

RochCare (UK) Ltd

Bank Hall Care Centre

Inspection report

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced inspection of Bank Hall Care Centre on 3 and 4 December 2014. Bank Hall Care Centre is registered to provide care for up to 56 people. It specialises in the care of older people and older people with a dementia and does not provide nursing care. The accommodation is provided in two interlinked premises Bank Hall and Scarlett House. The service is near to Burnley town centre. There are accessible gardens around the premises and car parking spaces for visitors.

Bank Hall is a single storey former hospital, which has been adapted to provide residential accommodation. It is registered to accommodate up to 36 older people. All the bedrooms offer single occupancy and 11 have en-suite

facilities. There are three lounges, two having conservatories one of which is designated for people who smoke. There is a separate dining room and a hairdressing 'salon'. Additional seating is provided in the entrance hallway.

Scarlett House is a two storey purpose built extension onto Bank Hall. It is registered to accommodate up to 20 older people with a dementia. All the bedrooms are single with en-suite facilities. There is a lounge with a connecting dining area. A passenger lift provides access to the first floor accommodation.

At the previous inspection on 16 May 2013 we found the service was meeting all the standards assessed.

Summary of findings

The service was managed by a registered manager. 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 told us they felt safe at the service and they made positive comments about the care and support they experienced. However we found some environmental risks had not been identified and assessed. Appropriate action had not been taken to reduce the risks to people's well-being and safety. We found some records were not, clear up to date or accurate. This meant changes in people's needs may not always be properly recorded and communicated. We also found there was lack of effective systems to assess, monitor and improve the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

People indicated there was an open and friendly atmosphere at the service. We found there were some good systems and arrangements in place to promote an efficient day to day running of the service. However, we found the arrangements for leadership; monitoring and support within the RochCare organisation were inconsistent and informal.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. We found sufficient numbers of staff were on duty. However we were told additional staff were needed at night, we therefore recommended staffing arrangements to be reviewed to ensure there are always sufficient staff duty to respond to people's needs.

People told us they experienced good care and support. People's needs were being assessed and planned for

before they moved into the service. People were receiving safe support with their medicines. The service had developed good working relationships with health care professionals.

People spoken with indicated they were treated with kindness and compassion. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. People said their privacy and dignity were respected. However, we did find some improvements with respecting privacy of space and promoting dignity at mealtimes were needed.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. However, we found some progress was needed to more effectively screen people's capacity to make their own decisions.

People were happy with the variety and quality of the meals provided at the service. Support was provided with maintaining a healthy diet in response to individual needs.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible. They were satisfied with the arrangements in place for activities, outings and entertainment.

Systems were in place to ensure all staff received regular training, supervision and support. Care workers spoken with understood their role in providing people with effective care and support.

All the people spoken with had an awareness of the service's complaints procedure and processes. Arrangements were in place to investigate and respond to any concerns raised.

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?

The service was not consistently safe. Although people spoken with felt safe at the service; we found some environmental risks had not been identified and assessed. Appropriate action had not been taken to reduce the risks to people's well-being and safety.

Staff recruitment was satisfactory and included all relevant checks. We found there were adequate staff available, however we recommended staffing arrangements be reviewed to ensure there are always sufficient on staff duty to respond to people's needs. Staff were trained to recognise any abuse and knew how to report it.

We found there were suitable arrangements in place to manage people's medication. All medication administration records seen were complete and up to date.

Requires Improvement



Is the service effective?

The service was effective. People said they were satisfied with the service. The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make their own choices and decisions.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People said the meals were good and they were appropriately supported with diets.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring. People made positive comments about the caring attitude and patience of staff. During our visit we observed sensitive and friendly interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Care workers were aware of people's individual needs, backgrounds and personalities.

Information was available to help people with making decisions and choices.

Good



Is the service responsive?

Some aspects of the service were not responsive. We found some records were not, clear up to date or accurate. This meant changes in people's needs may not always be properly communicated and responded to.

