

Vitalbalance Limited

Bank Close House

Inspection report

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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 Close House is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

The accommodation is set in two buildings connected by a glass walkway. There are two communal seating areas as well as two dining areas, several bathrooms and toilets throughout the building and bedrooms are spaced on the upper floor of the main building or in the extended building to the rear of the property.

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

Improvements had been made to audits and actions being completed. However, this was not fully embedded to provide us with the assurances it was sustainable.

Relatives felt there was limited communication, and this had impacted on them receiving the correct information in a timely way in relation to COVID19 and any events which had occurred in relation to their relative.

Safeguarding was not embedded, and concerns were raised as to incidents being investigated or reported. Staff recruitment was safe, however, there were concerns in relation to the assessment of people's needs in relation to the dependency tool. We have made a recommendation about a review of the dependency tool and staffing levels

Staff were kind, however felt restricted by the lack of support from management and communication. Risks to people were now assessed and actions taken to mitigate the impact. Medication was managed safely, and lessons had been learnt.

Infection prevention and control was now well managed, however consistent management of the environment could be improved to maintain standards.

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

Rating at last inspection was Inadequate (published 1 December 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We found improvements had been made and the provider was no longer in breach of Regulations 12 and 18. However, not enough improvement had been made or sustained in the well led section of the report and this remains in breach of Regulation 17.

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. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

This service has been in Special Measures since 4 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

Enforcement

We have identified breaches in relation to Regulation 17 Good Governance, this in relation to the sustained improvements in relation to management and oversight of the home.

Follow up

We will continue to monitor information we receive about the service until we 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Bank Close House

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 three inspectors 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.

Service and service type

Bank Close House 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 registered with the Care Quality Commission, however after the inspection they left the service. The provider had recruited a new manager to run the service with support from managers from the providers other locations.

Notice of inspection

This inspection was unannounced.

What we did before the 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. 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.

During the inspection

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Our Expert by Experience contacted seven relatives to provide their views on the care the person using the service had received. The inspector spoke with seven care staff, the cook and two domestic staff. We spoke with or contacted health and social care professionals who regularly visit the service.

We continued to seek clarification from the provider to validate evidence found. We looked at 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 Inadequate. At this inspection this key question has now improved 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.

Using medicines safely, assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were now fully assessed to mitigate or managed risk effectively in order to keep people safe.
- Risk assessments now covered people's health needs, falls and any required isolation needs due to COVID 19. A relative said, "[Name] is happy enough and they are safer than they were at home."
- The home was currently having an extension to the building and risk assessments had been completed for the current phase. The provider assured us they would share future risk assessments as the building worked developed and detail the measures being taken to protect people during these stages.
- Lessons had been learnt from the last inspection with reviews and reassessments now being completed when people have had several falls. Any required referrals had been made to health care professionals to obtain additional guidance.
- Medicines was overall managed safely. However, some elements relating to protocols for new admission for as required medicine were not in place in a timely manner. Other guidance for medicines which were required to be taken before meals was not detailed and could result in this medicine being administered incorrectly.
- Medicine administration records were completed correctly and the stock we reviewed was in accordance with the required medicine levels to meet peoples prescribed needs.
- Prescribed creams were used as directed and we saw body maps were in place to provide staff with guidance.

Preventing and controlling infection;

At our last inspection the provider had failed to act in accordance with infection, prevention and control measures to reduce the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- The provider had introduced personal protective equipment (PPE) stations which were fully stocked, and staff understood which PPE was required for different care tasks.
- When new admissions accessed the service, the required guidance was followed in respect of isolation periods and information about the person and their needs were completed.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs and staff did not always have the required training to support their role. This was a breach of regulation 18 (1), (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient staff on the day of the inspection as additional staff were on site to support in the kitchen and with activities. There was an improvement in the consistency of staffing numbers, and we saw that the night staff had been increased.
- The provider used a dependency tool to reflect the needs of people and the number of staff to support these. However, we found 15 out of the 17 people using the service had been identified as having low needs. We reviewed some of these people and discussed their needs with the staff and found the dependency tool had not always reflected the support the people required.
- Staff we spoke with all felt that there was not always enough staff during the day to support people's needs. We have made a recommendation the provider reviews this area.
- Relatives we spoke with were positive about the staff, one said, "Everything seems to be okay when I visit. The staff seem very good." Another said, "The staff are very friendly and [name] has put weight on since being there."
- At the last inspection concerns were raised as to the level of training provided to support staff in their role. At this inspection we found improvements had been made and staff were now accessing online training in a range of subjects.
- Face to face training in relation to moving and handling had not always been completed, however the provider now had a senior staff member trained in this area and this was to be cascaded across the service along with competency assessments.
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions

We recommend the provider consider reviewing the dependency tool in conjunction with care staff knowledge and current guidance on levels of care needs.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was not embedded, although staff had received online training, safeguards were not always

made in an appropriate or timely way.

