

Crystal House Platinum Limited

Bank House Care Home

Inspection report

Brandleshome Road
Bury
Lancashire
BL8 1DJ

Tel: 01617644358

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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

About the service

Bank House Care Home is registered to provide care for up to 43 people with either nursing or personal 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 passenger lift. The home is on a main road, close to public transport. There is parking available to the side of the property. At the time of this inspection, 38 people were using the service.

People's experience of using this service and what we found

Since the last inspection the service has had a change in ownership in September 2020. The manager had only recently commenced employment in March 2021. They acknowledged a comprehensive governance system needed implementing and embedding to provide a thorough oversight of the service.

Robust recruitment processes had not been carried out by the previous management team. The manager acknowledged improvements were needed and was implementing new documentation to evidence a thorough process was followed.

Government guidance in relation to COVID-19 was being followed and arrangements had been made to facilitate family visits. We were assured systems were in place to help manage the control and spread of infection. However, the home did not have enough cleaning staff to increase its cleaning programme further. The manager had raised this with the provider.

Risk assessments and monitoring records were in place to help guide staff as well as assist in identifying and responding to people's changing needs.

The provider made sure all checks on premises and equipment took place at the appropriate time. A maintenance worker had been employed to carry out general repairs and maintenance checks. The provider had implemented a refurbishment plan outlining further improvements to be made to the environment over the coming year.

Suitable arrangements were in place in relation to safeguarding people from harm and the management and administration of people's prescribed medicines.

People and their visitors gave positive feedback about their experiences. They spoke highly of the staff describing them as dedicated, caring and attentive. People and their relatives liked the recent improvements made to the home, which made it more pleasant and comfortable.

We observed good interactions between staff and people. Our discussions with staff showed they knew people well and had a strong commitment to keeping them safe and well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 November 2018)

Why we inspected

The inspection was prompted in part due to concerns received about staffing arrangements, medication management, risk management and infection control practice due to COVID-19. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

Enforcement

We have identified two breaches in relation to recruitment procedures and management systems evidencing clear oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bank House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Bank House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was undergoing registration with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because of the COVID-19 pandemic and the need to ensure the safety of inspectors, care home staff and people.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We had an informal group discussion with six other people who used the service. We also spent time in the communal areas observing the interactions between staff and people.

We spoke with six members of staff including the manager, deputy manager, nurse, care workers and the housekeeper.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at five staff files in relation to recruitment, infection control procedures and records of health and safety checks, and infection control procedures.

After the inspection

We continued to review evidence relating to the management of the service, including policies and procedures, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We reviewed the personnel files for five staff appointed by the previous manager. A robust process had not been followed. We found incomplete applications forms with gaps in employment. References had not always been provided and interview records evidencing the suitability of clinic and nursing staff had not been recorded. Where disclosures had been made, records did not show these had been discussed and assessed. These shortfalls had not been identified through the provider governance systems. The manager acknowledged improvements were needed and was implementing new documentation to evidence a thorough staff recruitment process was followed.

Robust recruitment procedures had not been followed ensuring the suitability of applicants. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Concerns about staffing levels and agency use had been raised with us prior to the inspection. The manager and nursing staff confirmed agency staff were being used, however where possible the same staff were used. The manager was actively recruiting new staff and had recently filled the nursing staff vacancy.
- People we spoke with described staff as "Marvellous" and "Nice staff and nice place." We observed polite and respectful interactions between people and staff. Requests for support were responded to in a timely manner.
- All the staff we spoke with thought there were enough staff on duty to meet people's needs. In addition to care and nursing staff, the home had a housekeeper and domestic team, an activity worker and a maintenance worker.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from the risk of abuse. Any concerns were recorded and reported to the relevant agencies.
- Staff received training in safeguarding as part of their mandatory training. Staff spoken with knew how to recognise and report safeguarding concerns.
- People told us they were safe, and their needs were met. We were told, "Staff are kind and help me with anything," and "Staff have worked very hard to keep us safe."
- The relative of one person said, "I've always felt [family member] has been well looked after."

Using medicines safely

- Prior to the inspection we received concerns medication was not always available and care staff involved

in medication tasks had not been assessed to do so. We reviewed the systems in place and found the management and administration of people's prescribed medicines was safe.

