

HC-One Oval Limited

Bankhouse Care Home

Inspection report

Shard Road
Hambleton
Poulton Le Fylde
Lancashire
FY6 9BU

Tel: 01253701635

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18 July 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit took place on 17 and 18 July 2018. The first day of the inspection was unannounced. This meant people living at Bankhouse Care Home, their relatives, the registered manager and staff working there didn't know we were visiting.

Bankhouse Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bankhouse Care Home is registered to accommodate up to 52 people who have nursing needs or people living with dementia. The home comprises of two general residential and nursing units and a unit for people living with dementia. All accommodation is located on the ground and first floor. At the time of the inspection there were 40 people who lived at the home.

There are a range of communal rooms, comprising of three lounges, and two dining rooms. There is a garden area with seating for people to use during the summer months. Car parking is available at the home.

The service had a registered manager in place. 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.

Bankhouse Care Home has been inspected before but this is the first time it has been inspected since it changed legal entity. Since the last inspection Bankhouse Care home has a new registered provider and we do not refer to the locations previous inspection history.

During this inspection we found the registered provider failed to consistently ensure documentation and support met people's nutrition and hydration needs.

This was a breach of Regulation 14 HSCA RA Regulations 2014 (Meeting nutritional and hydration needs). The registered provider had not done all that was reasonably practicable to offer guidance, encouragement and help to people to eat as appropriate.

We noted there were times when staff did not consistently have an appreciation of people's individual needs around privacy and dignity.

This was a breach of Regulation 10 HSCA RA Regulations 2014 (Dignity and respect). People were not treated with dignity and respect at all times.

You can see what action we told the provider to take at the back of the full version of the report.

We looked at staffing at Bankhouse Care Home. We were told people were safe and deployment was structured. We received mixed feedback on staffing levels. We have made a recommendation about this.

We looked at the storage, administration and documentation around medicines. Records we looked at did not consistently guide staff on how to manage people's ongoing health conditions. We have made a recommendation about this.

Care plans we looked at did not always contain information to guide staff in the delivery of responsive care to meet people's needs. We have made a recommendation about this.

We saw evidence of activity events that had taken place and of scheduled events. Information around daily scheduled activities did not reflect what we saw during our inspection. We have made a recommendation about this.

We found the service did have clear lines of responsibility and accountability. The manager was supported by a deputy manager who shared the responsibility of managing the home.

We spoke with the manager about consultation with people and relatives. Care plans showed involvement from people and relatives. Senior management visited the home regularly and met with people and relatives as part of their role.

The staff had daily handover meetings to share up to date information on people. They also had formal staff meetings.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we viewed had a full employment history included. Staff we spoke with confirmed they did not start in post until the management team completed relevant checks.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

The registered provider had refurbished the home to ensure people living with dementia were living in an environment that promoted their safety, independence and positive wellbeing.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents as required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were knowledgeable of people's needs and we observed them helping people as directed within their care plans.

Staff delivered end of life care that promoted people's preferred priorities of care.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

There was a complaints procedure which was made available to people and visible within the home.

The management team used a variety of methods to engage with people their relatives and staff. Staff told us the management team were approachable and relatives told us the registered manager took regular walks around the home to assess the environment.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. There were systems to record safeguarding concerns, accidents and incidents and corrective action took place as required. The service carefully monitored and analysed such events to learn from them and improve the service.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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.

The registered provider had followed procedures for the safe management and administration of medicines. Further information around people's medical conditions needed to be documented. However, staff we spoke with were knowledgeable about their illnesses.

We received mixed feedback on staffing levels. Staffing levels and staff deployment was structured and appropriate to keep people safe.

The registered provider had followed processes and practices to ensure staff had been trained to safeguard people who may be vulnerable.

People who lived at the home and their relatives told us people were safe. Recruitment procedures were in place to assess the suitability of staff.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Staff were observed using protective equipment to combat the spread of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not always receive guidance, encouragement and help to eat as appropriate.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

There was evidence of staff supervisions and ongoing support. Staff received training to meet people's needs.

People had access to healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was not always caring

People had not been consistently treated with dignity and respect.

Observations during our inspection visit also showed people were treated with kindness, respect and compassion.

