AKD Care Limited

Bank House Residential Care Home

Inspection report

Gosberton Bank
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Tel: 01775840297

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 21December 2016 and was unannounced.

The home provides residential care for up to 30 people. The care provided is for adults of all ages, some of whom experience memory loss and have needs associated with conditions such as dementia. At the time of our inspection there were 24 people living at the home.

The provider had purchased the home in April 2016. While owned by the previous provider the home was failing to provide acceptable levels of care for people or to maintain the environment to an acceptable standard. Following the purchase the provider identified an experienced manager to lead the home and improve the quality of care people needed.

There was a registered manager for the home. 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 provider was not meeting the legal requirements in relation to the management of medicines in the home. They had not ensured that medicines were stored or administered safely and that records relating to medicines were accurate or complete. You can see what action we told the provider to take at the back of the full version of the report.

Care plans contained the information needed to provide safe care for people. However, they lacked the personal information needed to support staff to provide care tailored to people's individual needs. Risks to people's safety had been identified and care was planned to keep people safe though there were some concerns about the night staff's adherence to the care plans.

There were enough staff to meet people's needs and they had received appropriate training and support. Staff knew how to keep people safe from harm and were happy to report any concerns about people's safety to the registered manager or external organisations. Most staff were kind and caring although there were some concerns relating to the attitude of the night staff.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager was aware that they needed to apply for DoLS for some people living at the home but had not yet submitted the application. Staff were aware of the mental capacity act and gained consent from people before providing care. Where people were unable to make decisions about their care, decisions had been made in their best interest by staff, family and healthcare professionals.

The home was clean and staff followed infection control processes to keep people safe from cross infection. Many of the bedroom and communal areas had been decorated and were bright cheerful places in which to spend time.

The provider had effective systems in place to monitor the quality of care they provided and the environment. The registered manager had created an open culture where people and staff felt they were able to approach the registered manager and raise concerns.

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 consistently safe.

People's medicines were not always safely administered and records around medicines were incomplete.

Risks to people were identified and care was planned to keep people safe. However, there were some concerns that night staff were not working in line with the care plan.

There were enough staff to meet people's needs. However, the registered manager did not have a formal way of reviewed staffing levels.

Staff knew how to raise concerns around people's safety.

Good infection control processes were in place to reduce the risk of cross infection.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training and support to enable them to provide safe care.

People's rights were protected and they were supported to make choices about their care.

People were offered a choice of food and drink appropriate to their needs to support them to maintain a healthy weight and to eat safely.

Staff supported people to access healthcare professionals when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us that most staff were kind and caring. However, some people raised concerns about the attitude of night staff.

At times care was task focused and did not meet people's needs.

Staff supported people's independence and respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

While care was provided to keep people safe at times it was not individualised to meet their personal preferences.

People were supported to take part in a range of activities.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was well led.

The registered manager and provider ensured that there was a happy atmosphere around the home.

People had been asked for their views about the care they received.

The registered manager had effective audits in place to monitor the quality of care provided.

Bank House Residential 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 inspection took place on 21 December 2016 and was unannounced. The inspection team consisted of an 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 we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we spoke with eight people who lived at the service, four visitors to the service and spent time observing care. 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 spoke with a three care workers, the domestic, the cook and the registered manager.

We looked at six care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always administered to people in line with good practice guidance. People told us that staff would sometimes leave them with their tablets to take in their own time. This was a risk as some people in the home may have dementia and may forget to take their medicines or someone else may pick it up and take it instead. One person told us, "They leave me with them at times but often wait." Another person said, "Some will leave them with me, some will stay."

Records showed staff competencies when administering medicines were checked. In addition, if medicines errors were identified staff were required to complete further training before being allowed to administer medicines in the future. However, there were some gaps in the recording of medicines on the medication administration record (MAR). This meant staff could not be sure if people had taken their medicines as prescribed or not and had not safely administered medicines in line with their training.