Requires Improvement



Summary of findings

Arrangements were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care.

People were supported to keep in contact with families and friends. Visiting arrangements were flexible. People had opportunities to take part in meaningful social activities.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

The service was not consistently well led. Although people made positive comments about the day to day management, we found there were lack of effective systems to assess, monitor and improve the quality of the service.

Some of the management and leadership arrangements in the organisation were informal and unclear. There was lack of clarity around some roles, responsibilities and accountability.

Requires Improvement



Bank Hall Care Centre

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 checked 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 3 and 4 December 2014 and was unannounced. The inspection was carried out by one inspector with a specialist advisor being present on the first day. The specialist advisor focussed on the care and support services for people with a dementia in Scarlett House.

Prior to the visit we spoke to the local authority contract monitoring team, a health care professional and a training provider who gave us with some feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spoke with six people who used the service and three relatives, three visiting healthcare professionals, three care workers, a kitchen assistant, the registered manager, deputy manager, team leader, activity coordinator and administrator. We also spent time observing the care and support being delivered and looked at a sample of records. These included three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

We looked at how the service managed risk in relation to operation of the premises. During lunch time on the first day in Bank Hall, we observed care workers entering the food preparation/service kitchen for various reasons on several occasions. We also noted all grades of staff and managers regularly went into the kitchen for drinks and snacks. This presented as an increased risk of contamination in the food preparation area. On the first day of the inspection, we viewed the kitchen following the meals service and found work surfaces had been left covered with spills and food debris. We also noted shelves were unclean and there was a build-up of scum around the underside of sinks and wash basins. These matters presented as a risk to good food hygiene practices and health and safety. We were concerned about this situation and therefore contacted the borough council environmental health officers.

In Scarlett House on one corridor we found an office room was used as storage for two mattresses and a bed base. The door was unlocked and therefore access to this room presented as a risk to people who used the service. We also noted boxes of decorations had been stored at the bottom of the stairs. People could not go into the conservatory as there was no heating provided. In Bank Hall the door to an unused sluice room was blocked open and was stacked high with several wheelchairs and walking frames, which presented as a potential risk to people who used the service and staff.

We found one person's bed had been moved at their request; however, consideration had not been given to the re-siting of the call buzzer point, or the light switch, which posed as a potential risk to the occupant. We noted risks had not been assessed and planned for in relation to use of a 'crash mat'. The dresser in the dining room which was used to store cutlery was seen to be in poor condition and was unsightly. There was exposed chipboard along the front of the dresser which was rough and porous, presenting as a risk to people.

This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found some individual risks in relation to people's personal care needs had been assessed and recorded in

their care plans. Care workers spoken with told us they were aware of people's risk assessments. Strategies had been drawn up to guide staff on how to manage these risks. However, the risk assessments we looked at had not always been dated and some had not been reviewed and updated monthly, in accordance with the provider's protocols. For example, we found some risk assessments had not been reviewed since 27 July 2014. This meant it was unclear if the information provided for staff was complete and up to date.

All the people we spoke with told us they felt safe at the service. One person said, "I feel safe and secure." Two comments from visitors were: "Quite happy for [my relative] to be here, I feel it is safe" and "In here we know [our relative] is safe". People spoken with did not express any concerns about the way they were treated or cared for. They told us, "I have never seen anything untoward, they are not bossy" and "None of the staff shout, they won't have any of that here, anything like that they are very keen to solve." We didn't observe any interactions or care delivery, to give us cause for concern about people's around individual safeguarding protection.

The care workers spoken with expressed an understanding of safeguarding and protection matters. They were able to describe the various signs and indicators of abuse and neglect. They were clear about what action they would take if they witnessed or suspected any abusive practice. They said they had received training on safeguarding vulnerable adults and the records of training confirmed this. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

People spoken with indicated there were mostly sufficient staff at the service. One person commented, "They always get someone else if they are off sick." A relative told us, "I think there are enough staff, we can always find somebody." The three visiting health care professionals we spoke with did not express any concerns about the availability of staff at the service. Care workers spoken with considered there were sufficient staff on duty at the service. We had sight of the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements.