Staff knew the individual likes and dislikes of people and we observed the care given reflected these.

We observed people being offered choices around their care and support.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Care plans did not consistently reflect people's current needs.

The provision of activities scheduled and delivered did not reflect what occurred. People were not consistently offered the opportunity to participate in activities.

The registered provider held information on people's preferences on how they would be supported with their end of life care. Staff could share strategies on how to provide people with a comfortable dignified death.

There was a complaints policy that guided people on how to raise issues of concern.

Requires Improvement ●

Is the service well-led?

The service was not always well –led

The registered provider was not meeting all the fundamental standards within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements are necessary to ensure the service is well-led and meets the fundamental standards required.

The registered provider had developed positive working relationships with the staff. They fostered an open and transparent way of working to develop a positive working culture at the home.

Staff could explain their roles and responsibilities and told us

Requires Improvement ●

they were able to approach management if they needed advice or clarity.

The registered provider sought feedback from people to improve the service provided.

We saw evidence the registered provider was working in partnership with other agencies and was responsive to feedback.

Bankhouse Care Home

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 was planned to check 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 comprehensive inspection took place on 17 and 18 July 2018. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector and an assistant inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services.

We reviewed information held upon our database in regard to the service and reviewed the service's current registration status. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a number of sources to help us understand the experiences of people who lived in the home. We spoke with six people who lived at the home and seven relatives of people who lived at the home to seek their views on how the service was managed. We spoke with the registered manager, deputy manager a visiting registered manager from another home and two senior managers. We spoke with six members of staff responsible for providing direct

care, three nurses and the chef on duty. We spoke with a member of the fire service who conducted an inspection of the home during our visit. We activated the call bell three times during our visit to assess staff availability and response times.

As part of the inspection process we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time sitting in communal areas watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to seven people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We viewed a training matrix and the recruitment records of five staff. We also looked at other information which was related to the service. This included health and safety certification, team meeting minutes, policies and procedures, accidents and incidents records and maintenance procedures.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at Bankhouse Care Home.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "I do feel safe here." And, "I am safe with the staff." A visiting relative said, "Yes, he is safe and he is comfortable here and settled now."

During this inspection, we spoke with people, relatives, staff and management about staffing levels, and if staff could meet people's needs in a timely manner. We looked at rotas, asked about staff deployment, observed staff completing their daily duties and monitored response times to call bells. We did this to ensure there was a staff presence throughout the home and staff had suitable oversight to keep people safe. Whilst everyone we spoke with told us they felt safe, we received mixed feedback on staffing levels.

One person told us, "If you shout loud enough a staff will always come, staff are about." A second person told us, "It is staffed pretty well." One relative commented, "My concerns are around staffing levels, I'm not telling you anything I have not discussed with the home already. The staff they have are really hard working and caring and they are run off their feet." A second relative, stated, "There is not enough staff." They raised concerns that in an afternoon staffing was low. A second relative also felt staffing was low in an afternoon. However, both relatives felt their family members were safe.

Staff we spoke with told us staffing levels were appropriate to keep people safe. However, one staff member said they could do with another person in the mornings. They told us their deployment around the home was structured and overseen by a senior member of staff or nurse. The registered manager told us staffing levels are reviewed monthly and were increased after the last inspection. One relative told us about staffing levels, "I have seen the needs of people change since [family member] came in here and the staffing hasn't increased." We pressed the call bells three times during our inspection and noted staff responded quickly each time.

We recommend the registered provider review staffing levels to ensure staff have safe oversight of people across the home.

We shadowed a member of staff as they administered medicines. We noted they gave people time to understand what was being asked. They spent time with the person until they were sure the medicines had been taken and signed after each administration. When asked about medicine administration, one relative told us, "No problems with [family member's] medicine."

We checked the controlled drugs records and saw correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. Medicines were stored securely inside a locked trolley within a locked cupboard when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines.

We looked at a sample of medicines and administration records. We checked the totals of 'as and when'

medicines and noted the totals held onsite matched the totals documented in the medicine administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. This showed the registered provider had systems to ensure people received their medicines appropriately.

However, we looked at people's protocols for 'as and when' medicines. The information did not consistently guide staff on when these medicines would be administered. For example, one person who had a serious lifelong health condition did not have the relevant information to promote the timely administration of medicines.

