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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of Bank Hall Care Centre 25 and 26 January 2017. The first day of the inspection was unannounced.

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 with garden furniture. There are 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 conservatory areas. 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 linked to the Bank Hall building, but with its own entrance. It is registered to accommodate up 20 older people with a dementia. All the bedrooms are single with en-suite facilities. There is a lounge with a joining dining area and a separate conservatory. A passenger lift provides access to the first floor accommodation. At the time of the inspection there were 25 people accommodated in Bank Hall and 18 in Scarlet House.

At the time of the inspection the service was not 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. The area manager, who was previously the registered manager at the service, was providing management cover.

At the previous inspection, we asked the provider to make improvements in relation to risks to people's well-being, safety and security, assessing and managing risks to individual's and monitoring and improving the quality of the service provided. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made. People told us they felt safe at the service and they made positive comments about the care and support they experienced at Bank Hall Care Centre.

We found people had mixed views on the availability of staff support. Action had been taken to recruit additional staff and staff work patterns had been reviewed and adjusted to provide people with safe care and support. However, we made a recommendation on ensuring staffing arrangements were effectively monitored and adjusted in a timely way.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed; we have therefore made a recommendation about the management of medicines.

People had mixed views on the quality and variety of the meals provided. We found various choices were available, but some people thought there was a lack of variety. Drinks were readily accessible and regularly offered. We saw some people were not supported with their food in a dignified way; this matter was dealt with during the inspection. However, we made a recommendation on effectively supporting people living with a dementia with meal choices and their nutritional needs.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff confirmed they had received training on safeguarding and protection.

The service was working within the principles of the MCA (Mental Capacity Act 2005). We observed examples where staff involved people in routine decisions and consulted with them on their individual needs and preferences. Staff spoken with described how they involved people with making decisions and choices. Discussion meetings were held and people had opportunity to complete satisfaction surveys.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People's needs were being assessed and planned for before they moved into the service. Everyone had a care plan, which had been reviewed and updated. Information was included about people's background history, their likes, dislikes, preferences, routines and how they communicated. Risks to people's well-being were being assessed and managed.

People spoken with indicated they were treated well by staff. They said their privacy and dignity was respected. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner. They were respectful of people's choices and opinions.

People were supported with their healthcare needs and received appropriate medical attention. Changes in people's health and well-being were monitored and responded to.

There were opportunities for people to engage in a range of suitable group and individual activities. People were keeping in contact with families and friends. We found visiting arrangements were flexible.

There were systems in place to ensure all staff received regular development and supervision. We found some training was overdue but action had been taken to address this matter.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of the complaints and the action taken to rectify matters.

There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this. Because there were shortfalls which ought to have been identified and put right without our involvement, we have made a recommendation about the provider's checking systems.

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 not always safe

The monitoring of staffing levels needed some improvement to make sure there were enough staff available.

Staff recruitment included the relevant character checks. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found there were some safe processes in place to support people with their medicines. However, medicine management practices needed some improvement for people's well-being and safety.

Processes were in place to maintain a safe environment for people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective

People had mixed views on the quality and variety of the meals provided. We found some progress was needed in actively promoting meal choices.

People were encouraged and supported to make their own decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

Is the service caring?

Good

The service was caring

We found Bank Hall Care Centre had a friendly and welcoming atmosphere. People were supported to maintain contact with

families and friends.

People made positive comments about the caring attitude and friendliness of staff. During our visit we observed respectful, friendly and caring interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and personalities. People's dignity and personal privacy was respected. They were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive

Arrangements were in place to find out about people's individual needs, abilities and preferences. Each person had a care plan, which included information about the care and support they needed. Action was being taken to involve people in care reviews.

Processes were in place to monitor, review and respond to people's changing needs and preferences.

People were offered a range of suitable individual/ group activities and further opportunities for promoting wellbeing planned for.

There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Requires Improvement

The service was not always well led

People expressed satisfaction with the management of the service. However, there had been changes in the management team and the service was without a registered manager.

There were processes in place to regularly monitor the quality of people's experience at the service. However we found the some of the checking systems could be better and some policies and procedures needed updating.

Staff were enthusiastic and positive about their work. They said there was good teamwork at the service and the managers were supportive and approachable.

