

Crystal House Platinum Limited

# Bank House 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on the 5 and 7 April 2016. This was the first inspection at the home for the new provider, who was registered with CQC to take over the service in October 2015.

Bank House Care Home is registered to care for up to 43 people with either nursing or social 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 a passenger lift. The home is on a main road, close to public transport. There is a parking area to the side of the property or on road parking. At the time of the inspection there were 36 people living at the home.

The service is managed on a day to day basis by the 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.'

We identified five breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Records did not clearly demonstrate if a person had the capacity to consent to their care and support. They also did not show that people had been appropriately assessed as lacking capacity to demonstrate that decisions had been made in the person's best interest. This meant people's rights were not respected or protected.

People were at risk of not receiving the care and support they wanted and needed as staff did not always have clear and accurate information to guide them in the safe delivery of care. One visitor felt some staff did not fully understand the needs of their relative.

We found the overall system in place for managing oral medicines was safe. However clear and accurate records were not maintained to demonstrate people were receiving their prescribed creams and thickeners safely and effectively.

Whilst systems were being developed to monitor the quality of the service, these needed expanding upon and embedding to ensure that checks were robust enough to identify any areas of improvement and evidence these had been acted upon.

An effective system of reporting people's complaints and concerns was needed to help demonstrate issues were taken seriously and people were confident they were listened to.

Although our observations during the inspection showed there were enough staff available to meet people's

needs, some people told us this was not always the case. We have made a recommendation that the provider considers a formal process for identifying and deploying appropriately staffing levels to meet people's needs.

We have made a recommendation that the provider explores the opportunities provided so that people are offered meaningful activities to help maintain and improve the quality of their life.

People and their visitors were complimentary about the staff and the care and support offered to their family member. Staff were seen to be polite and respectful towards people, offering assistance when needed.

Opportunities for staff training and development were provided. Staff spoken with confirmed they had completed some training and felt supported by the manager.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We saw people were supported to access health care professionals, such as GP's, community nurses and dieticians so their current and changing health needs were met.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

Relevant information and checks were completed when recruiting new staff. This helps to protect people who use the service by ensuring that the people they employ are fit to do their job.

Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

A programme of redecoration and refurbishment was in place to enhance the standard of accommodation and facilities provided for people. Hygiene standards were maintained to help minimise the risks of cross infection and checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

Information in respect of people's care was held securely ensuring confidentiality was maintained.

## 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.

We found the overall system in place for managing oral medicines was safe. However clear and accurate records were not maintained to demonstrate people were receiving their prescribed creams and thickeners safely and effectively.

Although our observations during the inspection showed there were enough staff available to meet people's needs, some people told us this was not always the case. We have recommended the provider considers a formal process for identifying the staffing levels needed and how they are deployed.

Suitable arrangements were in place to ensure hygiene standards, the premises and equipment were adequately maintained so that people were kept safe. Potential risks to people's health and wellbeing had been assessed to help protect them from harm.

Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Records did not show that decisions made on behalf of people who lacked capacity had been made in their best interests. Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure relevant authorisation was in place.

Opportunities for staff training and development were in place to help staff develop the knowledge and skills needed to meet the needs of people safely and effectively.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

**Requires Improvement** ●

### Is the service caring?

Good 

The service was caring.

Most people and their visitors spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people when offering assistance.

Staff spoken with demonstrated they knew people's individual preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People records were stored securely so that people's privacy and confidentiality was maintained.

### Is the service responsive?

Requires Improvement 

The service was not responsive.

People's care records were not always accurate or up to date, providing clear information to guide staff in the safe delivery of people's care.

We found people were offered occasional activities. Routines could be enhanced so that more meaningful opportunities are provided helping to promote people's health and mental wellbeing.

An effective system place for reporting and responding to people's complaints and concerns was not in place.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

The manager was registered with the Care Quality Commission (CQC). People spoke positively about the new manager and the improvements being made within the service.

Systems to effectively monitor, review and improve the quality of service provided were not robust so that people were protected from the risks of unsafe or inappropriate care and support.

The manager had notified the CQC as required by legislation, of all but one incident, which occurred at the home. This was addressed during the inspection.

# 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 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.

Before the inspection we reviewed information held about the service such as notifications, safeguarding concerns and whistle-blower information.

This inspection took place on the 5 and 7 April 2016 and was unannounced. The inspection team comprised of an adult social care 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.