We recommend the registered provider review all 'as and when' medicine documentation to reflect people's needs and support the timely administration of required medicines.

We looked at infection prevention and control processes within the home. We saw towels left in two communal bathrooms, one used continence pad left in a communal toilet and a broken tile in one bathroom. We shared these concerns with the registered manager and these issues were addressed by the end of the day.

We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We visited the kitchen and saw there was a cleaning rota for scheduled tasks. The service had been awarded a Five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service 'hygiene standards are very good'.

Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. Fire doors were closed or open using closers. Fire door closers will hold open a fire door when required to ease access, such as poor mobility and support people's personal preferences. They automatically close the door in the event of a fire. This showed the registered provider was following best practice guidance, The Regulatory Reform (Fire Safety) Order 2005.

On the day we visited Bankhouse Care Home the fire service also visited to complete an onsite inspection. They found the building to be safe and compliant, however, they were not able to view all relevant paperwork related to fire safety as the service was transferring to HC-One paperwork. They stated they would return to review all relevant documentation. The registered manager reassured the fire officer all recommendations would be followed. The registered manager shared the recommendations with their senior management.

We saw personal emergency evacuation plans (PEEPS) for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. We discussed with the registered manager about best practice related to the storage of PEEPS. If they were stored together should they be required they could be accessed and shared swiftly. The registered manager told us they would make the appropriate changes.

We walked around the home to check it was a safe environment for people to live in. We found the home well maintained. We noted there were restrictors on windows throughout the home. Restrictors help prevent falls from height and minimise the risk of harm.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we looked at showed employment checks had been carried out before staff commenced work. We spoke with four care staff about their recruitment to their roles. They confirmed they had interviews and Disclosure and Barring Service (DBS) checks had been sought before they could begin their employment. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

There were procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the registered provider didn't respond to. One staff member commented, "I would tell the manager or CQC. I am here to look after my residents" This showed the registered manager kept staff knowledge updated to ensure people who may be vulnerable were protected from abuse.

We looked at how accidents and incidents were managed by the service. We saw when accidents had occurred, we noted the registered provider completed an incident reporting form and where necessary followed a post falls protocol. When people had several accidents, we noted specialist advice was sought to seek expert guidance to reduce the risk of the accidents reoccurring. When accidents and incidents had occurred, we noted the registered provider took immediate action to resolve the situation. We saw where people were identified as being at risk, bed rails or crash matts had been put in place to reduce the risk of injury.

We discussed previous incidents with the registered manager. We saw analysis of incidents had taken place looking at the time and place incidents occurred to see if there was a pattern and if lessons could be learnt. They told us after one incident there was a clinical review and policy and procedures were changed based on lessons learnt to minimise any similar incidents taking place. We also saw the registered provider was working with the local authority to address concerns raised. They had produced an action plan to improve the service being delivered. This showed the registered manager had systems to review incidents and make improvements when appropriate within a structured framework.

Is the service effective?

Our findings

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One relative told us, "They [staff] do know what they are doing." One person also commented, "Yes, the staff do know what they are doing and they are nice."

We observed lunchtime service and read care records to see if people were supported to maintain a balanced diet. On the first day we observed lunchtime in the dining room. Two people sat for 20 minutes without any staff interaction before lunch was served. For one of these people they were not told what they were having for their lunch it was just placed in front of them. Neither ate their full meal and one person had their plate taken away without being asked if they had finished. A third person waited 15 minutes with no interaction before their meal arrived. They never ate their meal and pushed it away. The staff member returned and took the plate away, without questioning their lack of appetite or offering an alternative. We shared our concerns with the registered provider and was told it was not unusual for the person to do this. We looked in the person's care plan and could not see any effective strategies staff could use to encourage the person to eat.

A fourth person arrived for their lunch and was not offered a drink to accompany their meal. They did have a drink after their lunch. We overheard a staff member ask a colleague if they were aware that a fifth person now needed to drink using a straw. The staff member was not aware recent positive changes in the person's health meant they could now use a straw to drink. We looked at the person's care plan and the changes were not reflected in their documentation.

