HC-One Limited

Bankwood Care Home

Inspection report

Duffield Bank
Duffield
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 November 2016.

Bankwood Care Home provides personal and nursing care for up to 40 people. It is situated in the residential area of Duffield and the accommodation is arranged over four floors. There is a passenger lift to provide access to each floor. At the time of our inspection there were 38 people using the service.

There was a registered manager at the service. 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.

People felt safe at the service. Staff had a good understanding of how to recognise the signs of abuse and knew how to report it.

Risks relating to people's care were assessed and reviewed each month. Staff were familiar with risks associated with people's care but records did not always show that control measures that had been put in place to minimise risks to people had been carried out.

People could be assured that safe recruitment practices were followed. There were sufficient staff to meet people's needs. Staff received training and supervision to support them to carry out their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA Codes of Practice.

People enjoyed their food and were provide with a varied and balanced diet. People's health needs were met and they had access to external professionals as required.

Staff were kind and caring and understood people's needs. People were involved in decisions about their care. People's privacy and dignity was respected.

There were scheduled group activities that took place. The activities coordinator spent time getting to know people and arranged for activities and events specific to their interests to take place.

Complaints were investigated and responded to. There were monthly meetings held with people at the service to encourage them to provide feedback about the service.

Systems were in place to monitor and improve the quality of the service. Quality assurance questionnaires were sent out to people and their relatives. Audits in relation to the service and the care they provided were carried out and issues identified were acted upon.

People and their relatives spoke highly of the registered manager. Staff commented on how dedicated the registered manager was to her role and people at the service. Staff told us they enjoyed their roles and found the management approachable. Staff all shared the same vision for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe at the service.

Staff knew how to identify and report any concerns.

People could be assured that safe recruitment practices were followed.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Peoples needs were met by staff who understood how to provide effective care and supported them properly

People's consent for care was in accordance with the Mental Capacity Act 2005 (MCA). Where best interest decisions had been made for people these were recorded and where required Deprivation of Liberty Safeguard applications had been made.

People received a varied and balanced diet.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and understood people's needs.

People's privacy and dignity was respected.

People were involved in decisions relating to their care.

Is the service responsive?

Good

The service was responsive.

People took part in social activities and were supported to follow

their interests.

People received care that met their needs. People and their relatives contributed to assessments and reviews of their care.

People knew how to make a complaint. Complaints were investigated and responded to.

Is the service well-led?

Good

The service was well led.

The registered manager set high standards at the service that staff worked to.

The registered managers vision of a service focussed on people as individuals was shared by all staff.

Audits were completed to monitor the safety and quality of people's care.

Bankwood 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 took place on 29 November 2016 and was unannounced.

The inspection was carried out by one inspector, a specialist advisor in nursing care 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. Their area of expertise was older people with dementia. The specialist advisor was a registered nurse and a specialist in long term health conditions.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and health authority, who had funding responsibility for some people who were using the service.

We spoke with 12 people that used the service and four people that were visiting relatives at the service. We carried out general observations around the service and saw how staff interacted with people.

We spoke with the registered manager, a cook, a domestic staff member, two nurses, a nursing assistant and two members of care staff. We looked at the care records of five people who used the service in detail, and other care documentation relating to people's specific needs. We looked at four staff recruitment records as well as a range of records relating to the running of the service. This included policies and procedures, records of staff training and records associated with the quality assurance processes.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. When asked if people felt safe at the service one person told us, "Yes [my relative] chose this place, they looked at about six places and chose this one, the staff are all very good, it's just general things really, I'm quite happy here anyway." Another person told us, "'Oh absolutely, they're always coming to see if I'm all right." Relatives of people told us they felt they were safe. One relative told us, "Yes, we're very happy, yes." Another relative told us, "Yes, [my relative's] safe, they always contact me if I need to know anything."

There was a safeguarding policy in place that provided information to staff members about the various types of abuse. Staff had a good understanding of how to recognise abuse and report it. We also saw that there was a flow chart on display at the service that provided details for staff about how they were able to escalate their concerns if they needed to. We saw that where any safeguarding incidents had occurred they had been reported appropriately. This meant that people were supported to be safe as any concerns were investigated and reported appropriately.