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 25 and 26 January 2017. The inspection was carried out by one adult social care inspector 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.

Before the inspection, the provider completed a PIR (Provider Information Return). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We reviewed information from the local authority. We consulted with the local authority safeguarding team. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with nine people who used the service and three relatives. We talked with four care assistants, a team leader, an activities coordinator, a housekeeper, a cook, a kitchen assistant, the deputy manager, an administrator and the area manager. We also spoke with a visiting community nurse.

We spent time with people, observing the care and support being delivered. We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, complaints records, meeting record's, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with generally felt that there were adequate staff at the service. One person said staff were prompt at dealing with their needs, that they came at a reasonable time as their needs were not urgent. However, we received comments about staff being, "Extremely busy" and "Always in a rush to get things done." One person told us that when staff said they would be back in five minutes they never were. A relative told us they did not think there was enough staff on duty at meal times to ensure people had the support they needed.

During the inspection we noted the call system rang frequently and for sustained periods. There were mechanisms in place to monitor response times and the efficiency of staff in answering calls. The managers told us the system was kept under review to ensure people's needs were safely met, in a timely way. The area manager indicated staff responded to the call system in a balanced way, based upon their knowledge and awareness of people's individual needs and living patterns. One person who used the service explained that the staff knew them well and they were comfortable with waiting ten minutes or more. Two people also reported feeling safe and confirmed the call bell in the room was in place and that staff always ensured it was reachable. One member of staff told us "We always try to answer as quickly as possible."

Care staff spoken with considered there was generally enough staff on duty at the service, but felt they were often busy and didn't always have enough time to spend with people. We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. A staff member told us, "They always get cover." In Bank Hall, there were three care staff and a team leader/senior on duty during the day and evenings. There two housekeepers on duty each day. There was an activities coordinator three days per week. On weekdays the service provided 'day care' for up to four people each day, this was staffed separately. However people living at the service were able to attend 'day care' and therefore these staff provided additional support personal care. In Scarlett House there was a team leader/senior on duty with three carers and one housekeeper each morning and afternoon. There was an activities coordinator five afternoons per week. There were ancillary staff working across the whole service including, a cook, kitchen assistant, laundry person and maintenance person. There was a manager was on duty during office hours, supported by an administrator.

The managers had access to a structured staffing tool, to monitor and review staff arrangements in response to the numbers, needs and abilities of people using the service. We noted this was completed on a weekly basis, but did not consider the layout of the building and peoples lifestyle choices. The area manager had identified the need for an additional carer to be on duty in Bank Hall each morning and the service was actively recruiting staff. The deployment of staff and their duties had also been recently reviewed and amended, to meet people's needs more safely.

• We recommend people's individual preferences, staff views and the layout of the building, be formally considered when determining the safe deployment of staff.

We looked at the way the service supported people with their medicines. People spoken with indicated they

received their medicines appropriately and on time. This included creams and eye drops which were also administered as prescribed. One visitor told us, "They give (my relative) all the medication on time. I have seen that they stay with and support people and make sure they take their medication." Another visitor also commented that they were always made aware of changes to their relative's medicines." During the inspection we observed people being sensitively and safely supported with their medicines with appropriate records kept.

People's care records included details of their medicines. Their preferences and ability to manage or be involved with their medicines had been assessed and was kept under review. We checked the procedures and records for the storage, receipt, administration and disposal of medicines in Bank Hall. The processes included staff having sight of repeat prescriptions prior to them being sent to the pharmacists.

We looked at the arrangements for the safe storage of medicines. The service operated a monitored dosage system (MDS) of medication. This was a storage device designed to simplify the administration of medication by placing the medication in separate compartments, according to the time of day. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. People had secure facilities in their bedrooms where medicines could be stored.

Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register.

People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. The records we looked at were clear, up to dated and appropriately kept. We noted one person had missed taking an item of medicine at lunch time over the previous three weeks. This was due to them being off the premises. However, appropriate action had commenced to pursue this and the matter was resolved during the inspection.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered. We did make some minor suggestions around additional instructions on protocols to provide further clarity; these were added during the inspection.

Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were appropriate recording charts with 'body map' diagrams for care staff to refer to and complete. We noted 'body maps' were not available for some items applied by senior staff; however timely action was taken to introduce these.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items. Staff responsible for medicines management had received appropriate training and we noted their competencies had been assessed. Systems had been introduced to routinely assess the competency of agency staff engaged at the service.

Processes were in place to audit medicine management practices. They included weekly 'peer' audits completed by senior staff and monthly manager audits.. Action plans were devised to appropriately address

any identified irregularities.

• We recommend processes for auditing medicine management practices are further developed to identify and rectify shortfalls in a timely way.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found appropriate action had not been taken to reduce the risks to people's well-being, safety and security. At this inspection we noted improvements had been made. All the people we spoke with commented they felt the Bank hall Care Centre was a very safe and clean environment. One person told us, "The home is fresh and clean, my room is cleaned regularly." Comments from visitors included, "The home is always clean and (my relative's) room is always clean" and "Never had a problem always seems clean, there are cleaning staff around daily."

We viewed the premises and noted the food preparation kitchen was clean and tidy. The food safety officer had given the service a five star rating for food safety and hygiene. Action had been taken to reduce the numbers and need for staff to enter the kitchen, by the introduction of a separate ancillary kitchen for hot and cold drinks. A new hairdressing 'salon' had been provided. New dressers had been provided in the dining room and action had been taken to remove unnecessary clutter on corridors. At the time of the inspection, plans were underway to redecorate the bedrooms in Scarlett House, detailed plans had been drawn up to manage this safely.

There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We found health and safety checks were carried out on the premises on a regular basis. There were accident and fire safety procedures available. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, water quality, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. Arrangements were in place to attend to general maintenance and repairs.

We checked how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We reviewed the recruitment records of three members of staff. The recruitment process included candidates completing a written application form, an initial telephone interview and attending a face to face interview. We found records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, a health screening assessment, clarification about any gaps in employment and obtaining written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. 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.

We looked at how the service protected people from abuse and the risk of abuse. The people we spoke with indicated they felt safe at the service. One person told us, "I feel safe and well looked after here," another said, "The staff ask me if I am comfortable and if everything is alright." People were clear that they would speak to the staff on duty or deputy manager if they had any concerns. One visitor said, "I can call into the office if I have any problems and get things done."

We discussed the safeguarding procedures with staff and the managers. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive

practice. Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We discussed and reviewed some of the previous safeguarding concerns with the managers. Records seen demonstrated how safeguarding and protection matters were reported, managed and analysed to mitigate risks of re-occurrence.

We looked at how risks to people's individual safety and well-being were assessed and managed. At our last inspection we found individual risk assessments were not properly recorded and regularly reviewed. At this inspection we noted sufficient improvements had been made. Individual risks had been identified in people's care records and were kept under review. We observed one person transferring to a wheelchair supported by staff. This was done in a safe way and the staff member spoke reassuringly to the person throughout manoeuvre.

The service's computerised care planning system included safeguarding assessment, which highlighted people's vulnerability and potential risks around abuse and neglect. The system routinely generated a risk screening rating on all assessed care needs. There were more specific risk assessments which included, use of equipment, skin integrity, nutrition, behaviours, mobility, falls and moving and handling. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. The assessments were reviewed monthly or earlier if there was a change in the level of risk. The system signalled when a risk assessment was due for review and had been updated.

Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations.

Requires Improvement

Is the service effective?

Our findings

We looked at how the service supported people with their nutritional needs. People we spoke with had mixed views about the meals provided at the service. They all told us there was a choice at meal times and there was a good quantity of food. They also confirmed that alternatives were given and they could have drinks and food at any time of the day or night. Some people were dissatisfied with the lack of variety; however they had regular resident's meetings where meal preferences had been discussed and ideas put forward.