We looked at fluid balance charts for people. We noted these had been consistently completed by staff on what people had drunk. However, we did not see any fluid targets or daily totals recorded. Staff we spoke with were unaware how much people needed to drink and when to share their concerns if they felt people were at risk of dehydration.

The above matters show the registered provider was not meeting legal requirements related to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Meeting nutritional and hydration needs). The registered provider had not done all that was reasonably practicable to offer guidance, encouragement and help to people to eat as appropriate.

We spoke with people about the quality of the food served and received mixed comments. One family member was unhappy at the quality, quantity and presentation of the food, and had taken photographs and shared with the management team. Whilst another family member told us, "[Relative's] diet is really good and the food is of a good standard." One person commented, "There is plenty of food." A second person stated, "The food is ok. There is too much for me, I've put a few pounds on." We shared people's views with the registered provider who was already aware of the concerns and was reviewing the menu. We observed lunchtime on day two and the service had vastly improved and was more person-centred.

All staff we spoke with told us they had received an induction before they started delivering care. We asked

staff if they were supported and guided by the registered manager and management team to keep their knowledge and professional practice updated, in line with best practice. All staff told us ongoing training was provided throughout their employment. We saw the registered provider had a structured framework for staff training. One staff member told us they had completed a level two and level three diploma in health and social care whilst employed at Bankhouse Care Home. A second staff member told us, "I am doing my level three, and we get paid to do training here."

The registered provider was in the process of introducing a new learning and development training system that incorporated the nationally recognised care certificate standards. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. This showed the registered provider had an effective, structured system to support staff with their ongoing personal development.

Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us, "You get good feedback. If there is problem get told how to do it right. We are dealing with people's lives." Staff also said the registered manager was very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "They are very good and very supportive." A second staff member commented, "[Registered manager] is very approachable."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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).

From records viewed we saw consent was sought in line with legislation and guidance. For example, when one person required additional support, we saw evidence that meetings had taken place with family members to ensure decisions were made in their best interest. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. We noted the registered provider had submitted applications to the local authority when appropriate to deliver effective support. One relative told us, "I have seen [family members] care plan, and read their notes daily." Observations during our inspection showed staff sought people's consent and offered choices before completing tasks. Care plans guided staff on how to offer people choices when supporting them with daily tasks.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded when their physical or mental health had deteriorated. One relative told us, "They all look after her really well. They get the doctor straight away." A second relative shared with us, "There have been some good nurses and when they need to refer they do. They referred [family member] to a dietician to go on supplement." The health records were informative and had documented the reason for the visit and what the outcome had been. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We had a look around Bankhouse Care Home to see if the design and décor of the building was suitable for people living there. There were numerous areas for people to relax which meant that they were able to sit in quieter areas should they wish. People could choose to sit outside in the secure gardens if they wished. Rooms were individualised with photographs and personal items. The corridors were clear to allow people to walk without harm and we noted bathrooms had been adapted to allow people to bathe safely. We saw dementia friendly signage on bathroom and toilet doors. Call bells were near to hand when people were in their rooms both which promoted independence and managed risk for people living with dementia. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

Is the service caring?

Our findings

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We noted staff did not consistently have an appreciation of people's individual needs around privacy and dignity.

We observed one person being supported with their lunchtime meal. The staff member failed to focus on the task. They chatted with a visiting relative across the room about their family member who also lived at the home. They shared confidential information about a third person who had recently had medical treatment. They spoke about upcoming events in their own personal life. The person requiring support had to wait for their meal as help was not consistently delivered.

A second person who also lived at the home, at the same lunchtime mimicked and laughed about the noises a third person made as part of their word searching dementia. The staff member present also laughed with the person in front of the person living with dementia.

During our tour of the building a bathroom door was opened leaving a person clearly on view in a state of undress.

During our inspection visit we heard staff talking about feeding people. In care plans we reviewed we noted the guidance 'staff to help feed' was documented. The language we use can influence how staff treat or view people who require support and may be vulnerable.

Two people we spoke with told us their privacy had been breached and people living with dementia accessed their bedrooms without permission. One person commented, "Your own privacy is sometime intruded upon by other people." We spoke with a member of the management team who explained people had locks on their bedroom doors to prevent this happening.