During the inspection we spent time speaking with eight people who used the service, four visitors, four care staff, a qualified nurse, the chef, laundry assistant, activity co-ordinator, deputy manager and the registered manager.

As some of the people living at Bank House Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at four people's care records, four staff recruitment files, staff training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning team and Healthwatch Bury, to seek their views about the service. We were not made aware of any concerns about people's care and support.

# Is the service safe?

## Our findings

All of the people who used the service who we spoke with said they felt safe and were free from bullying or abuse. People's visitors commented "Disruptive people are attended to appropriately but not straight away" and "I have every confidence in my relative's safety".

We looked to see how the medication system was managed. We checked the systems for the receipt, storage, administration and disposal of medicines including controlled drugs. We were told that only nursing staff and senior care staff, trained in medication were responsible for the administration of people's medicine. We saw records to show that staff had completed recent medication training and competency assessments had been completed by the registered manager to check that staff understood how to manage the medication system safely.

We found the medication administration records (MARs) were completed in full. Handwritten entries were checked and signed by two staff to ensure information corresponded with the prescription. The management of controlled drugs was found to be safe. Stocks corresponded with the drug register and records showed that stocks were regularly checked and two staff signed when medicines were administered. We saw that due to the amount of controlled drugs held a further cabinet was required so that items were stored in accordance with legal requirements. The nurse told us that this had already been ordered by the registered manager. This helped to ensure that controlled drugs were administered and accounted for safely.

We saw some people were prescribed PRN medicine (when required) medicines. Information was available detailing the PRN medicines prescribed and dose. However there was no information in relation to the signs and symptoms staff should be aware of, particularly where the person may not be able to ask for medication. We discussed this with the deputy manager who said this would be addressed.

We saw people were prescribed a 'thickener'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We saw there was no readily accessible guidance for staff in relation to the amount of thickener to be added to drinks. We were told the MAR sheet would be signed to show thickener had been provided. However this did not reflect all occasions it was used, therefore a full and accurate record was not maintained. It is important this information is recorded accurately to reflect when people receive their prescribed medicines. On the second day of inspection we were shown a fluid chart to be used by staff. This identified what the person required, for example, 'custard consistency, however this still did not guide staff on the amount of thickener to use with a specific amount of fluid. We discussed our findings with the registered manager, deputy manager and nurse who said that the forms would be amended to include all relevant details.

We asked to see the records completed for topical creams. We were told that creams were applied by care staff when assisting people to rise or retire or following personal care. However we were told that a record of when the creams were applied was not completed. It is important that staff record when a topical cream has been applied to show that people are given their medicines as prescribed. We raised this with the nurse. On the second day of inspection we saw that body maps and cream charts had been drawn up for those people who required this support. The deputy manager confirmed that these would be put in place immediately. Clear and accurate records should be maintained to demonstrate people are receiving their prescribed

medicines safely and effectively. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staffing arrangements in place to support people living at Bank House Care Home. We spoke with people who used the service, staff and visitors, looked at staffing rotas and observed the support offered throughout the day. We were told that in addition to the registered manager and deputy manager staffing comprised of a nurse, senior care worker and five care staff during the mornings, reducing to a nurse, senior care worker and four care staff in the evenings. They were supported by kitchen, domestic, laundry and maintenance staff as well as a part time activity worker. Night cover comprised of one nurse and three care workers with additional 'on-call' support from the managers should further assistance be required. This was confirmed on the staff rotas we examined. From our observations there were sufficient numbers of staff available at the time of our inspection.

People we spoke with said there were always enough staff, however they said at times they may have to wait for assistance. One person said, "That's only to be expected". People's visitors also told us, "We realise he can't have immediate care" and "I complained to the manager that the buzzer wasn't being answered when [relative] pulled it and it was instantly dealt with". However one person told us when they required assistance to go to the bathroom they often had difficulty in attracting the attention of a care staff to ask for help, as there is no call bell nearby. They said when requests were made staff would respond by saying "We are all busy, we will do it in a minute" or "When we are ready". This was confirmed by their visitor. We recommend the provider explore a formal process for identifying the levels of staff needed so that sufficient number of staff are deployed at appropriate times based on an accurate and current assessment of the people's needs.

We looked at four staff personnel files to check if robust systems were in place when recruiting new staff. The files contained an application form and any gaps in employment had been explored. There were copies of the person's identification, written references and interview records, evidencing the suitability of candidates. We were told that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse. We also saw reference to checks being carried out with the Disclosure and Barring Service (DBS). 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.