We observed the meals service at lunch time in Scarlett House. The meal time was relaxed and most people were in able to manage their own food. However, we noted people were not supported with their meals in a timely and dignified way. One person sat for over 25 minutes without a meal, whilst all the other people had theirs. We saw two staff members supporting two people to eat their food at the same time. The area manager took immediate action to address this matter and began a structured analysis into how the situation had occurred and could be prevented in the future. However, we would expect these matters to be identified and rectified without our intervention.
The meal of the day, including a written description of the choices on offer, was displayed in the dining area. People chose their meal preference the day before which meant they may not recall their choices. Pictures or photographs were not used to help people make meal choices or keep them informed of the planned meals. The food was delivered to the Scarlett House kitchen in a hot food trolley. The food was plated in the kitchen; this meant people were not consulted on their choice of foods or portion sizes. Staff did not take food to people to stimulate a decision or choice of food. We did not see staff offer people alternatives from the main meal or dessert, which meant spontaneous choices were not catered for. However, staff said if an alternative was needed this could be prepared. People were not offered any further portions, which meant people's individual satisfaction was not sought and responded to.

• We recommend that the providers seek advice and guidance from reputable sources, about effectively supporting people living with a dementia in a person centred way, with their nutritional needs and meal choices.

In Bank Hall, we noted the day's menu was on display near the dining room. Tables were set with table cloths and condiments. Soft drinks were offered at as people sat down for their meal. Tea and coffee and further soft drinks were offered at the end of the meal. We noted people enjoying the mealtime as a social occasion. Two people chose to eat in their rooms and their wishes were respected. We observed people were offered cold and hot drinks both in the morning and afternoon. Requests for drinks in between these times were promptly provided.

We spoke with the cook on duty. The service had a three-week rotating menu system. The main meal was served at lunchtime and there were two options with alternatives available on request. A cooked pudding was provided each day and further cold desserts were available. There were two meal options at teatime and a variety of options for breakfast. We were told fresh vegetables and fruit were used and available.

Care records included information about people's individual dietary preferences, the support they needed and any risks associated with their nutritional needs. This information had been shared with cooks who were aware of people's dietary needs, likes and dislikes. People's general dietary intake was monitored and their weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary. Specific diets could be catered for, including fortified diets and pureed meals which were blended in separate portions.

During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. People spoken with were not aware of their care plan, however they said they were always asked about matters affecting them, including their care needs and choices. Two visitors spoken with confirmed that they are always involved in decisions about their relatives care but could not recall a care plan. The care records we reviewed included signed agreements on consent to care. People had contracts which outlined the terms and conditions of residence. Where people had some difficulty expressing their wishes they were supported as appropriate by family members.

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 the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The care planning process included an assessment of people's capacity to make their own choices and decisions.
There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records had been kept to progress of pending applications. We noted summaries of the reasons for the applications were noted in people's care records.

Records and discussion showed that staff had received training on this topic and further training was being arranged. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how people were supported with their healthcare needs. Visitors spoken with told us that if they requested a GP or health professional this would be arranged by the staff. They said arrangements for health care were made promptly and with their consent. One visitor commented, "They ring me if a GP is needed or if I ask for a GP to see (my relative) they will do that straight away." People's medical histories were noted. Their healthcare needs were monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, community nurses, speech and language therapist and podiatrists.

The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The service was signed up to a system whereby they could

access remote clinical consultations; this meant staff could access prompt professional advice at any time. A visiting community nurse said, "They are really good. They know people really well. They keep us informed of any problems. They a really good with skin integrity."

We looked at how the service trained and supported their staff. Arrangements were in place for new staff to complete an initial 'in-house' induction training programme. This included meeting people who used the service, an introduction to organisational policies and procedures, health and safety matters and a 'resident experience' module which involved staff taking participating in a role play exercise. New staff were allocated a mentor and then worked through the providers six month mandatory induction training programme. They 'shadowed' experienced staff until they felt confident in the role. There was a condensed induction programme in place for the use of agency staff. The area manager told us the induction training was compatible with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff spoken with told us about the training they had received. They confirmed that there was an ongoing programme of training and development at the service. This included: infection prevention and control, food hygiene, manual handling, fire safety, MCA and DoLS, dementia care and challenging behaviour. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. We noted the records showed some training was overdue. However the area manager recently audited the staff training programme, including their individual development needs and had identified and responded to this matter. There was information to show further training was being planned for and provided.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or level 3, NVQ (National Vocational Qualification) or were signed up for/working towards a Diploma in Health and Social Care.

Staff spoken with said they had previously received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records were kept of supervisions held and noted plans were in place to schedule supervision meetings. The area manager indicated arrangements were also to be made for staff to receive an appraisal of their work.

