

Bupa Care Homes Limited

Bankhouse Care Home

Inspection report

Shard Road
Hambleton
Poulton Le Fylde
Lancashire
FY6 9BU

Tel: 01253701635

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27 September 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 May 2017 with announced visits on 18 May and 09 June 2017. After that inspection, we received concerns in relation to the safe care and treatment of people who lived at the home. As a result, we carried out a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bankhouse Nursing Home on our website at www.cqc.org.uk

We carried out an unannounced focused inspection of the service on 27 September 2017. During this inspection, we looked at evidence related to the Safe and Well-led areas of the inspection process.

Bankhouse Care Home is registered to accommodate up to 52 people who have nursing needs or people living with dementia. At the time of our inspection, 39 people were living at the home. 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. 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 had 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 last inspection on 15, 18 May and 09 June 2017, we rated the service as Requires Improvement. We found medicines were managed safely. We saw people received their medicines in safe way, at the time they needed them. However, we saw some advice from a pharmacist was not documented. We also saw a cream chart was not available. We made recommendations regarding these concerns.

During this inspection, we noted staff responsible for assisting people with their medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place. Documentation related to the administration of creams and medicines were in place.

At the last inspection, we asked people for their opinion on the staffing levels at the home. We received mixed feedback. 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 made a recommendation regarding the staffing provision at the home.

At this inspection, we found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The organisation of staff throughout the home was planned so staff knew their

role and responsibilities and which unit they would be working on.

During this inspection, we noted staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

Care plans were in place detailing how people wished their care to be delivered. Risk assessments had been completed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. There was written evidence that indicated staff were supporting people as identified within their risk assessments.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

The management and staff were clear about their roles and responsibilities. They were committed to providing good care and support to people who lived at the home.

The registered provider had a range of quality assurance audits that were completed regularly to maintain people's safety and welfare.

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 safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service had were safe.

Medicines were managed, administered and stored in a safe manner.

We could not improve the rating for Good from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Is the service well-led?

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The management team had a visible presence throughout the home. Staff felt the management team were supportive.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had worked in partnership with outside agencies to deliver personalised care.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Bankhouse Care Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

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 carried out an unannounced focused inspection of Bankhouse Nursing Home on 27 September 2017. This inspection was carried out as we had received concerns related to the safe care and treatment of people living at the home. We inspected the service delivered against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?'

One adult social care inspector carried out the inspection.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We consulted with the local authority and clinical commissioning groups for Lancashire and Blackpool. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. We observed how staff communicated with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Bankhouse Nursing Home. They included one person who lived at the home and two relatives who visited people during our inspection. We spoke with the registered manager, two members of the management team and five staff. After the inspection site visit, we corresponded with the regional director by email. During our inspection visit, we spoke with a visiting health professional who was completing health reviews with people who lived at the home.

We had a look around the home to make sure it was a safe environment for people who lived at the home. We checked documents in relation to 15 people who lived at Bankhouse Nursing Home and two staff files. We reviewed records about staff training and support, as well as those related to the administration of medicines and the management and safety of the home.

Is the service safe?

Our findings

We visited the home as we had received information of concern about people's safety. There had been a high level of bereavements at the home. We visited the home to speak with people and review care documentation to ensure appropriate care was being delivered. Before visiting the home, we gathered information on the recent deaths and consulted with the local authority and health professionals. As part of this inspection process, we looked at the care and support delivered to people who may be vulnerable due to their age, lack of mobility and advanced long-term health conditions.

We spoke with the registered manager and deputy manager about the recent deaths that had occurred at the home. They told us they regularly admitted people into the home who were to receive end of life care and this was a factor in the number of people who had recently passed away. On this subject one staff member told us, "We have quite a lot of end of life care here." Documentation we viewed showed people had been admitted to the home who required end of life care and support and had passed away shortly after moving into the home.

Regarding further recent bereavements, records indicated ongoing family involvement. They showed involvement from G.P's and other health professionals in the management of ongoing health conditions and people's end of life care. We spoke with a visiting health professional who told us, based on the care documents they had reviewed, care was appropriately delivered. For example, they told us they were able to see improvements in one person's skin condition due to positive medical intervention. Relatives we spoke with told us they were always kept involved in the management of their family member's health.

We spoke with care staff about recent bereavements, they did not share any concerns related to the care and treatment received by people at the home. One staff member told us, "People are definitely safe here." A second staff member commented, "The nurses are good and the residents are well cared for." About supporting people to maintain good health, one staff member told us, "If we notice anything different, we use a body map, write it in people's notes and inform the nurses. We are good at doing this."

Observations made during the inspection visit showed people were relaxed in the company of staff who supported them. Relatives we spoke told us they felt their family members were safe living at Bankhouse Nursing Home. One relative told us, "The staff are brilliant. I haven't seen anything to be concerned about."