The registered manager had completed a risk based needs analysis on the provision of staffing ratios at the service; we noted this did not take into consideration the size and layout of the accommodation. Three people who used the

Is the service safe?

service told us they felt there were insufficient staff during the night, two people made the following comments, “The buzzers go off a lot at night, I think they could do with another staff” and “There should be more staff at night.” During the inspection we observed there were enough staff available to attend to people’s needs, we noted most call buzzers were responded to in a timely way. However, on the first day of the inspection in Bank Hall, we noted care workers did not respond to a call buzzer for over five minutes, we therefore had to raise this matter with the registered manager who called for staff to attend to the person.

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before staff worked at the services and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were suitable to work with vulnerable people.

We reviewed the medicine processes in Bank Hall only. Most people had their medicines administered by staff. One person commented, “They bring my medication to me every day.” Each person’s preference and ability to manage their medicines had been assessed. Two people spoken with said they managed some of their own medicines with support from staff. One person explained, “I had an assessment about administering my own medicines.” We had sight of risk assessment records which confirmed this process.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the

medication in separate compartments according to the time of day. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions.

All medication records seen were well presented and organised, complete and up to date. Separate protocols had been drawn up for the administration of medicines prescribed “As necessary” and “Variable dose” medicines. These are important to ensure staff are aware of the individual circumstances this type of medicine needs to be administered or offered. We also found clear directions had been recorded in respect of topical creams.

We saw that medication systems were checked regularly. Action plans were drawn up in the event of any shortfalls or omissions on the records. This ensured appropriate action was taken to minimise any risks of error. Staff designated to administer medication had completed a safe handling of medicines course. This had included a practical assessment to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference.

The registered manager had devised and shared with staff, contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We found arrangements were in place to check, maintain and service fittings and equipment. Including gas and electrical safety, water quality and the passenger lift. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

We recommend that staffing levels be regularly assessed and monitored to make sure they are flexible and sufficient to meet people’s individual needs and to keep them safe. This process should take in to consideration the layout of the building.

Is the service effective?

Our findings

All the people we spoke with told us they were satisfied with the service. They made the following comments: “It’s perfect; I wish I had come sooner”, “You can please yourself what you do” and “It’s good here; If I need anything I buzz and I get it.” A relative spoken with in Bank Hall said, “Mum loves it here it’s her home.” In Scarlett House a visitor told us, “This home is ‘homely’ not clinical.” We were also made aware of a person, who’s wellbeing had improved since moving into Scarlett House. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. One person told us, “They always ask me, they always explain things” another said, “The staff are good and helpful, they explain things.”

People spoken with told us how they were supported with their healthcare needs, including receiving attention from GPs and attending hospital appointments. One person described circumstances whereby staff had been vigilant in appropriately monitoring and responding to changes in their condition. People’s healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. Information had been included to describe any medical conditions. This meant staff had some guidance on how to recognise any early warning signs of deterioration in health. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. During the inspection we spoke with four visiting health care professionals, they all considered the service provided at Bank Hall and Scarlett House was good. They told us the managers and staff were pro-active in monitoring and responding to people’s healthcare needs. They told us, “It’s a good place, they work very well with us”, “They make appropriate referrals and follow instructions” and “They often ring for advice and support, they are doing their best.”

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. There was evidence to show appropriate action had been taken to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. We found mental capacity assessments had been carried

out where necessary and authorisation sought to restrict people’s liberty in their best interest. However, we found the care planning process did not specifically focus upon screening people’s capacity to make their own decisions.

This meant consideration may not have been given to people making their own day to day decisions, based upon their previous lifestyle and background history. The registered manager acknowledged our concerns and agreed to take action in response to this matter.

The service also had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. Staff spoken with had a basic understanding of the MCA 2005. Records and discussion showed arrangements had been made for staff to access training on the MCA 2005 and DoLS.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us: “I can’t grumble about the food.” “The food is getting better, I liked it today” and “I have no complaints about the food, they know what I like.”

