

Mr Colin James Richard Davies

# Bank House Residential Care Home

## Inspection report

Bank House  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 24 and 25 July 2017.

At the last inspection in April 2015, the service was rated Good. At this inspection we found the service remained Good.

Bank House provides accommodation and personal care for up to 20 people. The provider offers a service for older people, some of whom are living with dementia and people diagnosed with other mental health needs. On the days of our inspection 19 people were living in the home.

The home had a registered manager who was present on the day of the inspection. The registered manager was also the registered provider. 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 living in the home and staff were aware of their responsibility of protecting them from the risk of potential abuse. Safe care practices ensured the risk of harm to people was reduced. People were supported by sufficient numbers of staff who had been recruited safely. People were supported by skilled staff to take their prescribed medicines.

Although the overall rating for this service remains as good. The effectiveness of the service requires improvement to ensure people are lawfully deprived of their liberty. Staff had access to regular training to ensure they had the skills to meet people's needs appropriately and were supported in their role by the registered manager. People were supported to eat and drink sufficient amounts and staff were aware of people's food preferences. People had access to relevant healthcare services when needed.

People were cared for and supported by staff who were caring and attentive to their needs. People were encouraged to be involved in planning their care and could be confident their right to privacy and dignity would be respected by staff.

People's involvement in their care assessment ensured they received a service that reflected their preference. People were able to pursue their interests and had access to a variety of social activities. People felt confident to share their concerns with the registered manager and could be assured this would be listened to and acted on.

People were encouraged to have a say in how the home was run. People were aware of the management structure and told us the registered manager was approachable. Staff felt supported by the management team to carry out their role. The registered manager had systems in place to monitor the quality of service provided to people.

## 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 remains good.

Good ●

### Is the service effective?

The service was not consistently effective.

Practices needed to be reviewed to ensure that people were being deprived of their liberty lawfully. People were cared for by skilled staff who were supported in their role by the registered manager. People were supported to eat and drink sufficient amounts. People were supported by staff to access relevant healthcare services when needed.

Requires Improvement ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

The service was well-led.  
This service remains good.

Good ●

# Bank House Residential 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 24 and 25 July 2017 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection visit, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we spoke with seven people who used the service, two care staff, the deputy manager and the registered manager. We also spoke with four relatives of a person who used the service. We looked at three care records, medication administration records and records relating to quality audits.

# Is the service safe?

## Our findings

At this inspection we found people were safe and they were supported by staff to reduce the risk of harm. There were sufficient staff to care for people and medicines were managed safely. The rating continues to be good.

People told us they felt safe living at the home. One person said, "I feel safe here because there are lots of people around." Another person said, "Having a buzzer [nurse call alarm] makes me feel safe so I can call for help when needed." A different person said, "I feel safe because I am able to lock my bedroom door at night." Another person said, "I feel safe because staff always check people's identification before they let them in." We spoke with a family member of a person who lived at the home. They told us, "[Person] is very safe here and we have recommended this home to others."

People were protected from the risk of potential abuse. This is because staff were aware of their responsibility of sharing concerns about abuse or poor care practices with the registered manager. Staff were also aware of other agencies they could share their concerns with to safeguard people. Discussions with the registered manager identified they knew when to share information about abuse with the local authority to protect people.

People were protected from the risk of harm because staff were aware of safe care practices. One staff member told us about the importance of ensuring the environment was safe to reduce the risk of trips and falls. Further discussions with them confirmed they were aware of the necessary equipment required to support people with their mobility safely. A relative of a person who lived in the home said their relative had sustained a fall. They said the registered manager took immediate action to reduce the risk of this happening again. For example, the person was offered a bedroom on the ground floor and a sensor mat was placed in their bedroom. This alerted staff when the person required support with their mobility.

Staff told us they had access to risk assessments that supported their understanding about how to assist people safely. We saw that risk assessments informed staff about the importance of using the appropriate equipment to reduce the risk of skin damage. For example, pressure relieving mattresses and cushions were in use. Staff informed us that one person required to be repositioned regularly whilst in bed to prevent skin damage. We spoke with the person's family who confirmed that staff always repositioned [person] whilst in bed to make them comfortable.

