Care Quality Commission

Bupa Care Homes (Partnerships) Limited

Bankhouse Nursing Home

Inspection report

Shard Road
Hambleton
Poulton Le Fylde
Lancashire
FY6 9BU
Tel: 01253 701635

Date of inspection visit: 11 August 2014
Date of publication: 30/01/2015

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection visit at Bank House Nursing Home on 11 August 2014 was unannounced.

Bank House Nursing Home provides care for a maximum of 52 older people who require support with nursing and personal care. The service has a dedicated unit to care for up to 15 people who are living with dementia, called Garden Court. At the time of our visit there were 45 people who lived at the home. The home is set in its own grounds, located in a quiet area of Hambleton. Accommodation is provided over two floors and there is easy access for wheelchair users and the less mobile. Some rooms have an en-suite facility. Communal areas include lounges, a quiet room, dining rooms and a landscaped outside area for people to use.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

The registered manager assessed staffing levels to ensure there was enough staff to meet the needs of people who lived at the home. We observed staff made time for people whenever required and took time to explain things to people so they didn't feel rushed. However, people who lived at the home told us there was not always enough staff on duty, which meant sometimes they had to wait to be supported. We were told there was a range of activities which took place. However, staff told us there was not always the opportunity for people to receive time with staff on a one to one basis for activities.

We found people were involved in decisions about their care and they were supported to make choices as part of their daily life. People who used the service had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes. Records showed there was a personal approach to people's care and they were treated as individuals. Staff treated people with kindness, respect and dignity and were committed to providing a high quality of care.

Staff spoken with were positive about their work. However, we received mixed comments with regard to the support received from the manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, 'residents' meetings' and care reviews. Overall satisfaction with the service was found to be positive. However, systems to monitor the health, safety and well-being of people who lived at the home were not always utilised effectively to address highlighted concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe. People and their relatives told us they felt safe at the home. Staff were aware of what steps they would take to protect people.

On the day of our inspection we found staffing to be adequate. However, we were told by people and their relatives that staffing levels in different areas of the home appeared to be inconsistent.

Policies and procedures were in place around the MCA, DoLS and safeguarding. Staff had a good understanding of these to keep people safe and protect their human rights.

Is the service effective?

Good

The service was effective. Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The visiting GP we spoke with confirmed the service took a proactive approach in addressing people's health care needs.

People were assessed to identify the risks associated with poor nutrition and hydration and were satisfied with the food provided to them.

Is the service caring?

Good

The service was caring. People told us that staff were caring and attentive. We observed this during the inspection.

We saw that staff treated people with patience and compassion and respected their rights to privacy and dignity.

Is the service responsive?

Good

The service was responsive. Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

An activities coordinator was employed by the home to ensure that appropriate activities were available for people to participate in each day.

The service had an appropriate complaints policy and procedure in place. Staff supported people to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider had systems in place to monitor and assess the quality of their service. This included a range of audits and meetings for people to raise issues or make suggestions.

Summary of findings

The manager was unable to provide any detail as to actions taken following a recent monitoring visit by the provider organisation.

Care staff felt well supported by the nursing team. However we received mixed comments from staff and people's relatives about how supportive the management was.

Bankhouse Nursing Home

Detailed findings

Background to this inspection

The last inspection was carried out on 27 September 2013. The inspection did not raise any concerns and found the home was meeting the requirements of all the Regulations we inspected.

The inspection team was led by an Adult Social Care inspector who was accompanied by a specialist advisor in nursing and patient safety, 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. The expert by experience for the inspection at Bankhouse Nursing Home had experience of providing nursing care.

Before our inspection on 11 August 2014 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. This helped inform what areas we would focus on as part of our inspection.

The provider also completed a Provider Information Return (PIR) which is a report that providers send to us under Regulation 10(3) of the Regulated Activities Regulations setting out how they are meeting the requirements of Regulation 10(1).

We spoke with a range of people about the service. They included the registered manager, six staff members, five people who lived at the home and four visiting family members. We spoke with a visiting GP who was carrying out a regular visit to people in the Garden Court area of the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included four people's care records, staff training records and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location can be directly compared with any other service we have rated, including consent, restraint, and the MCA under the 'Is the service effective?' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe?' section of this report.

