

Impression Health & Support Apartments Limited Bankfield Apartments Care Centre

Inspection report

The Annex
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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

About the service

Bankfield Apartments is a nursing home providing personal and nursing care to adults over 18. People using the service live in single tenancy flats. There are six flats on one floor of the same building, and all are currently occupied. All flats are spacious, and people have their own kitchen and bathroom facilities. There is an office for staff and a communal staff area on the same floor. The building is staffed 24 hours per day by registered nurses and care staff. Managers are based in the building in core office hours.

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

People were kept safe and protected from harm. There were effective procedures in place to make sure people's holistic needs were assessed and met. People had good working relationships with staff, and staff knew people well. People were assisted to take their medicines safely and were protected from the risk of spread of infection.

People received high quality care from staff that had received thorough inductions and training. People were supported to reach their goals and move on to more independent types of care if appropriate. People were involved in the planning of their own support and staff made referrals to other agencies to provide joined up care.

People felt that staff cared about them and were treated with dignity and respect. Staff were committed to their roles and wanted to provide a caring service. People told us they got on well with staff, and relatives said staff were thoughtful and helped make people feel comfortable.

People were listened to by staff and managers, and their concerns were taken seriously. Staff communicated well with relatives and made sure they were up to date with any changes. People's care was personalised to them and they were supported to take part in activities that were important to them.

There was a positive and open culture which meant people and their relatives had confidence and trust in the service. Managers provided robust governance and leadership, meaning users of the service benefited from high quality care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximised people's choice, control and independence. People lived in their own flat and received support that maximised their choice, control and independence.

Right care:

- People were supported to reach person centred goals, to be able to move on to a more independent life or care setting.

Right culture:

- The staff and managers embodied attitudes and behaviours which ensured people using the service led confident, inclusive and empowered lives.

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

This service was registered with us on 02/05/2019 and this is the first 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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bankfield Apartments Care Centre

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 undertaken by one inspector.

Service and service type

Bankfield Apartments Care Centre 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. This means that they 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

We gave the provider 24 hours' notice of the inspection. This was so we could make sure that the people who used the service knew we were visiting and to make sure the provider or registered manager would be present.

Inspection activity started on 27 May 2021 and ended on 28 May 2021.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, nursing staff, care staff and a psychologist.

We reviewed a range of records. This included two people's care records and 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

We spoke to relatives of people that used the service by telephone and continued to clarify information received with the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- There were up to date policies and procedures, and staff received relevant training.
- Staff had good knowledge about safeguarding practice and knew what to do if they had concerns.

Assessing risk, safety monitoring and management

- The provider assessed and monitored risk effectively.
- There were up to date risk assessments in people's care plans which were reviewed monthly; risk assessments advised staff how to meet people's needs safely.
- Staff knew how to support people who had behaviour that challenged; they received regular training and debriefs.
- Environmental safety checks were undertaken. For example, fire safety was effectively managed.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The provider undertook safe recruitment practises to ensure that staff had the right knowledge and experience to meet individual needs.
- People told us that staff knew them well and one relative said, "having qualified learning disability nurses makes all the difference".

Using medicines safely

- The provider managed medicines safely.
- There was an up to date and detailed medicines policy which staff followed.
- Registered nurses administered medicines although all staff received medicines training, and competencies were signed off every year.
- Medicine records were accurate, and managers audited records to identify improvement.

Preventing and controlling infection

- The provider was managing the infection prevention and control well.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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 was making sure infection outbreaks can be effectively prevented or managed.
- 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.