People spoken with were satisfied with the accommodation and facilities available at Bank Hall Care Centre. There were adaptations and equipment to provide assistance with mobility needs. We found people had been encouraged and supported to personalise their rooms with their own belongings. One person said, "I have chosen to bring some things from home, pictures and ornaments." This had helped to create a sense of 'home' and ownership. People and/or their families had been consulted individually, on their choice of colour scheme for the recreation of bedrooms in Scarlett House. There was scope within the care planning system for people's individual needs to be considered and responded to. Each person had their own room; some had en-suite toilets.

There were various lounges and seating areas for people to use. There was access to grounds, including and enclosed garden with a 'poly tunnel' for gardening activities. Garden furniture was provided. In Scarlett House consideration had been given to providing a suitable living environment for people living with a dementia, including signs, facilities and colour schemes to help with orientation. We discussed with the managers, the efficiency of the service's call system, which was not discreet and had the potential to undermine the homeliness and comfort levels of people who used the service.

Good

Is the service caring?

Our findings

We found Bank Hall Care Centre had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. The people we spoke with made positive comments about the staff team and the care and support they received at the service. They all confirmed that the staff were kind, caring and empathetic and that they went out of their way to make them comfortable. Their comments included: "I get along with all the staff" and "They are friendly and stop by for a chat." Visitors said, "This is a caring place" and "The care here is good. I would recommend this care home to others."

We observed examples of staff showing kindness and respect when they supported people with their individual care and daily living needs. For example, we observed people who needed personal support received this is a dignified and respectful way; they were approached by staff in a discreet manner and it was clear staff were also conscious of preserving the dignity of the person.

Staff we spoke with gave examples of how they treated people with dignity and as individuals. They expressed an awareness of people's individual needs, routines, backgrounds and personalities. They told us that people's care records provided information about people, their background history, interests, likes and dislikes. We looked at people's care records which incorporated 'getting to know you' and 'one page profiles,' providing details on their background histories, lifestyles, interests and relationships. Some people had provided this information themselves or with the support of families.

There was a 'keyworker' system in place. This linked people using the service and their family to a named staff member to provide a more personalised service. Several staff were 'Dignity Champions.' A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. People had been offered a key to their room and we saw some people using their keys independently. Staff described how they upheld people's privacy within their work, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocking on people's bedroom doors and waiting for a reply before entering.

People spoken with said that they were supported with the daily personal and health needs. They also stated that they were encouraged to be independent and manage as much for themselves as they were comfortable with. One person said, "I do as much as I can for myself; staff ask what I need help with and are always on hand if I need anything." A visitor explained, "The staff are very good at making sure (my relative) keeps mobile. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

All the people we spoke with, including visitors indicated that the staff listened to their needs and acted upon their requests. One person told us, "They care about making you feel comfortable." We observed that people were encouraged to express their views and opinions during daily conversations. They were routinely offered choices, for example where they would like to sit and if they would like to listen to some music. People had also been actively involved with the recruitment and selection of new staff. Residents meetings were held on a regular basis. This provided the opportunity for people to make suggestions, be consulted and make shared decisions. We noted the records of meetings were on display at the service and various matters had been raised and discussed.

There were a number of notice boards and displays at the service which provided information about forthcoming events, activities, complaints procedure and other useful information. This included the services' newsletter and the details of local advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. There was brochure/guide about Bank Hall Care Centre. This provided people with details of the services and facilities available, staff training, management and quality monitoring arrangements and the complaints procedure. The values and aims of the service were highlighted in the 'residents' charter of rights' and the philosophy of care statement.

There were no restrictions placed on visiting, relatives and friends were made welcome at the service. We observed relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. The service had policies and procedures to underpin a caring ethos, including around the promotion of privacy, dignity, choice and equality and diversity.

Good

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. People said, "I haven't been here long and they all know my name" and "I feel the staff listen." Visitors spoke with confirmed that the staff were proactive in supporting their relatives with their needs. They told us, "The staff have been attentive" and "It is a real strength the staff know everyone so well and their visitors."