We looked at how people were safeguarded from abuse. We saw that policies and procedures were available to guide staff in safeguarding people from abuse. An examination of training records showed that 31 of the 43 staff team had completed this training in 2014 and a further 3 staff in 2015. We saw information to show that further updates in training were being provided. Seventeen staff had recently completed the training and the registered manager told us that further sessions were planned for the remaining members of the team. This training is important to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff we spoke with were able to tell us how they kept people safe. This included half hourly checks when required, the use of bed rails and moving and handling equipment, where required. Staff spoken with said any issues or concerns would be reported to the registered manager.

We looked at the care records for four people to see if risks to people's health and well-being had been identified, such as poor nutrition and moving and handling. We saw that plans had been drawn up to help reduce or eliminate the risk. Assessments had been reviewed on a regular basis and there was evidence to show that advice and support had been sought from health care teams where necessary. Where people had been assessed as high risk, additional monitoring records had been put into place. This included nutritional intake, pressure relief and room checks where people spent time in their own rooms. This helped to recognise any changes in need so that appropriate action could be taken where necessary.

We looked at what systems were in place in the event of an emergency, for example a fire. The maintenance showed us records of checks completed to test the fire alarm, emergency lighting and extinguishers. We saw the fire risk assessment had been reviewed in May 2015 and personal emergency evacuation plans (PEEPs)



had been completed for each person living at the home. This information helps to assist the emergency services in the event of an emergency arising, such as fire.

The registered manager provided us with a copy of the homes formal contingency plan. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures, loss or damage to the building. Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the gas safety, electric circuits and small electrical appliances. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked around most areas of the home and saw that the bedrooms, lounges, bathrooms and toilets were clean. People spoken with said the home was kept clean. We were told that rooms were frequently mopped, mattresses wiped, bathrooms cleaned. We saw staff wearing protective clothing, such as; disposable gloves and aprons when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry.

We were told and rotas showed that both domestic and laundry staff were available seven days a week. Staff spoken with told us they had received training in health and safety and infection control. An examination of training records confirmed what we had been told. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

During the inspection we were informed that the local authority health protection agency had inspected the home in August 2015. The service had achieved 97% compliance.

## Is the service effective?

### Our findings

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. The registered manager provided information to show nine applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). We were told that further applications were to be made.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. Training records showed that on-going training was being provided for the staff team in MCA and DoLS. Care staff spoken with did not fully understand the principles of the MCA and DoLS procedures however were able to give examples about how they encouraged people to make decisions about their care and support. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

We looked at how people were consulted and consented to their care and support. On three of the four care records we examined we found no evidence to show people had agreed to their care and support. On one person's file a consent form agreeing to the use of bedrails, sharing information and delivery of care and medication had been signed by their relative. We were told this person did not have a 'last power of attorney' for health and welfare to make such decisions on behalf of the person. A lasting power of attorney (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

We saw that a 'mental capacity assessment' had been completed for each person. The assessments did not identify the specific decision to be made and the outcome of assessments were inconclusive and did not follow the guidance on the form. Records did not clearly demonstrate if a person had the capacity to consent or that people had been appropriately assessed as lacking capacity therefore they did not show that decisions had been made in the person's best interest. This meant people's rights were not respected or protected. This meant there was a breach in Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent some time looking around the home. We were told and saw evidence to show that some redecoration had taken place, new bedding and lounge and bedroom furniture items had been purchased and a second lift installed. People spoken with said the installation of a second lift had been a great improvement as previously the stair lift used to access part of the first floor had frequently broken down. One visitor we spoke with said, "I really like the new décor, and the lovely new furniture". However two people who used the service said the new 'winged' armchair made it difficult for them to see each other when chatting. The registered manager told us that further work was to be undertaken.

We found people were not able to lock their rooms from the inside for safety or privacy. We saw locking mechanisms on the outside of bedroom doors which could be locked with the use of a padlock (although a padlock was only seen on one door). We asked the registered manager about this. We were told locks had been used on empty bedrooms, which were being refurbished. The registered manager said the fittings had been put in place by the previous owner and were not routinely used. The registered manager agreed to remove these and where people requested a lock for their room that a suitable lock with an override facility would be fitted. The maintenance man confirmed with us that they had been asked to remove the old locks and would do so immediately.