Requires Improvement

Is the service safe?

Our findings

The service had procedures in place for dealing with allegations of abuse. Where incidents had occurred, we saw detailed records were maintained with regards to any safeguarding issues or concerns, which had been brought to the registered manager's attention. This evidenced what action had been taken to ensure that people were kept safe. We saw safeguarding alerts, accidents and incidents were investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence. This demonstrated the home had a system in place to ensure managers and staff learnt from untoward incidents. However, some information and guidance documents seen in the home's 'safeguarding' folder were out of date. We discussed this with the registered manager who told us that the most up to date information and guidance was available for staff electronically. We would recommend that if paper copies are also to be kept, they are reviewed regularly and replaced with the most up to date version to ensure staff may have ready access to the most up to date information.

Staff were able to confidently describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. Training records confirmed staff had received training on safeguarding vulnerable adults. This included care staff as well as domestic and kitchen staff.

We noted plans of care contained guidance for staff on pressure care and we saw pressure relieving equipment was in use for people who had been assessed as requiring it. Both nurses and care staff had undergone training in pressure care. This helped to maintain people's skin integrity. However, when we spoke with two nurses, they were unclear about reporting of Grade 3 or 4 pressure sores as a safeguarding adults alert to the Local Authority, as per local arrangements. We would recommend that the provider ensures all staff are aware of reporting requirements relating to pressure sores.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We spoke with people who lived at the home, their relatives, staff and the manager about staffing arrangements. We saw staff members were responsive to the needs of the people they supported. However, we received mixed comments from the people we spoke with. People told us the Garden Court area of the home, which provided care for people who were living with dementia, seemed to be better staffed than the other areas of the home.

We received some negative comments from people who lived in the main areas of the home and their relatives about staffing levels and the amount of time staff have to spend time with people. People told us: "I can't always get up or go to bed when I want, they are very pushed"; "I have to wait a long time". Relatives we spoke with told us; "I come in daily at lunchtime to feed her and another relative comes in at teatime, she would have to wait to be fed if we didn't come in"; "Everybody is run off their feet, If [Relative] wants the commode it takes a while. On two occasions I've had to use the emergency button. When we used the ordinary button they don't come quick enough." Although one relative, in the Garden Court area of the home, told us; "They come straight away", whilst another said; "There's usually plenty of staff on duty".

When we spoke with staff about staffing levels at the home we were told; "[Person] is still in bed, we haven't had time to get her up" This was at 13:45. Another member of staff told us; "We're not able to use agency staff and people ring in sick so we're a left short at least one or two days per week." Staff gave examples where people required two or three carers for up to an hour, which left other people waiting for assistance for prolonged periods of time. These comments came from staff in the main areas of the home.

We found that staff wanted to do more to care and provide more time with residents but because of the ratio of people who required assistance to the number of staff on duty this was hard to provide. Staff seemed very hurried and task orientated. We saw that care was delivered appropriately but the staff appeared rushed.

We spoke with the registered manager about the feedback we had received. They told us the staffing levels were regularly reviewed to meet people's needs. However in light of the feedback received they would review staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs.

People who lived at the home told us they felt safe when being supported. People told us; "I do [feel safe] because

Requires Improvement

Is the service safe?

there are lots of people around"; "The staff are brilliant". Relatives commented; "Yes, If the organisation runs as it should"; "[Relative] is safer here than at home, there's somebody with her all the time". Another said; "They take appropriate care to stop her harming herself".

We looked at four people's written plans of care. We found people's needs and any identified risks were assessed and care plans formulated to mitigate the risks. Staff we spoke with felt care plans contained enough information to help them to support people safely. Staff explained that any changes in people's circumstances were discussed at handover meetings when staff changed shift and they could raise any concerns about someone's welfare with the manager.

We spoke with a visiting GP who was carrying out regular visits to people who lived at the home. They explained that they found the home were proactive in addressing any healthcare issues and that he had no concerns about the care delivered to people at Bankhouse Nursing Home.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

We looked at the records for one person for whom an application had been made under DoLS. We saw capacity assessments had been carried out appropriately and the application had been granted by the Local Authority. We saw evidence that family members and professionals involved in this person's care had been involved where decisions had been taken for the person. This helped to ensure decisions that were made were in the best interests of the person concerned.