We reviewed how the service provided personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. The managers described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals. Where possible people were encouraged to visit Bank Hall Care Centre, to experience the service, see the facilities available and meet with other people and staff. This would assist with the assessment process and help people to become familiar with the service before making a decision to move in. Some people had experienced the service by staying on a short term basis or attending for day care.

We discussed with one person their assessment prior to using the service. They confirmed that the staff had talked with him about their needs and choices. Also that a 'life history' had been written for their care plan. We reviewed the person's assessment information and found they had been involved with highlighting and agreeing the information. A further meeting had been arranged to clarify the specific details.

Each person had an individual care plan. There was a computerised care planning system in place. Staff had the use of computers and used their own personal login details to access the information. The system was designed to enable the assessment and recording people's identified needs and preferences, which were then linked with action plans providing direction in response to the areas of need. We reviewed three care plans and found they included details of people's routines, likes and dislikes and how best to provide their support. The 'one page profiles' provided an initial summary of the person, their rights, preferences and their needs. The care plans were made up of electronic 'pages' for areas of identified need, including: personal care, mobility, nutrition, night care, religion and language, recreational activities and environmental control. The entered information was written in detail and in a person centred way. The system generated reminder's for reviews and indicated when care plans had been updated in responses to changes in people's needs and choices.

Staff indicated completing care plan records was time consuming, however we were told by the area manager staff had 'protected time' for this task. A guidance tool was available for staff to follow when inputting information into the care planning system. Staffs spoken with were very familiar with people's care records. They expressed a practical awareness of responding to people as individuals and promoting their rights and choices. One staff member said, "Everyone's different, but they all have the same rights."

People we spoke with were not very aware of the content of their care plans; they were involved with the care planning process on an informal basis. However, one staff member described how they took the

'laptop' (computer) to one person room to go through their care plan with them. We also noted examples of some people or their relative's having signed in agreement with their care plans. The area manager described the efforts being made to invite relatives to be more involved with care reviews. One visitor told us, "I often am invited to discuss (relatives) care plan. The staff ring us keeping us up to date."

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours and specific health care needs.

People indicated they were mostly satisfied with the range of activities provided at Bank Hall Care Centre. These included, dancing, exercise classes, music sessions, sing-a-longs, visiting entertainers and alternative therapies. There were also 'rummage bags' containing various tactile items for people to engage with and take interest in. One person told us, I am offered to join in activities but don't want to, they ask me every now and again but I am just not interested." A visitor commented that their relative had participated in the church service when it was held. Another visitor said, "They celebrate birthdays and make a fuss."

There were notice boards at the service displayed information about the programme of daily activities, also details of forthcoming invents, such as church services, residents meetings and visiting entertainers. This information was also publicised in the service's monthly newsletter. We spoke with an activities organiser who told us of the range of individual and group activities currently on offer. People had been supported on a one to one basis to attend community events. On the day of the visit there was a 'winter theme' craft activity taking place, cards were being made to display in the service. We found records had been kept of people's participation and engagement in activities and discussions. We noted an activity audit had recently been carried out; this had resulted in an action plan for introducing new ideas to occupy and stimulate people's individual and group interests.

We looked at how the service managed complaints. All the people we talked with felt staff and managers were approachable. They said they would be able to take concerns and complaints to them and that they would take the appropriate actions. The visitors spoken with said they had not felt the need to make a formal complaint but were aware there was a procedure and would seek this if required. They said, "I speak with the staff or deputy manager if I need to, they always sort out anything that you need" and "I can take any queries or problems to any of the staff or to the deputy manager and it gets sorted out." We noted people were given regular opportunity to express dissatisfaction or concerns in the residents meetings and in surveys.

We noted the monthly newsletter included a reminder about the services complaint's and comments procedures. The complaints procedure was in the guide to the service, it was also on display on notice boards and in people's rooms. This provided directions on making a complaint and how it would be managed, including timescales for responses, the contact details of the provider and other agencies that may provide support with raising concerns.

There were processes in place to record, investigate and respond to complaints and concerns. The complaints records we reviewed included the nature of the complaint and the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation. This confirmed that the matters raised had been taken seriously, investigated and responded to. The service had policies and procedures for dealing with any complaints or concerns. The area manager explained that complaints were kept under review to monitor trends and proactively make improvements.