There was a four week seasonal menu which in Bank Hall was displayed near the dining room. People had been given the opportunity to influence the menu during residents meetings. Arrangements were in place to offer choices at each mealtime. One person explained, “We have choices, but if I don’t like it I can have something else” another said, “There are always two choices and we get plenty of drinks, we can have a cooked breakfast if we want.” People told us they could have their meals in their rooms or with others in the dining room. We observed the meals service at lunch time in Bank Hall. We noted the dining tables were attractively set and the meals looked plentiful and appetizing. We observed people enjoying the social occasion of the mealtime experience. We saw examples of people being sensitively supported and encouraged by staff to eat their meals. However, we found the way meals were served was rather rushed, for instance we observed hot puddings being placed in front of people while they were still eating their main course. We discussed this situation with the registered manager and on the second day of our visit, action had been taken to rectify this matter.

Is the service effective?

We also observed the meals service at lunch time in Scarlet House. We noted table cloths were placed on the tables in a timely way and people were encouraged to eat their food independently, but were sensitively supported by staff when needed.

One care worker spoken with described the care support they provided people with in relation to food and nutrition. They confirmed people's individual tastes, preferences and dietary needs were known and catered for. They explained the processes in place to assess and monitor people's nutritional and hydration needs and that they liaised with GP's and dieticians as necessary. The care records we looked at showed people's food likes and dislikes had been sought and dietary needs considered. Nutritional screening assessments had been carried out, with any support needed noted in people's care plan. People's weight was checked at regular intervals, this helped staff to monitor risks of malnutrition and support people with their diet and food consumption. We spoke with a visiting speech and language therapist, who explained how managers and staff were providing effective care and support in response to individual needs.

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff

received regular training. A relative told us, "We have observed regular training happening at the service." Staff told us of the training they had received, and confirmed there was an ongoing training and development programme at the service. We looked at records which reinforced this approach. Care workers had completed induction training to a nationally recognised standard. All had a Level 2 or above NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care. We noted staff files included induction training records. We spoke with a training provider at a local college who told us the service was proactive in their approach to staff training and development.

Staff spoken with told us they received regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions and noted plans were in place to schedule appointments for the supervision meetings. Staff also had annual appraisal of their work performance and a formal opportunity to review their training and development needs.

Is the service caring?

Our findings

People spoken with indicated they were treated with kindness and compassion. They made the following comments: “They really care for us”, “The staff here are good, they are nice with me” and “I feel very calm and reassured here; it’s like home to me.” In Scarlett House relatives told us, “I appreciate how much patience the staff have in caring for people who have such different needs” and “They look after [my relative] very well, they are really good staff.” A visiting health care professional told us, “They genuinely care about the residents.”

People spoken with indicated they were treated well by staff and managers. One person commented, “The staff are polite and respectful.” Another person told us, “The staff are taught to be respectful, they are very keen on that, if they step out of line they get warnings.” A relative in Bank Hall said, “The staff really know mum as a person.” Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

Care workers spoken with understood their role in providing people with effective care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People said their privacy and dignity were respected. One person told us, “The staff are very discreet about things”.

We saw people being assisted considerably; they were politely reassured by care workers. We observed people spending time in the privacy of their own rooms and in different areas of the home. A relative said, “I have never seen bathroom doors left open” and “They knock on doors; I think they wait for an answer.” However, we experienced one occasion where a care worker came into a person’s room without knocking and another where the care worker knocked, but did not wait for a reply before entering. We discussed this matter with the registered manager who acknowledged our concerns and agreed to take action to rectify this practice.

People told us there were residents’ meetings. These helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. One person told us, “We occasionally have residents meetings; all sorts of things are discussed.” We looked at records of meetings which showed various matters had been raised and considered. Two people in Bank Hall told us they were actively involved with staff recruitment, by interviewing applicants and sharing their views with the managers. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “I can do as I please, I still feel in control.”