Staff were familiar with risks associated with people's care. We saw that risks were assessed when people started to use the service and reviewed each month to ensure they remained up to date. One relative told us how the registered manager had introduced bed sides to keep their relative safe. However we were not always able to evidence that control measures were being carried out. For example where there was a risk identified with a person consuming too many fluids this was recorded within the risk assessment and staff were all aware but daily records relating to their fluid intake were not being consistently monitored. We also saw that where a person was assessed as being at risk of developing pressure sores they should have been assisted to change position on a regular basis. Staff told that they assisted the person to change position on a regular basis. However we were not able to evidence from the records available that this had taken place. We discussed this with the manager who assured us that these control measures were being carried out and told us they would speak with staff about the importance of completing records.

One person told us, "I do feel safe because they do practice with the fire door too." People had individualised personal emergency evacuation plans in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. We looked at maintenance records. We found that regular servicing of the lift and other equipment such as hoists, electrical and gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use.

We received mixed responses from people and their relatives about the staffing levels at the service. All of the people and relatives that we spoke with told us that staff responded to their calls for assistance but some people told us there were times when they had to wait. One person told us, "There's not always [enough staff] sometimes you're waiting a long time," they went on to tell us, "They don't always respond quickly it depends on what they are doing." Whilst another parson told us, "They come very quickly." One relative told us, "When I've been with [my relative] and have rung they came very quickly." Another relative told us, "We accidentally pressed it [the call bell] once and they came very quickly but I just don't think there's enough people, they're rushed off their feet."

Staff also gave us mixed feedback about the staffing levels. They told us that when the rostered amount of staff were working there were sufficient staff on duty to meet people's needs. They also told us that there were times when people phoned in sick and they were unable to get staff to cover. We spoke with the registered manager about this who advised us that they now had an agency who supplied a group of consistent staff for them should the need arise and that they had introduced a nursing assistant position to provide support for the nurses.

On the day of our inspection we found that there were sufficient staff to meet people's needs and that people's requests for assistance were responded to within a few minutes. However we did observe that the nursing staff were particularly busy during the whole day which was said by the staff members to be usual. We spoke with registered manager who told us that they used a dependency tool to determine the staffing levels and that these were adjusted as required. There should have been a nursing assistant on duty as well but they had gone to carry out an assessment. We looked at the staff rota and we saw that staffing levels were consistent with the day of our inspection over the coming weeks.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity, proof of eligibility to work where required and appropriate references had been obtained prior to employment and were retained in staff files.

People told us they received their medicines as prescribed. One person told us, "Oh yes, I get my medication when I need it." A relative of a person told us, "'Oh yes [my relative gets medication as needed] most definitely. I had her home last Christmas and they gave me the chart with everything on." Another relative told us how they always asked, "Do you want your medication now?" before providing their relatives medication and they went on to tell us that they would always return if they wanted them to.

We saw that medicines were stored, administered, recorded and disposed of in line with good practice and the provider's policy. People received their medicines as prescribed. We observed people being assisted with their medicines and this was done safely and discretely, respecting the person's privacy. The nurses followed good hygiene practice by washing their hands regularly and using hand gel before and after medicines were administered to each resident. However there were a number of medicine's that were administered to people later than had been prescribed as morning medicines were still being administered at midday. This was due to the nurse's workload on the day. The nurses told us how they would ensure that people's next doses would also be given later over the day to spread administration out evenly. This showed that although the nurses administered medicines later than prescribed they took action to ensure that people still had the required time between their medicine doses and ensure they were administered safely.

Good

Is the service effective?

Our findings

People told us that staff provided care that met their needs. When asked specifically if staff had the right training and skills to meet their needs, one person told us, "'I think it's all right, yes, yes, I think so, some are good and some not so good." Another person told us, "Err, I think so, I've not really got any complaints." A relative told us, "The nurses keep an eye on the ulcer on [relatives] leg here now too and communication is good, they all seem to know what's going on here."

Staff members told that they received sufficient training to enable them to meet people's needs. One staff member told us, "I like to gain experience and qualifications." They went on to tell us how they had been given development opportunities while working at the service and completed qualifications. We saw from records that staff had received training to enable them to meet people's needs. However we did observe an occasion when a person was struggling to stand up. Staff supported them to stand using techniques not identified as good and safe practice. We spoke with the registered manager about this who told us they would take action to prevent this from occurring again. Staff received supervision and an annual appraisal. This provided staff with an opportunity to discuss their work and any concerns and reflect on their practice. A staff member told us that they received an induction at the service and then worked alongside another staff member while they got to know and understand people's individual needs.

