and their relatives to obtain their views.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "It's alright here. The girls are lovely." Also, "Staff are kind and caring." Relatives told us, "The girls are caring." Also, "The staff are very respectful to [my family member.]" And, "Staff are lovely."

We saw staff were caring. We observed staff sitting with people and reassuring them if they appeared upset. Staff responded respectfully and there was a positive rapport between staff and people who lived at the home. Staff appeared relaxed and confident and we saw they were patient when supporting people.

We observed staff responding to people if they appeared upset. We observed a staff member noted a person sitting quietly. The staff member approached them and asked them if they required any help. The person talked with the staff member who allowed them time to express their feelings and offered comfort and reassurance. They remained with the person until they appeared happier.

We saw numerous instances of staff knocking on doors and asking if people required any help or support. We observed a staff member enter a room and on noting a person was asleep, they spoke quietly, explaining they were just checking they were alright. The staff member went onto explain they were going to check they were warm in their bed. The staff member then gently touched the person and explained they would move a blanket to cover their arm. They addressed the person by their name and were respectful in their approach.

Staff took an interest in peoples' hobbies and preferences. We saw staff talked with people about things they were

interested in. One person spoke with staff about their favourite drink. Another staff member discussed a person's family member with them. This demonstrated staff knew the interests of the people they spoke with.

Staff spoke affectionately about people who lived at the home. One staff member told us, "I hold the people here in highest regard." A further staff member said, "I want the best for people here."

Staff told us about people's likes and dislikes. One staff member told us a person responded better to staff interventions in the morning so their care was arranged to accommodate this. A further staff member described the family of a person who lived at the home and the positive reaction the person displayed when they spoke with them about their family.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. During the inspection we saw visitors were welcomed to the home and spent time with people in communal areas and in their family member's bedrooms. Relatives told us they could visit at any time and they were happy with this.

People told us they were involved in their care planning. One person told us how they had discussed their individual beliefs with staff and a further person told us they had been involved in deciding the care they wished to receive when they moved to the home. Relatives we spoke with confirmed they were involved in their family members care.

We discussed the provision of advocacy services with the registered manager. We were informed advocacy service would be arranged at the request of people who lived at the home, or if the need arose.

Is the service responsive?

Our findings

People told us they felt the care provided met their individual needs. One person said, “They look after me well.” A further person said, “It’s fine here. They look after you well.” We asked relatives if they considered the care to be responsive to their family member’s needs. One relative told us they had been informed when their family member required advice from an external health professional. They commented, “[My family member] is well cared for and comfortable. A further relative told us external health professional visits were arranged if these were required. They said “The care’s very good.”

We viewed a sample of documentation relating to the support people required to maintain their skin integrity. We did this to check care was delivered in a responsive manner. Staff we spoke with were knowledgeable of people’s needs, however care documentation did not reflect that care interventions had been delivered. We viewed one care plan which showed a person needed support to change their position every three to four hours. We viewed four of the person’s positional change charts and noted there were nine occasions when records indicated support had been given in excess of four hours. In addition, two of the entries had only the time of the support recorded and did not specify the support given. Records of care interventions should be accurate and contemporaneous.

We viewed a care plan for a further person who also required support to change their position. The care plan instructed support should be provided every two to four hours. We viewed seven of the person’s positional change charts and noted 14 occasions when support had been recorded as given in excess of four hours. We discussed this with the registered manager who informed us they were aware of the gaps in recording. They told us they were planning to speak with staff regarding this and improve the record keeping. In addition the registered manager told us they were currently seeking specific training from the homes training provider to support staff in effective record keeping.

In the care records we viewed we noted two people required monitoring to ensure their safety was maintained. Staff told us these checks were carried out and were recorded at the end of the shift, there were no specific recording charts in place. We discussed this with the

registered manager who informed us they were looking at ways of recording the information so records were constantly updated to reflect the monitoring that took place.

The above were breaches of Regulation 17 (Good Governance) as records were not accurate, and contemporaneous. This placed people at risk of care and support that did not meet their needs.

During the inspection we saw staff responded promptly to peoples’ needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful and the interventions we observed were seen to be accepted and welcomed by the people who lived at Bankhouse Care Home.

We saw a notice board was displayed informing people of the activities arranged at Bankhouse Care Home. There was also a newsletter available in the reception area of the home which detailed upcoming events.

During the inspection we saw an activity taking place. We saw one lounge area was decorated to resemble a café and we observed people being asked if they wished to attend this area for morning coffee. People who wished to do so were supported to the lounge where they were offered a choice of coffees. Those who did not wish to do so were provided with a drink of their choice in their chosen area.

We also observed two pre-arranged activities took place. On two occasions we saw children from the local school attended the home to support people making Christmas decorations. We observed staff encouraging people to participate and if people declined their wishes were respected. We noted people who chose not to join in stayed in the area where the activity was taking place and observed the activity. We saw people watching the activity and conversing about this. It was clear from our observations people enjoyed this experience. During our observation we noted one person displayed behaviours which may challenge. We observed staff approached the person and supported them to return to their room. We did not see staff consult with the person. We discussed this with a staff member who told us they did not always discuss this with the person as to do so may cause further upset and distress to them. They told us they supported the person in a way that maintained their dignity and promoted their wellbeing.