Requires Improvement

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service; they knew who the managers were. The management team were well thought of and people felt they were approachable and empathetic. Comments from visitors included, "The staff are all very caring and the manager keeps everything in order" and "The home is well managed and run." Throughout the inspection we observed people who used the service, visitors and staff regularly approached the managers who responded to them in a professional and courteous manner.

We found there had been some instability in the management of the service. There was no registered manager in post. Since our last inspection there had been changes in the management team. There had been a period of unsettlement this had included senior care staff and then the registered manager leaving the service. It was a condition of the provider registration that a registered manager was in post at the service. The provider had therefore introduced contingency arrangements which included the use of agency staff. The area manager, who was previously registered at Bank Hall Care Centre, was taking interim responsibility for the day to day running of the service, supported by the deputy manager. We were told that the recruitment of a new manager was ongoing. Following the inspection we were informed a new manager had been appointed. We will therefore monitor their progresses in applying for registration with the commission.

The management team in place included the area manager, deputy manager and team leaders/seniors. The staff rota had been arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. There was also an administrator providing additional management support.

At our last inspection the provider did not have suitable systems or processes in place, to ensure the service was operated effectively. At this inspection we noted sufficient improvements had been made. An area manager had been appointed, to provide oversight of the service on behalf of the provider. Arrangements were in place for more comprehensive audits to be carried out on processes and systems.

We found there were ongoing audits and reviews of various processes, including care plans, risk assessments, infection prevention and control, medicine management, accidents/incidents and falls, staffing levels, staff development, health/safety checks and financial arrangements. The service had a rolling programme of refurbishment and decoration. There were action plans to respond to matters requiring attention. The audits were monitored for effectiveness and compliance with regulations by the area manager. An observational monitoring tool had been introduced, to evaluate care delivery and people's experience of the service. There had been some improvement on the clarity of roles within the organisational structure (RochCare (UK) Ltd). Senior management meetings had been introduced within the organisation and the area manager had introduced development plans, which identified matters for improvement and encompassed the strategic direction of the service.

However this inspection showed there was a lack of effective auditing process to identify and achieve improvements relating to medicine management, staff deployment and effectively supporting people with

nutritional needs and meal choices.

• We recommend the registered providers review and update their governance systems to ensure they provide a dependable and accountable auditing process.

We noted the service's policies and procedures were readily available for staff to refer to. We found some had not been appropriately reviewed and updated to include information in line with current legislation and recognised guidance. However, the area manager indicated this matter had been identified and was in hand.

The service encouraged regular feedback from people. There were residents meetings, consultation surveys and a suggestion book was available for people to make comments. We noted there were numerous cards of appreciation and thanks for the care and attention people had experienced at Bank Hal Care Centre. We asked people 'what they felt the service was good at'. One person said, "The staff care and want to make things right" and a visitor commented, "Friendly staff who remember your name and all your family." People also mentioned where they thought improvements could be made and we found these matters were being acted upon.

Themed consultation surveys were carried out. For example, we noted in December 2016 people had been asked for their views and experience on the complaints procedures and processes. In January 2017 the consultation process had focussed upon care planning and privacy. The area manager said the results of these surveys were yet to be collated and responded to. We noted a consultation survey for relatives and friends was planned for February 2017. The area manager said outcomes of the surveys were to be presented as a 'what you said' and 'what we did' response. This provided an indication that people would be able to influence developments at the service.

Various staff meetings were being held. We looked at the minutes of the last staff meeting and noted various work practice topics had been raised and discussed. We found the managers had an 'open door' policy that supported ongoing communication, discussion and openness. One member of staff told us, "The managers are very supportive and approachable."

We found staff were enthusiastic and positive about their work. One commented, "Teamwork here is brilliant." They were well informed and had a good working knowledge of their role and responsibilities. The service's vision and philosophy of care was reflected within the services written material including, the statement of purpose and policies and procedures. Staff had been provided with job descriptions and contracts of employment which outlined their roles and responsibilities. They had codes of conduct, which emphasised their expected behaviours and duty of care. Staff had access to the service's policies and procedures. Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the managers had appropriately submitted notifications to CQC about incidents that affected people who used services.