Staff knew and understood people's needs. Staff told us that received a handover when they started their shift and that this provided them with important information and updates about people's care needs. Staff on duty were able to tell us who hadn't been feeling well and how frequently they needed to support people to change position due to concerns with their skin. The head of departments within the service also held a daily meeting to provide each other with any updates in relation to people's health and care. One staff member told us, "These meetings enable us to communicate effectively." They went on to give us an example of how through these meetings the kitchen staff were updated if people were not going to be around at mealtimes so that they could ensure that they still provided them with a hot meal.

People and their relatives told us that they were asked for their consent in relation to their care. One person told us, "They do [ask for my consent]." Another person told us, "I stay here, it's my choice." In relation to being involved in decisions, a relative told us, "We can be if we choose to be, we're happy and they come and talk to us if necessary." We observed staff members seek people's consent before assisting with them their care. Staff members told us that they always sought people's consent being assisting them in any way.

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. We checked whether the service was working within the principles of the MCA. We saw that where people were unable to make decisions relating to their care that decision specific MCA assessments had been carried out.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw that where best interest decisions had been made for people these were recorded. Where appropriate the registered manager had made applications for DoLS to ensure that people were not being deprived of their liberty unlawfully. These applications were still awaiting authorisation from the local authority at the time of our inspection.

We saw examples of do not to attempt resuscitation orders (DNACPR) in place. These were completed in full, legible and signed by a Doctor. They had been discussed with the person and person's family and there was a clear reason recorded for the decision being made. The forms were kept at the front of the care records folder and were easy to see and access for staff.

People told us that their day to day health needs were met and they had access to external professionals as required. One person told us, "The doctor comes every week and the nurse all the time." Another person told us, "The chiropodist comes regularly." A relative told us, "When [my relative] had this infection the staff were so quick on picking it up and sending for the doctor."

We saw records that confirmed that people's health needs were monitored and referrals were made without delay when required. However it was not always clear from people's care records that these had been updated without delay following any changes made by health professionals. For example one person's dietary requirements had been changed while they were recently in hospital, this information had not been updated in their care records although they had been home for four days. Staff that we spoke with were aware that it had changed but there was a risk that as this was not correctly documented that the person may receive an incorrect nutrition.

People enjoyed the food that was available. One person told us, "'Oh, [the food] very nice, you can have anything you like, very nice mealtimes here." Another person told us, "It's not bad at all, I can't complain." A relatives told us, "It [the food] looks very nice to me and there's good choice." People all told us that food was served at a hot temperature and that they did not feel rushed.

We saw that tables were set with cloths, condiments, cutlery, serviettes, wine glasses and centre flowers. Staff showed people the two meals that were available and offered people the choice. Where people required assistance with eating their meal, staff supported them appropriately. After desserts had been cleared away people were offered tea or coffee We saw people received regular drinks during their meals and also throughout the inspection. People and relatives confirmed drinks were always regularly offered.

A rotating four weekly menu was in place that provided people with a varied and balanced diet. We spoke with kitchen staff who were knowledgeable about peoples dietary needs. They told us how they catered for people on different diets and how people were asked for feedback about their meals on a daily basis. We saw that a member of kitchen staff approached people and asked people if their meals were satisfactory or if they wanted anything changing. People were also asked at residents meetings about ideas for the menu. Kitchen staff told us that following the last meeting a prawn cocktail and pate tea had been introduced to replace soup at people's request. We saw that these were on the current menu.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. One person told us, "I can't complain, staff are very good." Another person told us, "They [the staff] are very kind." A relative told us, "Yes I like the atmosphere here, everyone is on the ball here and I feel [my relative] is well looked after, they always have time to talk to me, it feels like a community." Another relative told us, "[My relative's] happy here, I think that sums it up."

We spoke with staff members who knew and understood people's needs. One staff member told us, "The home has a really good reputation with staff and residents,'' they went on to say, "We are always full and busy as a result.'' They told us, "It is the little changes and personal touches which make such a difference.'' Another staff member told us, "We like to make a connection with people, to get to know them, the way they like things done and the things they enjoy doing." We saw that people had detailed information within their care records about their life history and work. This provided staff with information about people that they were able to talk to people about and get to know them.