We found the environment did not support people living with dementia to help promote and maintain their independence, such as pictorial signs to bedrooms and bathrooms or coloured toilet seats and handrails so easily identifiable. The deputy manager told us this had been explored and items were being purchased to enhance the environment for people.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Bank House. We asked the registered manager about the training and support provided, spoke with staff and examined training records.

We were told there was a programme of induction, training, staff supervision and team meetings in place to support staff. On examination of the four staff files we found a checklist to evidence induction had taken place. These were carried out on the first day of employment and familiarised new staff with the home, areas of health and safety and relevant policies and procedures. The registered manager said they had introduced the 'Care Certificate' with one new member of staff. Records seen confirmed this. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. The registered manager was considering offering this to all existing staff to reinforce what was expected of staff when carrying out their duties.

We saw information to show that supervision meetings had been held with staff. These explored working practice as well as training and development needs. One staff member said they could discuss their work with senior staff at any time and did not have to wait for a planned meeting. Formal clinical supervisions of nursing staff were not provided however meetings had been held with the registered manager. We were told and saw minutes to show meetings between nursing staff had been introduced so that support could be offered along with clinical training from the Clinical Commissioning Group (CCG). Nursing staff spoke positively about the training and how this helped them in their role.

Following the purchase of the home the registered manager, who is also the provider, identified significant shortfalls in staff training. Since October 2015 a programme of training has been provided. This has included safeguarding adults, Mental Capacity Act and Deprivation of Liberty safeguards, moving and handling, health and safety, first aid, infection control, food hygiene, fire safety and care planning. Several nursing and care staff were completing 'Six Steps' end of life care training and nursing staff had also been offered

training in wound care, tissue viability and PEG care. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube is passed into a person's stomach. The aim of PEG is to feed those who cannot swallow.

Staff spoken with said they had been 'inundated with training' since the new registered manager/owner had taken over the home. Two staff spoken with said they would like other areas of training, such as nutrition, challenging behaviour and vocational training at level 3. The registered manager told us that due to shortfalls in training they had focused on areas of health and safety however were exploring other opportunities for the staff team.

Suitable arrangements were in place to meet people's health care needs. We were told that a GP from the local surgery visited on a weekly basis so that any changes in need could be quickly addressed. Records showed that people also had access to external health and social care professionals. We saw evidence of visits from opticians, speech and language therapist, podiatry and community nurses. Support was also provided from the 'Intensive Support Team' (IST) for some people. This service offers advice and support to care providers with regards to the specific needs of people who display behaviours which may challenge. During the inspection we saw two members of the team visiting a person who had recently moved into the home. The involvement of the IST helps support people and staff, minimising the risk of placements breaking down and people being admitted to hospital. We were told that where people needed to attend an appointment at hospital, staff would provide an escort unless the person wished to go with a family member. One visitor told us that their relative had recently fallen, an ambulance had been called and they had been contacted.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw sufficient stocks of fresh, frozen and dry foods were available.

We looked at the menus and saw they were on a two week cycle and a choice of meal was available. The main meal was served at lunchtime. Kitchen staff asked people each day what they would like for their meal. We were told that an alternative would be provided if requested. During the lunchtime we saw one person request a lighter meal; this was provided.

The chef was able to tell us about the dietary needs of people and how they fortified people's meals to help people maintain or gain weight, where necessary. The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or speech and language therapist (SALT), if people were identified at risk of poor nutrition and hydration. During the inspection we saw one person was visited by the SALTs team.

Prior to lunch we saw the dining tables were set with colourful tablecloths, cutlery, plastic glasses and mugs and condiments. Only a small number of people had their meal at the table, preferring to remain seated in their armchair with a small table. However one person we spoke with told us, "I have my breakfast in my room but I would rather be in the lounge". We observed the lunchtime service. We saw two people repeatedly ask for a cold drink with their meal. This was eventually provided however no one else was offered a drink. Refreshments were offered later after people had eaten their meal. We discussed our findings with the registered manager and deputy manager who said this would be addressed with staff.

We saw meals were served on different sized plates depending on preferred portion sizes and some people were provided with a plate guard, which enabled them to eat their meal independently. During the mealtime we heard people comments about the meal; such as "You get better food in jail", "The food is

nice" and "If you are a little unwell they will give you light meals".