There were notice boards in Bank Hall and Scarlett House, which provided information about forthcoming events and the programme of activities. Details of the local advocacy services were also on display. People had an information pack on Bank Hall Care Centre which included useful information about the services and facilities available to them. There was a monthly newsletter which provided details of forthcoming events, birthdays and planned activities.

Is the service responsive?

Our findings

We looked at three people's care files and found each person had an individual care plan. They included risk assessments on the specific areas of need often associated with older people. The care plans were well presented and easy to follow. They included background histories and personalised information about people's preferred routines, likes and dislikes. However, care needs had not always been reviewed and updated monthly, in accordance with the provider's protocols. We found one person's care needs around skin integrity, pain management and medication had not been reviewed since 27 July 2014. This meant changes in people's needs may not be effectively identified and recorded, to help prevent and detect risks to people's health and wellbeing.

We found some inaccuracies in the information recorded. One person's needs assessment around mobility, included contradictory information on their use of the 'nurse call system' and made reference to 'ward staff', which was inappropriate for a care home setting. There were also examples of entries in care records which had not been signed and dated. We noted one entry included inconclusive information around contacting a relative following a GP's visit. This meant there was a risk people's wellbeing may be affected by a lack of accurate and accountable records.

This was a breach of Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person we spoke with had quite recently moved into the service. They described how this process was managed. They told us, "I came to look around, I liked it as soon as I saw it, I had an assessment with the manager, I am settling down nicely." Bank Hall also offered day care. Two people described how they had got to know the service by attending for day care. One person told us, "I previously came for day care; it helped me to get to know the place." This had enabled people to experience the service and make a choice about whether they wished to live in the home.

We discussed the admission process with the registered manager. We noted the assessment process covered all aspects of the person's needs, including background histories, personal care, mobility, independence, daily

routines, diet, behaviours and relationships. Each person had a care plan which contained information about them. Care workers spoken with explained their involvement with care planning and reviews. They indicated an awareness of the content of people's care plans, their individual needs and abilities. One relative in Scarlett House told us, "It's very personalised, they will go the extra mile in caring for [my relative]." Some of the people spoken said they were aware of their care plans. One person told us, "I have a care plan I have read through it." A relative told us, "We review the care plan together when needs change."

All the health care professionals spoken with indicated the service was responsive to the needs of the people accommodated. Following our visit, a falls prevention coordinator commented, "From my visits the service presents to be responsive to needs of patients referring appropriately to our service or calling for advice. They ensure checks are made by GP's and district nurses as required for monitoring general health."

People were supported to maintain their relationships with their friends and family. They told us how they were keeping in contact with others. Visiting arrangements were flexible and people could meet visitors in the privacy of their own rooms. The service had established links with resources in the local area; people were being supported to access the community in small groups and on a one to one basis.

People spoken with indicated they were satisfied with the range of activities at the service. They told us of the various events taking place which included: crafts, films, music, entertainers and visiting animals. People also explained how they were supported to follow their own chosen hobbies and interests, such as reading and activities within the community. A relative told us, "There are always activities that the residents enjoy." There were two activity coordinators employed at the service, one based in Scarlett House the other in Bank Hall. On the first day of our visit we spoke with the activity coordinator in Scarlett House, who explained the processes in place to provide meaningful activities for people with a dementia. We were told efforts were made to engage regularly with people on one to one basis. We noted the provider was a member of a registered charity which offered guidance, resources and publications on activities for older people.

All the people spoken with had an awareness of the service's complaints procedure and processes. One person

Is the service responsive?

told us, “If something wasn’t right I would speak to the person in charge, they would sort it out right away” another person said, “I have not made a complaint, but I would know how to, it’s on the notice board and the information pack.” Care workers told us, they were aware of the complaints procedures and described how they would respond should anyone raise concerns. We found the

service had systems in place for the recording, investigating and taking action in response to complaints. There had been five complaints raised at the service within the last 12 months. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainants.