Discussions with the registered manager and the records we looked at confirmed that accidents were recorded. This enabled the registered manager to identify any trends and to take action to avoid a reoccurrence. The registered manager confirmed that no specific trends had been identified.

People were cared for and supported by sufficient numbers of staff. One person said, "When I use my buzzer [nurse call alarm] the staff come quickly." Another person said, "There is always enough staff, I never have to wait a long time for help." We spoke with a different person who said, "The staff are always around when you need them." We observed that staff were available to support people when required.

People could be confident that staff were suitable to work with them. The provider's recruitment procedure included safety checks. All the staff we spoke with confirmed they had a Disclosure Barring Service (DBS) check before they started to work at the home. The DBS assists the registered manager in making safe recruitment decisions. Staff also confirmed that a request was made for references. This demonstrated that staff recruitment procedures were safe.

People were supported by staff to take their prescribed medicines. One person told us that staff managed their medicines. They said, "I always receive my medicines on time; the staff are excellent at this." The registered manager informed us that all staff who managed medicines had received medicine training and staff confirmed this. Access to training ensured staff had the skills to support people to take their prescribed treatment safely. The registered manager said competency assessments were carried out and staff confirmed this. These assessments ensured medication practices were safe.

We observed that medicines were stored securely. We looked at medication administration records, these were signed by staff accordingly to show when medicines had been given to people. A number of people had been prescribed 'when required' medicines. These medicines are prescribed to be given only when needed. For example, for the treatment of pain. Staff had access to a written protocol that supported their understanding about how to manage these medicines safely. We found that staff who assisted people with their medicines, were aware of how to manage these medicines.

## Is the service effective?

### Our findings

At this inspection, we found the home was not as effective as we had found during the previous inspection. The rating has changed to 'requires improvement.'

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the deputy manager informed us that all the people who lived at the home had capacity to make their own decision. Therefore, people did not require a DoLS. However, one care record showed the person required support from one staff member if and when they left the home. We heard this person ask a staff member if they could go out for a walk. The staff member diverted the person from the conversation. We asked the registered manager if this person was able to leave the home without staff supervision. The registered manager confirmed that due to the person's mental health needs, they may be at risk of harm if they left the home without staff's support and supervision. Further discussions with the registered manager identified that there was a need to reconsider if an application for DoLS was necessary for this individual. On the second day of our inspection the registered manager had taken action for a community psychiatric nurse to review the person's mental capacity. The registered manager said in view of our conversation about whether people required a DoLS, this would be reviewed to ensure people were lawfully deprived of their liberty.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person told us they were able to make their own decision and staff always listened to them. A staff member said, "I encourage people to make their own decisions. Sometimes it is necessary to explain their options in different ways so they can understand the choices available to them." All the people we spoke with confirmed that staff always asked for their consent before they assisted them with their care and treatment. One person said, "Staff always asks for my consent before they do anything for me." These practices ensured people had a say about the care and support they received.

People were cared for by skilled staff. One person who lived at the home said, "I think the staff are well trained, they know what they are doing." All the staff we spoke with confirmed they had access to training. One staff member said, "I had never worked in a care home before so the training provided was very helpful." They told us, "Training gave me a better understanding of people needs." Another staff member informed us that they had received relevant training with regards to people's specific needs. For example, dementia awareness, diabetes and end of life care. They told us that the skills learnt helped them to understand these health conditions and how to care for people appropriately.

People were supported by staff who received regular one to one (supervision) sessions. A staff member said,

"During my supervision sessions I am able to ask questions about appropriate care practices. I also receive feedback on my work performance." Access to supervision ensured staff were appropriately supported in their role to provide a safe and effective service.

Discussions with staff and the registered manager confirmed that new staff were supported in their role. All the staff we spoke with said they had an induction when they started working at the home. Induction helps new staff to adjust to their new working environment and to ensure they are provided with the skills to meet people's needs. A staff member said, "During my induction I had the opportunity to read the provider's policies and procedures. My training needs were identified by the registered manager and I worked with an experienced staff member until I had the skills to work alone."