## Is the service caring?

### Our findings

We asked people for their views about the care and support offered by staff. Most of the people we spoke with said staff were caring, kind and respected their views. One person told us they were being looked after by, "People who know what they are doing". Another person told us they were, 'Very settled' and described the care as, "Brilliant, most of the time".

During the inspection we saw people were supported in an unhurried manner and the atmosphere at the home was calm and relaxed. We observed staff support people safely when using equipment to transfer from chair to wheelchair.

From our observations and discussions with staff, they were able to demonstrate their understanding of the individual needs of people and how they wished to be cared for. Staff told us they work hard to help people maintain their independence, such as, encouraging participation in their personal hygiene and attempting to dress themselves with help if necessary. One person told us, "I have a shower every day, sometimes twice a day because I like to be clean". We saw that people were also encouraged to mobilise independently with the aid of walking sticks or frames.

We saw that people were able to make day to day decisions about what they wanted, for example, people choose what clothes they wanted to wear and what they would like to eat. People we spoke with confirmed this. People said staff asked their permission prior to care being given. Examples provided were, "Can I put this on you love" and "Are you ready?" when supporting people with their meal.

We were told people's routines were flexible and they were able to rise and retire when they wished. One person told us, "If I want to finish a TV programme in the evening I tell them [care staff] and they go to others to help them until I am ready". Another person said they liked the privacy of their own room, 'So I can do what I want'.

Consideration was also given to maintaining people's privacy and dignity. We saw where people were visited by health care professionals, this was done in the privacy of their own rooms.

We saw some good interactions between staff and people's visitors, who were clearly at home when visiting their relatives. One visitor was seen looking after the pot plants and another was playing games. We saw that people were able to meet their visitors in private, using a small quieter lounge or their own rooms.

Staff were kept informed of people's current and changing needs during the handover completed at each shift change. Handovers involved all staff on duty and a job allocation list was provided so that staff were aware of their responsibilities during the shift. A record of the handover was completed and any actions to be followed up by nursing staff were recorded in the diary. This helped to ensure any changes in people's health care needs were addressed in a timely manner so their well-being was maintained.

Whilst looking around the home we saw some people had personalised their bedrooms with belongings

from home. Where people shared a room a privacy screen was available.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained. Additional monitoring records, such as turn charts, were kept in people's own rooms and therefore easily accessible to staff.

## Is the service responsive?

### Our findings

From our discussions with the registered manager and a review of records we found that relevant pre-admissions assessments were undertaken prior to people moving into the home. Additional assessment information was also sought from the funding authority detailing people's health history and any areas of potential risk. This enabled the service to make a decision about the suitability of placements.

We were told that assessment information would be used to inform the development of the person's care plan. None of the people we spoke with could tell us they had seen their care plan.

We examined the records for four people. Care plan documentation covered all aspects of daily living and incorporated people's social history, their likes, dislikes and preferred routines. This provided staff with good information about the person and things that were important to them.

Two of the files contained detailed information to guide staff in the delivery of the person's care and had been reviewed on a monthly basis to ensure information reflected their current needs. We examined the care records for a third person who had recently moved into the home. Assessment information identified this person was at risk of falls and at times became unsettled. We found no care plan or risk assessments had been completed to guide staff. The records for a fourth person had not been updated since their discharge from hospital and therefore did not reflect the change in care and support they now required. The relative of one person told us one or two staff were 'short' with their relative and that this could be due to them not understanding their condition fully. People were at risk of not receiving the care and support they wanted and needed as staff did not have clear and accurate information to guide them in the safe delivery of care. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent time observing people's routines and how they spent their time. People we spoke with talked about what they liked to do and the activities provided. We were told a company, 'Active Sounds' visited twice a month to do games with music. A male voice choir had visited occasionally and a local school performed a play at Christmas. People said there had been singers in the past but people were not sure if they had been since the new owners took over. People also told us there was a hairdresser and a lady who provided nail care. We were told that as part of the refurbishment one of the smaller bathrooms was being changed into a hairdressing salon. Visits were also made by the local church for those people who wished to observe their religious needs.