Where people may display behaviour which challenged the service, we saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

Good

Is the service effective?

Our findings

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One recently recruited staff member told us that they had completed a three-and-a-half day induction which covered all the mandatory training. Over the three months they had been working at the home they had also received training in end of life care. All the staff we spoke with were confident that the training they had received had given them the knowledge to carry out their role.

Staff training records showed staff had received training in safeguarding vulnerable adults, fire safety, nutrition and hydration, moving and handling, health and safety, medication, infection control, fire training and pressure care. In addition, staff had undergone training relating to behaviour which may challenge and care for people who are living with dementia. This helped to enable staff to care for the client group at Bankhouse.

People we spoke with told us the staff all seemed to know what they were doing. When we asked relatives they replied; “There are times when I have to point things out, but on the whole they are OK”; “There are some very good staff, but there are a lot of staff unhappy and looking for other jobs” A relative on Garden Court told us; “The staff are very good, very attentive, always lovely, [Relative] adores the staff”.

The visiting GP we spoke with confirmed that they had no concerns about the care provided and was confident that people’s needs were met consistently. We found that people seemed relaxed and comfortable and appeared to have their needs met on the day of our inspection.

We asked people whether they got enough to eat and drink. Replies included; “Yes, I’m not hungry”; “Yes, the food is nice”; “Yes, the food is very good”.

We observed the lunchtime meal in Garden Court and the Main area of the home. In Garden Court, we saw most people sitting in lounge chairs whilst eating their meals. There were not enough dining table spaces for everyone to eat at the table if they so wished. There seemed to be enough staff on hand to assist people who required help, but the experience seemed very process driven, as opposed to a relaxed and unhurried experience for people. In the main area of the home, we found a relaxed environment where one member of staff assisted people who required help in the main lounge. However, staff commented that they felt ‘pushed’ to assist those people who chose to stay in their rooms for mealtimes, due to staffing levels.

The menu on display during our inspection on the Monday, was for the previous Thursday. This was changed during the inspection, but still did not reflect what was prepared for lunch. From speaking with staff, we found that people’s meal choices were discussed with them on a daily basis, so the menu was not necessary. However, we advised that it would be good practice to display and up to date menu for people to choose from. The lunchtime meal provided on the day of our inspection was sausage roll, mash potato and baked beans. A member of staff told us; “When it’s sausage rolls we only count out the right amount.” This wouldn’t leave any left over if anyone wanted second helpings, although no one we spoke with raised this as a concern. We also found, and the person who prepared the meals on the day confirmed, that at lunchtime, for people who require a pureed diet, all the food items were blended together. It is best practice to separate flavours of food when blending a pureed diet, so that people can distinguish between flavours.

We spoke with the staff member responsible for the preparation of meals on the day of our visit, the chef was on leave that day. They told us that information about who required special diets was passed to them by staff on a daily basis along with menu choices. This ensured people’s dietary requirements and preferences were taken into account when meals were prepared.

Care plans we looked at contained information about people’s food and drink preferences. Care plans also assessed people’s nutritional requirements. Assessments were monitored on a regular basis. Where there had been changes to a person’s care needs, care plans had been updated. We also saw appropriate referrals had been made to other health care professionals, where there had been concerns about a person’s dietary intake. This confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People’s healthcare needs were monitored as part of the care planning process. We noted people’s care plans contained clear information and guidance for staff on how best to monitor people’s health. For instance, we noted

Good

Is the service effective?

timely referrals to the dietician for people who were at risk of poor nutritional intake. The information received from the dietician had been translated into guidance in people's care plans, for staff to follow.

Good

Is the service caring?

Our findings

During our inspection, we spoke with five people who lived in the home. We asked people about whether staff treated them well, whether staff were caring and whether their privacy and dignity was respected. People we spoke with all expressed their satisfaction with how caring the staff were. Comments included; “Yes, they are lovely”; “They treat me well”; “They are very kind”. When asked about whether staff respected their privacy and dignity, those residents who were able to reply said the staff always knocked before entering their room and were courteous. One person told us; “There’s one (member of staff) who’s wonderful about privacy, she’s so careful when she washes me.” Relatives we spoke with confirmed staff were always friendly and treated people with dignity and respect.

