

# One Housing Group Limited

# Bankhouse

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bankhouse is a specialist extra care housing service providing personal care and support to 38, people 27 of whom receive personal care in a purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Although audits identified issues in relation to record keeping, these had not always been acted on in a timely manner. We have made a recommendation about the records management at the service. People did not always receive a service that was safe. Staff were not always given robust guidance to follow to keep people safe.

People's medicines were administered as intended by the prescribing G.P. Staff were aware of how to report safeguarding incidents and received safeguarding training. Sufficient numbers of suitably vetted staff were deployed to keep people safe. The provider took steps to ensure lessons were learned when things went wrong.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

People spoke positively about the management of the service. Records showed the registered manager was keen to work in partnership with other stakeholders to drive improvements. People's views were sought.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating of this service was good (published 6 September 2018).

### Why we inspected

We received concerns in relation to COVID-19 practices and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

While we did not find concerns around COVID-19 practices and staffing levels we did find evidence that the provider needs to make improvements in other areas. Please see the safe and well-led sections of the report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bankhouse on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bankhouse

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 November 2021 and ended on 1 December 2021. We visited the office location on 25 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from people and their relatives. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, one relative, eight staff members including care workers, a senior care worker, the registered manager and the regional manager. We reviewed a range of records. This included five care plans and multiple medication records. We looked at four staff records in relation to recruitment. A variety of records relating to the management of the service, including policies and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits and risk management plans. We contacted two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always protected against the risk of avoidable harm as the provider did not have robust risk management plans in place for staff to follow.
- We identified three people's risk assessments had not been completed fully. For example, one person who had been identified as at risk of falls, did not have any clear guidance for staff to follow to prevent the person falling.
- Another person's risk assessment detailing how to support them when they had a seizure did not give staff adequate guidance on what action to take during the seizure. We shared our concerns with the registered manager and regional manager who stated they would take immediate action to address this.
- After the inspection the registered manager sent us three people's updated risk management plans. These were clear, concise and gave staff guidance on how to keep people safe. The registered manager also sent us an action plan stating all risk management plans will be updated by 20 January 2022.
- The action plan detailed staff would receive specific training in risk management plan writing by 30 December 2021. We will review this at the next inspection.
- Despite our findings, staff we spoke with told us they were aware of the risks to people and the steps they would take to keep them safe. They said that risks were identified in care plans were kept in people's homes and they read and understood the risks.
- Comments from staff included, "We have a simple care plan in people's flats, we get a copy of their support plan to read for new residents and we are encouraged to read their simple care plan. We are aware of who is at risk", "We have enough information in the care plans", "We get enough information in the care plans about who needs help with transferring and hoisting."

### Staffing and recruitment

- Prior to the inspection we received concerns there were insufficient numbers of staff deployed to keep people safe, staff were late for calls and did not stay the full duration of their visit.
- During the inspection we found no evidence to support the concerns raised. We identified for the week of the inspection indicated there were seven care staff on duty during the day, five in the evening and two waking staff at night. These were prepared six weeks in advance and staff were given an allocation sheet at the start of each shift, so they knew which people they were supporting on any given day.
- Staff also used a system to communicate with each other if needed for double up calls, to notify people if they were running late or in case of an emergency. They said that double up calls worked well, and they were supported by their colleagues to support people who needed two staff to care for them. Staff said, "The staff have a phone which they can call each other on", "There is an allocation sheet which shows which

people are being supported", and "Double up calls are usually fine."