People were supported by staff to eat and drink sufficient amounts. We received mixed comments about the meals provided. Some people told us they did not have a choice of meals and others said they did. On the days of the inspection we observed that people were provided with several choices of meals. Discussions with the cook confirmed that people were provided with a choice of meals and we saw this was reflected in the menu.

We spoke with people about the quality of meals provided. One person said, "The vegetables are cooked beautifully." Another person told us, "The food is pretty good." A different person required vegetarian meals. Due to the person's mental health they were unable to tell us if they received suitable meals. However, both the staff we spoke with and the cook were aware of the person's preferred meals. One person told us that due to their health condition they required a special diet and they confirmed this was provided for them.

People informed us they had access to drinks at all times and we observed this. One person told us about their health condition and the importance of drinking plenty of water. They confirmed they had access to drinks when required. Discussions with staff identified that one person who was receiving end of life care was unable to tolerate food but was able to drink small amounts. A record was maintained of how much the person drank. We observed that staff had taken appropriate action to ensure the person's mouth was kept moist to promote their comfort.

People were supported to access relevant health care services when needed. One person told us they had recently sustained an injury and staff made arrangements for them to be seen by the GP. They told us that the GP visited the home on a regular basis. Another person told us about their health condition and informed us that the district nurse visited on a regular basis to assist them. A number of people had mental health needs and staff confirmed that these people had access to the mental health team and the care records we looked at confirmed this. One person had developed a pressure sore whilst under the care of another care provider. Discussions with the deputy manager confirmed this person had regular visits from a tissue viability nurse to assist with their treatment. A staff member said, "[Person] asked me to accompany them to hospital where they were scheduled to have a minor operation and I stayed with them overnight." This showed that people were appropriately supported to access healthcare services to promote their physical and mental health.

## Is the service caring?

### Our findings

At this inspection, people continued to receive care and support that was provided in a kind and caring way. The rating continues to be Good.

People were cared for by staff who were kind and sympathetic to their needs. One person said, "The staff are kind to me and they always get me a cup of tea first thing in the morning." Another person told us, "The staff do look after us." We spoke with a relative of a person who lived at the home who said, "[Person] couldn't get better care anywhere else." Their relative was receiving end of life care and they told us, "It's nice that [person] can stay here until they pass away." They described the staff as "brilliant." They said, "We can't fault anything, they really care for [person]." They continued to say that the registered manager also provided the family with support during this difficult time. We observed that a person was distressed and a staff member took the time to sit with them and provided reassurance. Discussions with staff confirmed their awareness of people's specific needs. For example, one person said they liked 'routine' things done in a certain order. We spoke with a staff member who was aware of the person's preferred routine.

People were involved in planning their care. One person said, "Staff always ask me how I would like to be cared for." A staff member said, "Some people are unable to be involved in planning their care but we always encourage their involvement." The registered manager said where appropriate people's relatives were encouraged to be involved in the care planning. This ensured people received care and support specific to their needs.

People's right to privacy and dignity was respected by staff. One person told us, "The staff always respect my privacy and dignity, they always knock on my bedroom door before they come in." A staff member said, "I always ensure the door is shut when assisting people with their personal care needs. I cover them with a towel when washing them to maintain their dignity." We observed that one person was not dressed in a manner to ensure their dignity. We heard a staff member discreetly ask the person if they would like to change their clothing. We later observed that the person was dressed in more dignified way. This demonstrated that staff were aware of the importance of maintaining people's privacy and dignity.

People told us they were able to have visitors at any time who were made to feel welcome by the staff team. Two relatives of a person who lived at the home said, "We are able to visit any time, day or night and the staff always offer us a meal." This meant people were able to maintain contact with people important to them.

## Is the service responsive?

### Our findings

At this inspection, people continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People were involved in their care assessment and felt that staff listened to their opinion with regards to the support they needed. One person told us about their involvement in their assessment. They said staff respected their choice with regards to their daily routine. Staff informed us that before people were admitted to the home an assessment would be carried out to ensure they were able to provide a suitable service for them. This meant people could be assured their assessed needs would be met.