We spent time speaking with the activities worker. They told us they were employed to provide activities for two hours each weekday afternoon. They also worked as a housekeeper. The activities worker had limited experience in this role. The activity worker told us they did not have a plan of activities as this varied depending on what people wanted to do. We saw there was a supply of paints, crayons, colouring books and games. Time was also spent doing word search and crosswords on an individual basis. We were told two ladies who had previously enjoyed knitting were being supported to continue with this hobby. We were told that one person was registered blind. The activity worker told us "There's not much I can do for her". The activities co-ordinator would benefit from training in this field, as her experience was limited. This is



important as people may need the support of others to participate in meaningful activities to help maintain and improve the quality of their life. We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people, helping to promote their involvement and enable them to retain their independence. Furthermore the provider may wish to explore relevant training for the activity worker so they are able to develop the knowledge and skills needed to carry out their role effectively.

We saw a complaints procedure was available for people and their visitors to refer to. This was available in the service user guide, which was provided to each person as well as being displayed in the hall. We found information did not accurately advise people of the external agencies they may wish to contact should they need to. This was raised with the registered manager who requested admin staff make the relevant changes.

People spoken with said if they had any issues or concerns they would speak with staff or the manager and felt matters would be dealt with. One person told us about a concern they had recently raised with the registered manager. Another person's visitor told us that when they brought issues up with the manager, they were dealt with in an appropriate time period and feedback was provided. The registered manager told us and a review of records showed there had not been any complaints or concerns received at the service since taking over the service. However, this did not support what we had been told. Effective systems of reporting people's complaints and concerns helps to demonstrate issues are taken seriously and people are listened to. This meant there was a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). The registered manager was also the home owner. In addition to Bank House they also owned two other homes in the Bolton area and had many years of experience in adult social care.

We spoke with staff about the new provider and management team. We were told there had been 'a massive change', which had been difficult at the time but staff were now happy with the changes being made. One staff told us, "Staff morale is improving and appears more settled". Another said, "They [the owners] are investing more. ....it's what's needed". Staff said that team meetings have been held and we saw records to support this. Staff spoken with said they were able to bring up items they wished to talk about at the meetings. One staff member said, "Sometimes the manager will tell us in passing what she wants to talk about".

People who used the service and their visitors also told us they were aware of the change in ownership and felt this was beneficial. They said they were able to approach the new manager and discuss any difficulties and minor complaints.

We looked at how the registered manager monitored the quality of the service provided. We were told that since taking over the home in October 2015 a review of the service had taken place and areas of improvement had been identified in relation to staff training and development and improvements to the environment. However the registered manager acknowledged this was not formally recorded.

We saw other information to show that audits had been completed on the medication system and the management of infection control. However audits did not explore all areas of the service such as care records, health care needs, staff recruitment, complaints and a review of accidents and incidents to eliminate the risks of re-occurrence. A robust system of auditing helps to inform and develop the homes business improvement plan.

We also looked at a number of policies and procedures to guide staff. We found records had been reviewed and updated, however information in relation to current legislation was out of date, for example policies referred to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; these should now refer to the 2014 Regulations.

Whilst systems were being developed to monitor the quality of the service, these needed expanding upon and embedding to ensure that checks were robust enough to identify any areas of improvement and evidence these had been acted upon. People need to feel confident that the home is being effectively monitored and managed so that they are protected against the risk of unsafe or inappropriate care and support. This meant there was a breach of Regulation 17(1)(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. We saw information to show that a meeting had been held to discuss the change in ownership and a more recent meeting updating people on the changes being made. There was also a satisfaction survey, which was to be used to seek people's views. This had been distributed in 2015 however had not yet been distributed by the new provider.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had not always been notified to us. For example a recent accident resulting in a person being admitted to hospital had not been reported. This was completed by the registered manager and submitted during the inspection.

The service was awarded the Investor in People award in January 2016. Investor 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.

As part of this inspection we contacted the local authority commissioning team. We were told that a recent routine monitoring visit had been completed and improvements in the management and conduct of the service had been found.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Records did not clearly demonstrate if a person had the capacity to consent or that people had been appropriately assessed as lacking capacity therefore they did not show that decisions had been made in the person's best interest. This meant people's rights were not respected or protected. This meant there was a breach in Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Clear and accurate records should be maintained to demonstrate people are receiving their prescribed medicines safely and effectively. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	Effective systems of reporting people's complaints and concerns helps to demonstrate issues are taken seriously and people are listened to. This meant there was a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

## Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

People were at risk of not receiving the care and support they wanted and needed as staff did not have clear and accurate information to guide them in the safe delivery of care.

Effective monitoring of the service is required to help protect people against the risk of unsafe or inappropriate care and support.

Regulation 17(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.