- We received positive comments about the staffing levels, comments from people included, "The staff come quickly when I use my buzzer" and "When I have [a double-up call] two staff do arrive and support me." A relative told us, "The staff are relatively quick to answer the bell when I ring it, they will respond within five minutes. Most of the time the staff will come at the same time for a double call, if one is running late it's not long. I'm unsure if they staff stay the full duration as I'm not here."
- Staff files contained evidence in relation to staff recruitment checks which included evidence of identity and right to work, application forms containing their employment history, and contacts.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors to the service had their temperature taken and asked if they had recently displayed symptoms of COVID-19.
- We were assured that the provider was accessing testing for people using the service and staff. Staff told us that they followed guidance in relation to PPE and were subject to regular testing. Comments included, "We have lots of PPE", "We do regular tests – PCR once a week and then LFT before every shift", "We wear mask, gloves and aprons when supporting people."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against abuse, as the provider had systems in place to guide staff on identifying, reporting and escalating suspected abuse; and staff knew how to identify potential signs of abuse and their responsibilities under the safeguarding procedures.
- People and their relatives told us they felt safe at the service. Comments from staff included, "Safeguarding is protecting the vulnerable clients. I feel people are safe, if I was worried, I would record in my logbook and then report to the manager", "Safeguarding is protecting the vulnerable adults that live here but also staff. If anyone is at risk, then make sure we minimize that and report any concerns." and "Safeguarding is protecting people from abuse. We would report any concerns to the office."
- Staff told us the managers would listen to any concerns raised, they said, "I would feel confident raising concerns with managers here" and "We can whistle blow."
- The provider had a safeguarding policy in place which staff were familiar with and regular safeguarding training was provided.

#### Using medicines safely

- People received their medicines as intended by the prescribing G.P. One person told us, "The staff are very nice and help me with my medicines." A relative said, "There are no issues [with my relatives medicines] that I'm aware of."
- Staff told us they had received training in medicines management and felt confident when supporting people to take their medicines, however, records showed that medicines competency assessments were not assessed regularly. We shared this with the registered manager who confirmed action would be taken to address this.
- Medicines Administration Records (MARs) were completed correctly with no gaps or admissions. MARs contained the medicine name, dose, route, date and time to be administered and PRN (as and when required) medicines use was monitored.
- Weekly medicines audits ensured any issues identified were swiftly addressed.



### Learning lessons when things go wrong

- The registered manager and regional manager told us they were keen to learn lessons when things went wrong. Records showed that staff received supervision after incidents such as safeguarding concerns had been raised as a platform for learning and to ensure they did not happen again.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although the service carried out regular audits to drive improvements and monitor the service, these did not always identify the issues we found during the inspection. For example, risk management plans were not robust and failed to give staff clear guidance on how to mitigate the identified risks.
- Records were not always easily accessible. We also identified the provider's auditing records had identified inconsistencies and missing documents, for example staff personnel files. However, there was no evidence to confirm action had been taken to address this. We shared our concerns with the registered manager and regional manager who acknowledge the issues and confirmed they would seek to address these immediately.

We recommend the provider update their practices in relation to records management.

- Notwithstanding the above, audits covered for example, care plans, staff files and medicines.
- People and staff told us they enjoyed working at the service and felt well supported by the managers who were open and approachable. Comments included, "I think the managers are very nice and I get on well with them. I think if I had a problem I could talk to the management about it." "I enjoy working here. [The registered manager] is good, we work well with her." And "The managers are ok, easy to talk to."
- The registered manager notified us of reportable incidents.

Continuous learning and improving care and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People confirmed their views were sought through regular questionnaires, the registered manager's open-door policy and suggestion boxes. One person told us, "There is a box you can leave [the management] notes and feedback." A relative said, "I regularly talk to management about concerns or anything really, if they can't tell me there and then they will usually come back to me the same day."
- We reviewed the latest quality assurance questionnaires sent to people in May 2021 which covered all aspects of the care and support provided. The responses showed the majority of people were satisfied with the care provided and felt safe living at the service.
- The registered manager and regional manager confirmed they were keen to improve the service and records showed following the inspection the registered manager had devised an action plan to address our

concerns. We will review this at our next inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibility under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour providers must be open and transparent if things go wrong with care and treatment.

Working in partnership with others

- The registered manager told us, and records confirmed the service placed great importance on partnership working. Records reviewed showed collaborative working with the G.P, hospitals, district nurses, the local authority and mental health teams.