- We were told only nursing staff and senior care staff were responsible for the administration of people's prescribed medicines. Records showed training had been provided and assessments of competency were being completed by the manager.
- We found medicine stocks, including controlled drugs, were kept secure and well managed. There had been no incidents where medication stocks had run out.
- Following a recent audit new documentation had also been introduced providing clearer administration records and evidence of stock checks.

Assessing risk, safety monitoring and management

- Staff knew the people well. Staff used risk assessments and management plans to keep people safe from avoidable harm. Additional monitoring records had been implemented to help monitor areas of risk and respond quickly to changing needs.
- Staff knew people's needs and risks associated with eating and drinking. Kitchen staff had a record of people's special dietary needs such as thickened fluids.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. A maintenance worker had also recently been employed. We were told their role would be to ensure all general repairs and maintenance checks were completed.
- People had personal evacuation emergency plans. These were reviewed monthly and contained information on people's mobility needs and the support they required in the event of an emergency.
- The provider had refurbished some areas of the care home to make it pleasant, bright and homely. However, some parts of the home still had tired décor. Following our visit to the home we received a copy of the provider's refurbishment plan outlining further improvements to be made over the coming year.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One visitor told us following a change in government guidance, "The manager has worked quickly in establishing visits for us."
- We were assured that the provider was meeting shielding and social distancing rules; we saw staff used appropriate personal protective equipment and both people using the service and staff were taking part in regular COVID-19 testing.
- We were somewhat assured that the provider was promoting safety through the layout of the premises and hygiene practices.. However, the home did not have enough cleaning staff to increase its cleaning programme further. For example, there were no dedicated cleaning staff during afternoon and evening hours. This meant that the domestic staff could only clean high contact points once daily, and the lift floors every two days. However, care staff undertook essential cleaning tasks when there were no cleaning staff. The new manager had recognised the need for additional cleaning resources and escalated this to their managers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had only recently commenced employment on 1 March 2021. At the time of the inspection an application to register with the Care Quality Commission (CQC) was being made.
- The manager was aware of her legal responsibilities. This included seeking lawful authorisation to deprive people of their liberty as well as ensuring CQC were formally notified of events within the home.
- Robust governance systems were not in place in line with the homes 'Quality and Quality Assurance Policy'. The manager acknowledged routine audits and checks had not previously been completed across the service. An action plan had been drawn up identifying where improvements were needed. Audits of care plans, health monitoring, medication, health and safety, infection control and complaints were now being implemented.
- We were told more robust recruitment processes were to be followed as well as further training and structured supervision for staff.
- The manager had also introduced a 'lessons learned' log for all accidents and incidents so an analysis of patterns and trends could be explored and acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Prior to our inspection we received concerns from people's relatives about the lack of communication from the home and opportunity to maintain contact with their family members during the period visiting was not permitted. People we spoke with said this had greatly improved and the manager had been proactive in quickly adapting visitor arrangements in line with national guidance.
- Further improvements were planned to be made, providing better opportunities for people and their relatives to express their views and experiences. The service had employed an activity worker, part of their role would be to explore ways to improve communication and involvement. This included the implementation of surveys, a newsletter and virtual meetings.

All of the above demonstrated robust governance systems were not fully implemented and embedded to evidence, where necessary, improvements were made and sustained so people received a safe and effective

service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about the staff and the support they received. People felt they were cared for in a way they wanted and needed. Their comments included, "It's very relaxed and I have everything I need "and "They [staff] listen to what we have to say," and, "Staff are good with me and I can have a laugh with them."
- Staff spoke highly of the new manager and said they were visible, proactive and supportive. Staff described an improvement in staff morale and operational management since the new manager joined the provider.
- Staff we spoke with understood the values and aims of the of the service, to keep people safe and well. The service supported people with protected characteristics appropriately. Staff assessed people's individual needs and aimed to provide person-centred care to meet them.

Working in partnership with others

- The service worked closely with key stakeholders and agencies including the local authority, and health and social care professionals.
- People's records showed that additional advice and support had been sought from health professionals where people's needs had changed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Robust governance systems were not fully implemented and embedded to evidence, where necessary, improvements were made and sustained so people receive a safe and effective service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	Robust recruitment procedures had not been followed ensuring the suitability of applicants.