The above matters show the registered provider was not meeting legal requirements related to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Dignity and respect). People receiving care and treatment had not been consistently treated with dignity and respect.

Throughout the inspection we also noted examples of kindness, respect and compassion. "They have been good to me." Is how one person described staff at Bankhouse Care Home. "They are very nice and treat me with respect." Is how a second person spoke about staff, and, "Lovely, absolutely fabulous." Was verbal feedback from a relative about the staff. A second relative commented, "They all love [family member], they are brilliant."

We saw thank you cards that acknowledged the care and support people had received. These included, 'To everybody who looked after my [relative] thank you so much for the kindness and care given.' We also read, 'Thank you for all the care and kindness to my [relative]. Lucky she has spent the last few months at this lovely home.'

People were appropriately dressed and looked well cared for; indicating staff had taken time to support people to project a positive image. We observed staff made good use of touch and eye contact when they spoke with people, we saw this helped them to relax. People were called by their preferred names and staff knew people well. One person told us, "I feel they listen to me."

We noted staff spoke with people in a respectful way, giving people time to understand and reply. When people became confused or distressed we saw staff took time to explain the situation or used humour to maintain a positive relationship with people. Humour was used by both staff and people living at Bankhouse Care Home to cement their relationships. For example, after speaking with one person we overheard them laughingly tell a staff member, "I've told them all about you, you will be getting your P45."

We noted several supportive interactions took place so people felt valued, supported and respected. This demonstrated people were comfortable in the presence of staff and staff were knowledgeable on how to support. We joined a morning handover meeting and saw staff were guided to leave someone in bed to sleep after they had had a restless night. This showed a flexible and compassionate approach to care.

Care plans seen contained information about people's wishes and preferences as well as their needs. We saw care plans included a resident's profile on people. These included a 'Important things about my life' section which promoted people's individuality, such as guiding staff on people's past history and what they enjoy. For example, one person liked the church and enjoyed talking with people. It also stated they preferred to wear trousers and a jumper. We visited the person and noted they were wearing trousers and a jumper. Another plan guided people on how the person liked their tea. A third plan told us, they 'love mashed potato'. By documenting people's preferences, the registered provider had created opportunities for staff to see the individual as a person with unique life experiences and views.

We discussed advocacy services with the registered provider. Advocates are independent people who provide support for those who may require some assistance to express their views. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

Staff we spoke with knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. One relative told us, "Staff know [relative's] preferences. A second relative commented, "They all look after [family member] really well. The team are brilliant."

People and / or their relatives had been involved in developing care plans, which detailed the care and support people needed. Whilst care plans highlighted risk, not all care plans we looked at detailed how to minimise the risk. For example, one person had a medical condition that required staff support. Documentation viewed did not clearly guide staff on what intervention was required. A second person behaved erratically when distressed. The staff we spoke with were aware of how to offer responsive support to meet the person's needs. However, the care plan did not guide staff on how to provide responsive support. We shared our findings with the registered manager and nurse on duty. They told us they would review the care plans to ensure staff had documentary guidance to promote responsive personalised care. We saw amendments had been made during our inspection visit

We recommend the registered provider review all care plans and clearly record proportionate measures to control and reduce the risk of significant and avoidable harm to people and the strategies are accessible, shared with staff and regularly reviewed.

Bankhouse Care Home looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw one person received books from the library in larger print to support their pleasure of reading. The registered manager told us they would seek the appropriate support for people to enable people to receive information effectively. People were supported to have regular eye tests, and in one care plan we read information that guided staff on how to communicate effectively with the person.

We looked at activities at the home to ensure people were offered appropriate stimulus throughout the day. Bankhouse Care Home employed a member of staff whose role was to co-ordinate activities for people. They told us they worked with people in group activities and visited people in their rooms for one to one time. They told us they had recently borrowed a mini bus from another home and organised shopping trips and social outings for people and invited their loved ones along. We saw photographs of events showing people on a local promenade enjoying an ice cream. We saw photographs of a recent party and spoke with one person who was currently winning the tallest sunflower competition and oversaw the hanging flower baskets which were in full bloom. We noted forthcoming events advertised such as reminiscence activities, choirs and drama groups visiting. We saw a wicker memory box, that had hand bags with paper money in along with other items to allow people to independently rummage occupying their hands and minds.