Is the service well-led?

Our findings

At our inspection on 16 May 2013 we found there were no quality audits and reports available from senior management within the organisation. Although this did not constitute a breach of the regulations, it meant information was lacking in supporting an effective and accountable approach to monitoring, evaluating and strategic planning of the service. At this inspection we found a representative of the registered providers, RochCare (UK) Ltd had visited Bank Hall Care Centre and briefly reported on their findings. The registered manager had carried out some checks on systems and practices. However, this inspection showed there was a lack of effective quality assurance and auditing processes at the service. We found several matters needing attention, for example, in relation to the environment, health and safety, record keeping, cleanliness of the kitchen and the meals service. This meant the registered providers had not identified risks and introduced strategies, to minimise risks to make sure the service runs smoothly. During the inspection, the registered manager took action to resolve some of the issues raised. However, we would expect such matters to be identified and addressed without our intervention.

There were some systems and processes in place to consult with people who used the service, relatives and staff. The registered manager operated an 'open door policy', which meant arrangements were in place to promote ongoing communication, discussion and openness. People using the service and staff, had been given the opportunity to develop the service by participating in meetings and as part of consultation surveys. However, we found the process for consulting with people via questionnaires did not provide a wide-ranging approach to gathering their views of the service. We also noted staff were not consistently consulted via surveys. We were told that due to work load commitments, the registered manager would not feel able to implement any further quality survey systems. The registered manager had produced a business plan which included an analysis of the service and identified some areas for improvement. There was no evidence to confirm the registered provider was in agreement or supportive of these plans. There was no information to demonstrate the registered providers had a strategic overview of the service to provide corporate direction, accountability and support.

This was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a manager in post who had been registered with the Care Quality Commission since 2011. People spoken with were aware of the management arrangements within Bank Hall Care Centre. They made positive comments about the management and leadership arrangements. One person commented, "I think the managers here are good, if I have anything on my mind I can talk to them." One relative commented, "The managers are fully involved, they are always au fait with things" another said, "The manager is always available and if not, the deputy or team leader would be so helpful." The visiting health care professionals spoken with told us they had 'no problems' with the managers of the service. Following the inspection visit we received the following comment from a health care professional, "I do feel the two managers lead the services well within Bank Hall. They are approachable and available to discuss residents." Care workers indicated the registered manager and deputy manager were supportive and approachable, one said, "The home is well run and the team work is brilliant."

People indicated there was an open and friendly atmosphere at the service. One person told us how the registered manager had frequently emphasised that it was their home. A relative told us, "All the staff are efficient and friendly, they are interested and involved, nobody is anonymous here." However, none of the people we spoke with were aware of roles and responsibilities of senior managers within the organisation (RochCare (UK) Ltd). The details in the organisational structure we looked at were brief and vague around designated roles and responsibilities. This meant some lines of accountability, roles and responsibilities were unclear.

We found there was an informal approach to providing support to the management team. We were told management discussions were held with senior managers, however there were no records available of such meetings. We found there were informal arrangements in place for ordering and purchasing items and equipment, which had resulted in a delay in some resources being obtained. We asked about the origin of several of recording tools and processes which were in use at the service. We were told they had been researched, devised and introduced by the registered manager. There was no evidence to indicate

Is the service well-led?

these processes and methods had been agreed or authorised by the registered provider, RochCare (UK) Ltd. We also found the registered provider had not consistently reviewed and updated their policies and procedures.

We recommend the registered providers review and update their policies and procedures, to reflect and convey current published good practice guidance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People were not protected from the risks of unsafe premises because suitable arrangements had not been made in relation to the design, layout and proper operation of the premises. Regulation 15 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People were not protected from the risk of unsafe or inappropriate care, due to a lack of proper information in relation to their care and treatment. Regulation 20 (1) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

People were not protected from the risks of unsafe care because not all risks relating to the health, welfare and safety of people had not been identified, assessed and managed. Regulation 10 (1)