We observed good practice where staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests as soon as they could. We also saw staff were very patient when accompanying people to transfer from one room to another. This showed concern for people’s well-being whilst responding to their needs and an awareness of supporting people to remain independent whilst ensuring their safety.

We looked in detail at four people’s care records and other associated documentation. We saw evidence people had been involved with developing their care plans. This helped to demonstrate people were encouraged to express their views about how their care and support was delivered. A member of staff told us they had ready access to people’s care plans, however, due to limited time, they were unable to spend time reading them. Staff did confirm that communication was good and that they were informed if there had been any changes in people’s needs. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed and updated on a regular basis. This helped to ensure staff had up to date information about people’s needs.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of

how they worked with the person, to get to know how they liked to be treated. One member of staff told us; “Everyone is individual, so we respect that. All of us treat people with dignity and respect”.

During our observations we noted people’s dignity was maintained. Staff were observed to knock on people’s doors before entering and doors were closed when personal care was delivered.

There were a number of relatives visiting people during our inspection. We noted that staff respected people’s privacy and did not interrupt people whilst they had visitors unless it was necessary. Relatives we spoke with confirmed they could visit any time they liked and were not aware of any restrictions on visiting their loved ones.

Good

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support was sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

People who lived at the home were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them and meant they were familiar with people's needs and choices. We were told that as part of the care planning process, the key worker would review and discuss the person's care and support with them. We saw from records that If people's needs changed, care plans were reassessed to make sure they received the care and support they required. Staff explained that a new system had recently been implemented to ensure care plans were reviewed more consistently. This now meant that one care plan would be reviewed each day.

An activities coordinator was employed by the home to ensure that appropriate activities were available for people to participate in each day. The activities coordinator was on leave on the day of our inspection. During the course of the inspection we did not see any activities take place, apart from a 'Music for Health' session in the lounge in the main area of the home. We asked people what they thought about the activities that were provided and how they spent their time. One person commented; "I read, and there are good speakers saying interesting things in the afternoon"; another told us; "I watch a lot of TV and I've had a lot of help from the activities manager". This person explained that the activities coordinator hired a minibus to take people out on trips. One relative commented; "I don't think [Relative] would be interested in any activities". For people who chose to stay in their rooms their seemed to be stimulation only by way of television or music. Staff told us they would like to spend more time with people on a one to one basis to enhance the care they delivered.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint. Family members we spoke with told us they were aware of how to make a complaint. One relative explained they had raised concerns about the food around a month before our inspection and had seem improvements straight away.

Requires Improvement

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at Bankhouse Nursing Home.

The manager registered with the Care Quality Commission (CQC) in January 2012. A registered manager is a person who has registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law, as does the provider.

A suite of audits was available to the registered manager to assist them in the on-going monitoring and assessment of the quality of the service provided at Bankhouse. These covered a wide range which included care planning, medication and the environment. In addition, we found the Quality Manager from the provider organisation undertook visits to assess and monitor the quality of the service provided. We looked at the report from the most recent visit and the resulting action plan to address issues that had been highlighted. We discussed the action plan with the manager, who was unable to tell us or provide any detail with regard to what action had been taken to respond and address the issues highlighted in the report. This showed that although there were systems in place to assess and monitor quality, they were not being utilised effectively.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through resident's meetings, relatives' satisfaction surveys and regular care reviews with people and their family members. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them. However, we found that where people chose not to attend the meetings, they were not routinely approached for their opinions.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. We received mixed comments from staff and from relatives about the management of the home. Some staff felt supported and were happy, whilst others felt they did not receive enough support from the manager. Relatives' comments were equally as mixed. One relative told us; "The management seems fine"; whilst another told us; "I try to sort it out with whoever, but if that gets nowhere I put it in writing. If I go and ask to have a word with the manager she's too busy".

Staff received regular supervision and appraisal, where they discussed their performance, development and any issues. However, staff we spoke with all told us they had raised staffing levels as an issue and had simply been told that the staffing is at the appropriate level. Staff did not feel this concern had been listened to and explored. Care staff did, however, feel supported by the nursing staff.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and supervisions as well as checks on infection control and housekeeping.