- We saw that a person had an unexplained bruise this had not been identified or recorded. A safeguard had not been raised or measures taken to investigate how it could have occurred.
- The local authority had raised several safeguards; which had not been identified by the home.
- The provider has since investigated these safeguards however any outcomes or ongoing learning had not been shared with staff to reflect on any new practices.

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. At this inspection this key question has now improved 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure that systems were in place to maintain quality and improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough sustained improvement had been made at this inspection and the provider was still in breach of Regulation 17

- At our last inspection we reported the service was not consistently positive and lack of adequate staffing was the main concern. At this inspection we found this continued to be a concern with a high turnover of staff and many staff working long hours to support the needs of the service. Several relatives commented on the inconsistent staff, one said, "I would say pre-COVID 19, they were pretty stable, but I know less staff now." Another said, "There seems to be a high turnover of staff as I don't know them all now."
- Communication with the home was reported as limited by relatives. One relative said, "Staff are not particularly good at contacting us. It's more about us having to chase things up." All the relatives we spoke with told us they had not received information throughout the pandemic especially in relation to the visiting guidance. One relative said, "I found out through [name] that I was allowed to visit in person." The provider had completed a pack for visitors, however this had only been shared with visitors who attend the home in person. This meant some relatives were delayed in receiving the required information.
- Some relatives reflected on some poor care standards, "I do think it could be better. I get concerned about what [name] looks like, her clothes. I do have to sometimes ask them to make sure [name] is clean and tidy. They don't seem to have enough baths or showers." This reflection was shared by other relatives. We reviewed the bath and shower records and noted some people seem to have less opportunities or have longer periods between receiving this support.
- Audits were now in place and we saw that areas identified as requiring attention were completed. However, daily checks to the environment were not consistent. We found a broken foot operated bin and no paper towels in the staff meeting area. This meant there was a higher risk of cross infection in these areas.
- Following a food hygiene inspection, it was identified a fly screen was required to the kitchen door, this had still not been completed. This meant the provider was not complying with the requirement of that inspection.

- Notifications had not always been completed to reflect events which occurred at the home, for example hospital admissions or safeguards.

Systems were not embedded or provided us with the assurance of being sustained with continued oversight and improvement. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Complaints had not always been addressed. A relative told us they had raised concerns; these had not been formalised by the provider and therefore the relative was not clear on the actions which had been taken to address these concerns.
- The provider had not maintained the correct personal contact details for the people using the service. When we made calls to relatives, we found on two occasions the details were incorrect and this caused distress to the callers. This reflects a lack of detail when completing or updating details of importance for people.
- The provider acknowledged our concerns at the last inspection and is continuing to take action to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People in the lounge had limited interaction or engagement in an activity with exception of care tasks. One staff member said, "We don't have the time, with care tasks and the laundry to do."
- Relatives commented that people were currently not given the opportunity to contribute to the running of the home or offered preferences for their day to day experiences. The provider confirmed the activities person had been reassigned care duties due to shortages in this area. However, confirmed once a full complement of staff were recruited activities would recommence.
- Staff we spoke with felt there was not enough communication. Information about new admissions was not always accessible. Staff also felt they were not listened to and this had an impact on people's needs.

Working in partnership with others; Continuous learning and improving care

- The provider had worked in partnership with a range of health and social care professionals.
- Actions had been taken to address the concerns raised in the infection, prevention and control inspection.
- Closer working relationships are being developed with the social care teams following the safeguards which were raised by the local authority.
- Reviews are now being completed and any updated guidance added to peoples care plans or risk assessments.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not embedded or provided us with the assurance of being sustained with continued oversight and improvement. Communication and culture within the home was not consistent to provide people with confidence about the service.</p>