

Vitalbalance Limited

Bank Close House

Inspection report

Hasland Road
Hasland
Chesterfield
Derbyshire
S41 0RZ

Tel: 01246208833

Website: www.devonshirecare.co.uk

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Ratings

Overall rating for this service	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Bank Close House is a residential care home providing personal care to 17 people at the time of the inspection, some of whom were living with dementia. The service can support up to 27 people across two floors in two buildings connected by a glass walkway. The accommodation also contains two communal seating areas as well as two dining areas. There are several bathrooms and toilets throughout the building and bedrooms are spaced on the upper floor of the main building.

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

The provider's audits now reflected areas identified for improvement from external professional audits, we saw some of these had been completed, however other areas were still outstanding and further assurance and a consistent approach to driving improvements was required.

The laundry area of the home had been improved since our previous inspection, however there was no allocated staff to ensure this task was completed in a timely manner.

The staff had recently received training on current guidance for wearing personal protective equipment (PPE). The level of staffing now reflected the dependency tool with the support of regular agency staff.

People had not always been consulted on the choice for their environment and other areas had not always been identified that improvements were required.

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

Rating at last inspection (and update) –The last rating for this service was Inadequate (published xxxxxx).

Why we inspected

We undertook this targeted inspection to review aspects of the providers good governance in relation to the Well led domain. This inspection was to check concerns identified at the last inspection had been resolved in line with the action plan the provider had produced. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on enforcement or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

This inspection was not rated.

You can read the report from our last inspection, by selecting the 'all reports' link for Bank close House on our website at www.cqc.org.uk.

Follow up

We will request an updated 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 well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Bank Close House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had addressed the concerns identified at the previous inspection.

Inspection team

This inspection was completed by two inspectors

Service and service type

Bank Close House is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information the provider sent us in an action plan to demonstrate how they had addressed identified concerns. This information helped support our inspection.

During the inspection-

We looked around the home and spoke with three people about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records relating to the management of the service, including policies and procedures.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had made the improvements detailed on their action plan around concerns identified at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care.

- Internal audits were now being completed and action plans included areas recommended by the audits completed by external healthcare professionals. These recorded associated action plans and we saw some of these areas had been completed during the inspection. However, some areas had not been addressed and further assurances were required by us to ensure continuous improvements were being made.
- In the action plan the provider told us they would ensure safe entrance of any visitors, risk assessments to be completed and ongoing weekly and monthly audits. We found improvements had been made in the visiting protocols and the completion of risk assessments. However, we found the weekly audits had not identified areas requiring improvements in relation to maintaining the environment. We saw some rooms had not been acknowledged as having a malodour.
- The daily and weekly checks provided by the staff and the registered manager had not identified that a toilet roll holder was missing following a bathroom refurbishment completed several months ago. It had also not identified the signage boxes outside some bedrooms which did not reflect the people currently using the service.
- Although bedrooms contained some personal photographs, all the bedding in use was a discoloured white and when carpets had been replaced in some rooms the people were not consulted. This reflects a lack of consideration for people's personal identity.
- The room identified for staff to have their breaks and change into their uniform did not contain suitable furniture and the toilet was not in full working order. A suitable working toilet for staff is a requirement in the guidance, Health and safety in care homes. This had been identified by the external infection control audit and had not been addressed.
- The action plan recorded the measures in place to make improvements to the laundry area, we saw these had been made since our last inspection. However, there was no daily allocated staff for this area. This meant we could not be assured how long laundry remained in the dustbins containing the dirty laundry. During our three- and half-hour inspection only one laundry bag had been laundered and no staff we spoke with had responsibility for this task.
- The action plan identified that staff had recently completed training in the use of personal protective

equipment. The registered manager told us they were completing competency checks on staff following this training to ensure they understood the PPE requirements. However, we witnessed staff did not always demonstrate this training in practise; for example, we saw staff remove their mask to take a drink and then replace the same mask rather than use a new one as they should. We also saw staff touch or remove their masks and then replace them without understanding the need to use a clean mask as the integrity of the original mask may be damaged.

- Since our first inspection in November 2020, the provider has commenced using agency staff to ensure the required number of staff are on site to support the people's needs. We found the required number of staff were now in place with the support of regular agency staff.