People were supported by staff to pursue their interests. One person told us they enjoyed doing arts and crafts and had access to this activity when they desired. Another person told us about their preference to stay in their bedroom. They said, "I have plenty of magazines and the newspaper and I enjoy watching sports on the television." People told us that a music entertainer visited the home on a regular basis which they enjoyed. Another person told us they enjoyed the activities provided in the home. They said, "I am looking forward to the summer fete." They told us about their involvement in preparing for the fete. A staff member said they encouraged people to be involved in the preparation for the forthcoming fete. They said, "People enjoy decorating jars and filling them with sweets and decorating the home." We spoke with a different person who said they enjoyed socialising with others, chatting and doing their knitting. Discussions with staff confirmed that people were given the opportunity to pursue activities within their local community. However, in the past people have shown very interest. A staff member said they would continue to encourage people to participate in social activities outside of the home.

We spoke with staff about equality, diversity and human rights. All the staff we spoke with confirmed that people's specific needs in relation to their religious beliefs, culture and sexuality would be respected. A staff member said, "I would treat everyone equal and I am sure the rest of the staff team would as well."

People were aware of how and who to share their concerns with. One person told us they had a disagreement with a staff member about the use of facilities within the home. They said, "My concerns have been sorted out now." Another person told us they had never had any concerns since living at the home. They said, "I would know who to talk to if I had any problems." The registered manager said they had not received any other complaints since the last inspection in 2015. They informed us that complaints would be recorded to identify what action had been taken to address them. This would enable the registered manager to monitor complaints and to identify any trends.

# Is the service well-led?

## Our findings

At this inspection, people continued to be cared for within a well-led, person-centred culture. The rating continues to be Good.

People were encouraged to have a say in how the home was run. The people we spoke with confirmed that regular meetings were carried out. This gave them the opportunity to tell the registered manager about their experience of using the service. One person told us that during these meetings they often discussed menu choices. The registered manager said changes had been made with reference to comments made in these meetings. For example, people preferred the television to be relocated in the conservatory so the lounge could be a quieter area to relax. We observed that this had been carried out and the people we spoke with were happy with this arrangement. People were provided with a quality assurance questionnaire to complete. This helped the registered manager to find out if people were happy with the service and if improvements were required in specific areas. Information collated from these questionnaires were displayed in the home.

The registered manager said meetings with the staff team were carried out and the staff we spoke with confirmed this. This enabled staff to have a say in how the home was run and where improvements may be needed. A staff member said, "During meetings we discuss training courses that would enhance our skills to care for people." Another staff member said, "We often talk about new ideas for social activities for people who live in the home."

The registered manager was also the registered provider. They informed us that they had received training to enhance their skills in providing people with a good and efficient service. Further discussions with the registered manager identified there was a need to undertake refresher training to ensure their care and management skills were up to date. The registered manager had a positive ethos about the service provided to people. They told us, "What we do today we may not do tomorrow." They explained that the service was flexible to meet people's changing needs."

People who lived at the home and the staff team were aware of the management structure. One person told us, "The manager is very kind." Another person described the registered manager as a "marvellous person." They said, "The manager always answers your questions." A staff member told us, "The management team are very approachable and supportive." Another staff member told us, "The management support is very good and you can approach them any time." They continued to say, "If you have been away from work for a few days, the manager rings you to update you on any changes." This ensured that when staff returned to work they were aware of any changes to people's care and support needs.

We spoke with the people and staff about the culture of the home. One person said, "I would recommend living here." Another person told us, "There is such a happy atmosphere here and I can do what I want." A staff member said, "There is a relaxing atmosphere here and I would be happy for my loved ones to live here." We spoke with a different staff member who said, "The registered manager makes it quite clear that this is the people's home and their needs come first."

The registered manager told us they routinely talked with people and their visitors. This enabled them to find out if they were satisfied with the service provided and where improvements may be needed. People and the visitors we spoke with confirmed this. The registered manager had systems in place to monitor the quality of the service provided to people. The registered manager said routine audits were carried out. For example, audits were carried out to monitor hygiene standards within the home to reduce risk of cross contamination. Weekly audits were carried out to ensure the safe management of medicines and that sufficient medicines were in stock. Audits in place to ensure fire safety systems were in place and in working order. Further discussions with the registered manager identified they had a 'dementia champion' in place. This promoted the quality of care and support provided to people living with dementia.