We observed staff being kind, respectful, considerate and attentive to people's needs. For example when people one person was struggling to get up from their chair staff offered verbal encouragement and guidance. We saw staff ask another person who was struggling with their meal if they would like it cutting up. Staff always introduced us to people throughout our visit and asked people if there was anything else they needed after supporting them.

People and their relatives told us that they were involved in decisions relating to their care. One relative told us, "[My relative] is able to make his own decisions." Another relative told us, "[My relative] can ask for themselves." People told us that their choices were acted upon and that staff listened to them. We observed staff supporting people with moving and handling. They provided people with explanations in relation to task and gave them time to process the information.

People told us that their privacy and dignity was respected. Staff told us about the ways in which they respected people's privacy and dignity. These included ensuring that people's curtains were closed and that people were covered up as much as possible while assisting them with personal care. We observed staff members knocking on people's doors and seeking their permission or them to go in prior to entering people's rooms.

People told us they were able to be as independent as they wanted to be. One person told us, "Yes, I do most of it myself." Another person told us, "They help me to use the [piece of equipment] to help me to be independent." We saw that people were provided with aids such as plate guards at lunchtime to support them to be independent.

People told us their relatives were able to visit at any time. One person told us, "Yes [my relatives], they come when they want to." Another person told us, "They [my relatives] come when they like." A relative told us, "They're very, very welcoming and we get lots of information and emails, things like that, everyone's

friendly." We saw from the signing in book that people had visitors at various time of the day.

Staff were inconsistent with the information that they provided us with in relation to people who were receiving end of life care. Staff were not clear about who was receiving end of life care. We saw that one person who had recently been discharged from hospital had an end of life care plan completed earlier in the year, this provided information about their wishes and was reviewed each month. There were medicines in place to support the person with their pain management towards the end of their life but there was no plan completed about how their symptoms would be managed. Where another person had been identified as being at the end of their life they had an end of life care plan in place. The service were trialling a new way to record and support people's wishes at when they were reaching the end of their lives. We saw that the symptom management section had not been completed at all. This meant that there was no information recorded about how the service would manage the person's symptoms and prevent them from being in pain.

People did have RightCare plans in place. RightCare is a scheme that was designed by Derbyshire Health United (DHU) clinicians to ensure that seamless patient care takes place out of hours, when GP practices are closed. RightCare is designed for people with long term conditions and complex healthcare needs, including people receiving end of life care. The scheme helps to prevent unnecessary admissions to hospital and attendance at A&E, lower patient anxiety, provides reassurance and allows patients to access the most appropriate healthcare and advice quickly. This meant that should a person's health deteriorate there was a plan in place for the service and health practitioners to follow.

Good

Is the service responsive?

Our findings

People and their relatives told us they contributed to an assessment of their needs and were involved in reviews of their care. One relative told us, "Yes, [my relative] has a care plan and they signed it." Another relative told us, 'Yes [my relative has a care plan] and it's care been signed and regularly reviewed." A third relative told us, "Yes, I'm pretty sure she has [a care plan], we have reviews every few months and we all sign it then. I know they have them all in the office and if we go in they fetch them out." People's needs were assessed and care plans put in place to ensure that their needs were met. These were reviewed on a monthly basis to ensure they remained relevant and up to date. This included information relating to people's preferences. However we did identify that one person who was cared for in bed was not receiving mouth care. We discussed this with the registered manager who told us they would look into this without any delay.

People told us they received care that met their needs. One person told us, "I really can't think of anything more they could do." Relatives told us that people received care that met their needs. We looked at daily records that confirmed that people received care that met their needs.

We received positive feedback from people about the range of activities on offer. One person told us, "Yes, I like the exercises, the quizzes, I quite like them all!" Another person told us, "Yes, I enjoy them all." A relative told us, "The activities are very good, people are taken out to places like the garden centre but they can only take out so many at a time though." They went on to tell us, "The activity lady is excellent." We saw that there was a programme of set activities that the activities coordinator organised and in addition they arranged one to one time with people, one off events and trips out to ensure that people's individual hobbies and interests were supported.