However, on the days we visited we did not observe any activities taking place. We looked at the weekly timetable of activities and these advertised happenings did not occur. The activities co-ordinator was not

working when we visited and there was no-one leading activities in the home. The activities co-ordinator did explain at a later date, that planned activities needed to be changed dependent upon the mood and inclination of people. We did not see alternate activities being offered.

We recommend the registered provider review activity timetables and how daily activities are organised and delivered.

The registered provider had a complaints procedure which was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. We saw complaints when received had been investigated and responded to, in line with company policy.

Everyone we spoke with said they knew how to make a complaint and believed the new registered provider provided a responsive, visible and accessible senior management presence in the home. One person told us, "My concerns are listened to and action is taken, overall I'm quite happy." One relative told us they had made a complaint and this was being addressed. A staff member told us, "Everyone goes to [registered manager] if they have a problem or complaint and they sort it out." A second staff member commented, "if I had a complaint I would tell [registered manager], she would deal with it." This showed the registered provider had a system to acknowledge and respond to any issues raised.

We looked at how people would be supported at the end of their life to have a comfortable death. People told us they had had conversations around their end of life wishes. Their wishes had been recorded so staff were aware of how to support people in their last days. We noted one person had medicines onsite to manage their deteriorating health should they be required. One staff member told us, "You care for everyone, you offer more TLC and support to families. You just try and help." This showed the registered provider worked with people to ensure they were supported to have dignity, comfort and respect and respect at the end of their life.

Is the service well-led?

Our findings

Through the inspection process we found the registered provider was not meeting all the fundamental standards within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not ensured people's nutrition and hydration needs were consistently met. They did not ensure people were consistently treated with dignity and respect. Therefore improvements are necessary to ensure the service is well-led and meets the fundamental standards required.

Bankhouse Care Home had been purchased by a new registered provider and was in the process of adopting new policies, procedures and paperwork. The registered manager and management team at Bankhouse Care Home had remained the same.

Visitors told us there was a visible presence from senior management as well as from the registered manager. One relative felt the new registered provider was more proactive. A second relative preferred to speak with senior management and told us there was good communication and face to face meetings.

About the registered manager one relative told us, "[Registered manager] is very efficient, nice caring lady and comes and sits and talks with us." A second relative commented, "I can speak with [registered manager] whenever I want, unless they are in a meeting." One staff member stated, "I get on with [registered manager]. I find them approachable." A second staff member said, "[Registered manager] knows what going on, and if anyone has a problem they go to [registered manager] and they deal with it."

We found the management team had clear lines of responsibility and accountability. The registered manager worked closely with senior management and deputy manager in the running of the home. Discussion with the manager and staff on duty confirmed they were clear about their role in the management of the service delivered.

We saw evidence the registered provider engaged with people their relatives and staff. We read 'You said, we did' documentation that had captured people's views and the management responses. Actions included refreshing the outside areas and providing staff profiles. We saw the manager arranged staff meetings to share information and gather staff views. One staff member told us, "You get the chance to talk if you are concerned about anything." A second staff member commented they find out about changes in peoples care and what improvements are required.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included scheduled senior management audit visits, infection control, the environment and staffing levels. Records showed and discussions with the registered manager and area quality director confirmed, where areas for improvement were identified, these were analysed and addressed accordingly. The registered manager completed twice daily walk rounds of the home to ensure they had oversight of the care provided and the environment.

The service worked in partnership with other organisations to make sure they were following current

practice, providing a quality service and the people in their care were safe. These included G. P's community health professionals and behaviour management specialists. They sought best practice guidance and support from outside agencies around providing activities to meet people's needs. We noted when concerns had been raised, the registered provider had worked in partnership with health professionals and the local authority to address the concerns in a structured and timely manner.

The registered provider and management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The home had on display in the reception area of the home and on their website their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The registered provider had failed to ensure that care and treatment for people who lived at the home was appropriate, meet their needs and reflected their preferences. 10 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The registered provider had not done all that was reasonably practicable to offer guidance, encouragement and help to people to eat as appropriate. 14 (1) (4) (a)