During the inspection, we reviewed care records to see how risks people who lived at the home were managed. We saw risk assessments were carried out to identify areas of concern. Care records contained instructions to guide staff on how risks should be minimised. We looked at records related to people who had limited mobility and received care in their bed. We reviewed records related to their fluid intake, their positional turn charts and pressure care. We noted information was regularly documented by care staff and countersigned by the nurse on duty. Staff we spoke with were knowledgeable on the care needs of the people they supported. This showed the registered provider had systems that guided staff in providing a structured response to meeting people's care needs and keeping them safe.

As we completed our walk around, the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. This showed the registered provider had a system that monitored people's surroundings for risks and kept people comfortable and safe.

We found call bells were positioned in bedrooms close to hand, allowing people to summon help when they needed to. During our inspection, we tested and observed the system and found staff responded to the call bell in a timely manner. Throughout our inspection visit we heard call bells and noted staff responded within a safe timescale. We pressed two call bells during our inspection visit and noted staff responded appropriately.

At the last inspection in May and June 2017, we made a recommendation regarding the staffing provision at the home.

At this inspection, we asked staff about staffing levels at Bankhouse Nursing Home. All the staff we spoke with said staffing levels were sufficient to meet people's needs. We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. However, one relative told us it was sometimes hard to find a member of staff. One staff member told us they felt additional staff were required to support people during mealtimes. We shared this with the registered manager who told us staffing levels were constantly reviewed as the occupancy of the home changed. About staffing levels the regional director told us, that based on feedback from staff and relatives highlighted in previous CQC inspections, staffing levels had been reviewed and increased appropriately. We looked at rotas and saw additional care roles had been introduced to meet people's needs.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Bankhouse Nursing Home until they had received their DBS check.

At the last inspection in May and June 2017, we made a recommendation regarding the management of medicines at the home.

During this inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Recording (MAR) forms for seven people. We did this to see if documentation was correctly completed and best practice procedures were followed.

We shadowed one staff member who was administering medicines. We observed consent was gained from each person before having their medicine administered. Each person was offered a fresh drink with their medicines. The MAR was then signed. We saw body maps which guided staff on the administration of creams.

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. This showed staff had knowledge of the risks to individuals and the provider had a system that ensured people received their medicines safely.

Medicines were stored in a designated medicine room that was locked when not in use. Only staff that were trained to administer medicines had access to this room. The medicine trolley stored within the room was locked and secured to the wall.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We asked about protecting people from abuse or the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and abuse. They demonstrated they knew what to do if they thought someone was at risk of abuse. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "If I had any concerns I would report it to the nurse or to head office." Information about safeguarding was displayed within the home. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

Relatives and staff told us the management team were visible within the home. The management team were knowledgeable about the care and support needs of people living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of the management team whenever they needed to.

At the last inspection in May and June 2017, we made a recommendation the service considered 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.

At this inspection, we noted the registered manager sought feedback at 'relatives and residents' meetings. We noted dates of forthcoming meetings were advertised on the notice board. This gave people the opportunity to attend and share their views. Due to the closeness of our focused inspection to the previous comprehensive inspection, we will check how people's views are recorded and what impact it had on the care delivered at our next inspection.

One staff member told us, "[Member of the management team] has silent footsteps. You turn round and she is there." Other staff also told us the management team observed them working. The registered manager told us there was a daily clinical walk round the home to look at the environment and staff practice. They told us and staff confirmed any poor practice identified was challenged and discussed in a support meeting. This showed the registered provider had systems to address poor practice and maintain an appropriate environment.

We asked about staff meetings. There were twice daily handover meetings between staff. There were also formal staff meetings should these be required. The topics included any changes in the home and staff views on the service delivered and anything to be improved on. The registered manager told us the meetings gave staff the opportunity to share their views. One staff member told us, "At the meetings we get told how things are going and what needs to be improved."

We asked the registered manager what quality assurance audits were carried out, to ensure a high quality of care. We were told the provider's quality team completed six-monthly audits. These included environmental checks, medicines, care plan and accidents and incidents audits. We saw documentation that indicated these had occurred. We viewed the accident and incident audit. The registered manager explained this helped them identify if improvements were required. For example, they reviewed falls monthly to see if there was a pattern around where and when the falls occurred or if footwear worn by the person who fell was a contributing factor. They further explained they could check people were appropriately referred to other health professionals or that specialist equipment was provided to minimise risks to people. This helped ensure improvements were identified and addressed appropriately.

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. The registered manager showed us the fire plan and resident register and explained each person had a 'Personal Emergency Evacuation Plan' that was reviewed weekly. We looked at a range of health and safety documentation. We found checks were happening to ensure equipment and services were maintained safely.

The services liability insurance was valid and in date. There was a business continuity plan. A business continuity plan is a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.

It is a statutory requirement registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in August 2017 was displayed on the registered provider's website and within the home.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.