The activities coordinator told us how they spent time with each person at the service identifying what their need was in relation to activities, what they wanted to achieve and then went on to establish how they could support the person to achieve it. We saw how for one person who supported the local football team the activities coordinator arranged for a previous manager and player of the team to visit the service and meet them. We saw how for another person at the service who used to be in the police force they arranged for some local police to come in and have a discussion with them about their role now and how it had changed. We also saw that one person really wanted to go back to their house. The activities coordinator arranged for the person to go back to their house in the service's minibus and their old neighbour came and sat with them in the minibus while they reminisced.

One person was very proud to tell us, "I'm Knitting at the moment, I've knitted about 200 squares to make blankets for the children in Africa." They had been presented with a special award due to the amount they had knitted. People were supported to pursue their individual hobbies and interests and to achieve their individual aims.

People knew how to make a complaint. One person told us, "I'd tell the staff." One relative told us, "I would always go to [the registered manager] first." Another relative told us, "I would approach [the registered

manager] then if not resolved I would go to the next level, I've seen notes everywhere, on doors and walls to say how." We saw that information about how to make a complaint was on display around the service.

We saw that where complaints had been received they had been investigated and responded to. One relative told us, "The only complaint was when [my relatives clothing item] went missing but I saw them about that and it was seen to." This showed that actions were taken to investigate and resolve complaints.

We saw that meetings took place with people that used the service on a monthly basis to provide them with information and seek their views. The action points from the meetings were taken forward. These were then reviewed at the next meeting to ensure that nothing was missed. For example people raised over the summer that the building was very hot. Some new blinds were put in place and fans were purchased. We also saw that people had requested to out for a meal at a local pub and this had then been arranged. Relatives were invited to relatives meetings to give them updates about the service and for them to provide feedback. One relative told us, 'Yes [I attend the relatives meetings], they publish and e-mail the minutes to us and highlight the things that need to happen."

The service had received a number of compliments from relatives of people that had used the service. These related to the kindness and care in response to people's needs that staff had provided for people during their time there.

Good

Is the service well-led?

Our findings

We received positive comments from people, staff and their relatives about the management of the service. We looked at compliments that had been received by the service. One compliment we saw stated, 'The [registered manager] is a lovely person and genuinely cares for each of her residents and her example is followed by every member of her staff.'

People and their relatives all knew who the registered manager was and they told us that she was approachable. One relative told us, "[The registered manager], yes she is approachable and I think she has high standards, she leads from the front and is always available, she cares very deeply about all the residents, she keeps her ears to the ground and her eyes open." Another relative told us, "I feel the home is very well managed and people here seem to have respect for her [the registered manager]."

Staff members told us that they were supported and clear about the expectations of their roles. Most of the staff members we spoke with had worked at the service for over 10 years. One staff member told us, "[The registered manager] works very hard, above and beyond their role." Staff also told us that if needed the registered manager would cover shifts. Staff that we spoke with enjoyed their roles and were proud of the work they carried out. They always put people at the centre of their work and gained satisfaction from this. Another staff member told us, "[The registered manager] is so dedicated. Everything has to be right for people."

The registered manager told us they provide leadership and support to all colleagues to create a focus at the service on people as individuals and offer a high standard of care. This vision was shared with all of the staff members that we spoke with. The service had also introduced a VIP of the day scheme where for one day approximately each month that resident was treated as a VIP and all of their care documentation was reviewed. Staff told us that this was going well and it supported them to focus on one person for the day.

The service have just been awarded the providers Care Home of the Year Award for 2016. They were nominated for the award and went to a ceremony where they found they had been successful and were presented with the award. They also have been awarded the Quality Premium by Derbyshire Adult Care in recognition of the care they provide.

The registered manager understood the requirements of her role and notified the Care Quality Commission of incidents as required. They felt supported in their role and received audit visits from their regional manager. The registered manager carried out monthly audits at the service to ensure they continued to assess the quality of care they provided to people. These covered a number of areas such as medication, care records, people's health and welfare and general maintenance. We saw that a manager's summary was put together following these audits that identified areas where actions were needed. We were able to evidence that actions had been taken in response to the audits.

Systems were in place to monitor and improve the quality of the service. Quality assurance questionnaires were sent out to people that used the service and their relatives on an annual basis. We saw that when

feedback had been received a survey response was prepared. This highlighted the main things that had been raised by people, the action the service had taken immediately in response and any further actions they had planned. This showed that the registered manager used the feedback to develop the service.