Is the service responsive?

We discussed the activities provided with the activities co-ordinator. They told us they sought the views of people who lived at the home and their relatives by attending 'relatives and residents meetings.' We were told activities were provided and were in response to suggestions from people who lived at Bankhouse Care Home. We saw a programme of events was organised which included musical events, crafts and a Christmas party. The activities co-ordinator told us they also sought support from external organisations. They explained they had liaised with the local school to enable the craft activities we observed take place. They went on to say as part of this they had delivered a talk to the children about the effects of living with dementia.

The activities co-ordinator told us they were committed to raising awareness of dementia and supporting people at the home to be part of the local community. They also told us they sourced specialist products to support people living with dementia. We were shown 'Twiddlemuffs.' These are knitted hand muffs with textured items attached. These provide sensory stimulation and may have a calming effect

on people who live with dementia. During the inspection we saw one person using a twiddlemuff. We saw they were smiling and showing an interest in this. This was a positive experience for the person.

All the people we spoke with told us they had no complaints at the time of the inspection. Relatives we spoke with also told us they were happy with the home and had no complaints.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. This was displayed on the wall within the home. Staff told us if a complaint was made to them they would record this and pass it to the registered manager to ensure it was addressed. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We looked at the home's complaints file. We saw two complaints had been raised. At the time of the inspection these had been resolved. The registered manager told us all comments, compliments and complaints were sent to the area manager on a monthly basis to enable trends to be identified.

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission. We received positive feedback regarding the way the home was managed.

People we spoke with knew the registered manager. Comments we received included, “The [registered manager] is very good. I feel I can talk to her.” And, “The [registered manager] is alright, she’s pleasant to talk to.” Relatives we spoke with also gave positive feedback regarding the registered manager. One relative commented, “[The registered manager] is very helpful.” A further relative told us, “The [registered manager] is very amenable.”

During the inspection we asked staff their opinion of the way the home was managed. Staff told us they considered the team work to be good. One staff member said, “[The registered manager is very good. She knows us well and listens.” A further staff member said, “[The registered manager is approachable. I can talk to her, she takes things seriously.” All the staff we spoke with told us they felt well supported by the registered manager.

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they sought feedback in a variety of ways. We saw a survey was provided and in addition meetings were held with people who lived at the home and their relatives to ascertain their views. The registered manager explained a meeting had been held where relatives had commented they would like more information regarding the location and responsibilities of staff on duty when they visited the home.

The registered manager told us in response to this they had reviewed the roles of staff within the home and had introduced team leaders on each shift. They explained the team leader was a central point of contact for relatives if they wished to discuss their family member with a member of staff. The registered manager told us this had been well received by relatives and the roles and responsibilities of staff was now displayed on a whiteboard which was updated daily. We viewed the whiteboard and saw it

contained the name of the staff on duty, the area in which they were working and their role. This demonstrated the home responded to comments and suggestions to improve the service provided.

We also saw the notice board within the home displayed the times and dates of upcoming meetings. The registered manager told us they encouraged attendance at these meetings and had adjusted the timing of these to enable more relatives to attend. We asked relatives if they were able to speak with the registered manager if they wished to do so. The relatives we spoke with told us they found the registered manager approachable and confirmed they could meet with them outside formal meetings if they chose to do so.

We spoke with staff and asked them their opinion of the leadership at the home. Staff told us they felt well supported and were encouraged by the registered manager to discuss any areas on which

they wanted clarity, or feedback. The staff we spoke with said they felt they were well informed of any changes taking place. They told us they were informed through daily handovers and the use of communication books and by working with the registered manager on a daily basis. Staff also told us the registered manager carried out ‘daily walk rounds.’ Staff explained the registered manager visited different areas of the home each day and asked how people were, if there were any staffing concerns and if there were any concerns with the health and well-being of people who lived at the home.

We discussed this with the registered manager who told us they carried out these checks to identify any concerns within the home and to support effective communication. We saw documentation which showed the registered manager used this system to monitor events that occurred and to give feedback to staff.

We asked the registered manager what checks were carried out to ensure Bankhouse Care Home operated effectively and areas for improvement were noted and actioned. The registered manager told us they were supported by a quality assurance team. We spoke with the quality manager during the inspection and saw documentation which evidenced areas we had identified as requiring improvement had also been identified by the quality assurance systems in place.

Is the service well-led?

However the systems in place were ineffective as risks identified through the systems in place had not been addressed. For example, we saw a medicines audit completed in October 2015 had identified gaps on medicine administration records had been identified as an area for improvement. The audit also documented the

double signing of handwritten entries as an area of improvement. These concerns were also noted during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good Governance.)

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment)
Treatment of disease, disorder or injury	How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe management of medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (Good Governance)
Treatment of disease, disorder or injury	How the regulation was not being met: Care records were not contemporaneous, accurate or reflective of people's needs. Regulation 17 (2) (c). Quality assurance systems were not operated effectively to ensure risks were addressed and improvements made. Regulation 17 (2) (a)