Learning lessons when things go wrong

- Staff understood their responsibility to raise issues and concerns.
- Managers regularly looked at incidents to identify themes and made changes where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed, and care and treatment was delivered in line with expected standards.
- Staff encouraged the use of technology to support people's independence. For example, installing smart devices and speakers to remind people when their medicines were due to be taken.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to meet people's assessed needs and preferences.
- The provider spent time matching staff to the people with regards to their interests and personalities.
- The provider ensured a consistent and stable staff team. Where people moved on to more independent settings, the provider made sure that known staff continued to support people in the new setting.
- Staff commented they received a thorough induction and given time to get to know people. This meant staff gained valuable knowledge in how best to meet people's needs, especially around communication and behaviour that may challenge.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had good knowledge about people's nutritional needs and preferences.
- The provider used a local 'meals on wheels' type service. This had a wide range of healthy, balanced meals and snacks to meet individual needs such as diabetic and gluten free. People chose their own meals.
- Staff supported people to develop cooking skills if they preferred to make their own meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to provide effective care.
- The provider employed their own professional staff including registered nurses, learning disability nurses, an occupational and physiotherapist, a speech and language therapist and a psychologist. This meant that people's wider health and emotional needs were assessed, monitored and supported effectively.
- Staff took part in regular multidisciplinary team meetings and had good working relationships with external agencies such as social workers and the positive behavioural support team.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about how to decorate their flat and staff helped make flats feel personalised.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to regularly monitor their health and wellbeing.
- The psychologist provided regular and consistent support to people to help manage their emotional and mental health needs. Referrals were made to community mental health teams if required.
- Staff ensured that people understood decisions around health. For example, the pros and cons of COVID-19 vaccines and managing hygiene.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the principles of the Mental Capacity Act, (2005) and the service provided regular training and updates.
- We checked people's care records and saw appropriate mental capacity assessments and best interest decision making.
- The service supported practice which avoided or reduced the need for physical restraint. Where physical restraint was required, staff received the necessary training and debriefs. People were supported in a caring and safe way during and after any interventions.
- Staff sought authorisations for people that were at risk of being deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. Staff knew people well and worked hard to make sure their personal preferences were met.
- Staff sought ways to communicate well with people. For example, observing non-verbal body language and using visual aids.
- The service treated relatives of people who used the service with compassion. Staff provided emotional support and opportunities to talk about their worries and concerns. Relatives told us they appreciated the contact made by the psychologist.
- Staff were flexible in their approach and changed their practice to better suit needs. For example, going to the local coffee shop to talk instead of in an office or flat.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decision making.
- People were sometimes involved with recruiting new staff.
- The provider asked for feedback about the service regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity.
- Staff gave us examples where they respected privacy and dignity. For example, using distraction techniques and reassurance to help support service users in distress.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control over planning of their care.
- Staff undertook thorough assessments of people following referrals from the local authority. This included working alongside the person, their relatives and other professionals to ensure Bankfield Apartments was an appropriate setting to meet their needs.
- There was a long transition period when people moved to the service. This meant people had time to feel comfortable and staff could get to know people's likes and dislikes around care and support.
- All users of the service received one to one care throughout the day. However, staff were flexible in how this was provided to make sure people felt supported in the right way to them.
- The service had a response team of a registered nurse and two further care staff. This meant staff could respond quickly if required.
- The care plans we checked contained information about people's physical, mental, emotional and social needs, which staff understood.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service used people's preferred communication methods, including Makaton, photographs and symbols.
- People had their own communication books which had personalised communication information.
- The provider employed a psychologist who was also trained in British Sign Language (BSL). This meant policies such as the complaints policy could be recorded in BSL.
- Staff told us their induction really helped them learn about people's communication needs. Staff could shadow more experienced staff to learn about different types of speech people used, and their hand signals.
- We saw staff communicating according to their preferred methods well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in activities.
- Some people had their own cars which meant staff could support people to access the community and

take part in activities they enjoyed.

- Staff supported people to maintain relationships, and staff stayed in touch with relatives to keep them up to date.
- Before the pandemic some people attended local day centres and the service were looking at ways to continue social interaction.

Improving care quality in response to complaints or concerns

- There was a complaints policy which detailed appropriate information and signposted to the social care ombudsman, however there was no date or review date.
- Staff, users of the service and their relatives knew how to report concerns or complaints and managers took these seriously.
- There had been one complaint in the last 12 months which showed that staff took the concern seriously, investigated and worked to resolve within a short period of time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was consistently well-led.
- Managers shaped the culture by leading by example and engaged well with staff, users of the service and other stakeholders.
- Staff told us they felt respected and valued, and managers were always available.
- The provider made sure staff could access support for their own well-being internally.

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 understood their responsibilities about being open and honest.
- Managers valued and were open to feedback.
- Incidents were recorded and monitored, and managers tracked incidents to identify themes to improve and develop the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear and effective governance, management and accountability arrangements.
- Managers were fully aware of the risks to the service. Legal requirements and conditions of registration were met.

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

- The service involved people, and their family and friends in a meaningful way.
- There were regular review meetings which included people and their relatives, and other key individuals.
- Managers engaged with staff, and staff told us they were listened to and their ideas taken on board.

Continuous learning and improving care

- Managers were knowledgeable about quality issues and priorities. There were quality assurance systems in place which identified any concerns and areas for improvements.
- Managers were focussed on continuous improvement at all levels of the organisation.
- Good practice was shared within the service.

Working in partnership with others

- The provider worked well with other agencies to provide effective care.
- There were good links with external services such as social workers, speech and language therapists, pharmacy and positive behavioural support teams.