There were some protocols in place for medicines prescribed to be taken as required to support staff to administer the medicine consistently. However, these were not in place for all the medicines prescribed this way and some people had these medicines routinely administered to them. Staff had not referred them back to the doctor to see if there had been any change in their condition or if any further support or medicine was needed.

We saw that some of the medicines had been put into storage containers by day and time of day to be taken. This had been done by the dispensing organisation. However, we saw that at times one of the morning tablets which needed separate storage had been put into a different time slot. It had not been clearly labelled to show it should be taken with the rest of the morning medicine. While this oversight was not the fault of the staff at the home no action had been taken to clarify the situation.

Some people were given their medicine hidden in their food. This was called covert medicine. This was only done where people did not have capacity to understand the consequences of refusing their medicine. In addition, guidance was taken from healthcare professionals and the opinion of family and friends was also taken into account. One relative told us, "He wouldn't swallow his pills so we (family & staff) decided to crush them and disguise them in cream or something soft and he takes it now. They all know to do it." In addition, for some people who had trouble swallowing medicine the registered manager had liaised with healthcare professionals and been given guidance around crushing medicine so that it was easier to swallow. However, although the registered manager had included healthcare professionals in the decision making process they had not taken advice from a pharmacist about the safety and efficacy of each medicine when crushed or hidden in food.

There were systems in place to reorder medicines on a regular basis to ensure that people's medicines were always available to them. However, a medicine cupboard was situated above a radiator. It was very warm in the cupboard and no temperature readings had been taken to check that the level of heat would not affect the medicines stored in the cupboard.

These mistakes were a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate equipment such as pressure reliving mattresses and cushions were in was in place to reduce the risk of damage to people's skin. In addition, the care plans contained advice on repositioning to ensure people did not stay too long in one position. One person told us, "I've got a sore now, its felt sore for a long time but the other day the carer said it looked sore and needed a little dressing. So they got the nurse to come and dress it. The staff keep a check and gave me a cushion to sit on."

People's mobility was also assessed and where needed appropriate equipment was identified to support people to move safely. We observed staff supporting people to move and saw that it was done safely and calmly. Staff spent time speaking to the person explaining what they needed to do and what was going to happen. Some people who were at risk of falling when walking independently around the home had a pressure mat at their bedroom door to alert staff that they needed assistance.

However, before our inspection some concerns had been raised about how the night staff supported people to move. People also told us they had some concerns about being helped to move at night. One person told us, "They lift me into bed by hand from my wheelchair." Another person said, "The only thing they're rough doing is turning me at night. The staff throw me over and I feel like a lump of wood. I feel as if I'm bruised but am told I'm not."

We discussed these concerns with the registered manager who told us they had spoken with the night staff and gained assurance that they always used the appropriate equipment to support people to move. In addition, they told us the lady who was turned had this recorded in their care plan and the moving and handling lead had reviewed their care and was happy with the way they were being support to reposition at night.

One person who did not have the ability to ensure their own safety had a lap belt in place. This was because they would often shuffle forwards in their chair and this left them at risk of falling out of their chair. However, they were able to undo it which increased their risk of falling. We saw their care plan clearly recorded their habit of undoing the belt and reminded staff to check it. We saw that staff noticed when they belt was undone and helped the person remain safe by refastening the belt.

Some people living at the home and their relatives raised concerns with the staffing levels at night. A relative told us, "The problem seems to be at night with only two on for the place." The same family told us that their relative had a long wait when using the bell at night. However, most people told us they were happy with the staffing levels with one person saying, "I think there's usually enough about." While another person said their response to the call bell was quick.

We saw that there were enough care staff available to meet people's needs in a timely fashion and that they were able to focus on the care people needed as the provider had also employed a cook, a domestic and an activity coordinator. Staff told us there were enough staff available and that the registered manager would work alongside of them if anyone rang in sick. In addition, shifts were structured to have more staff available at busy times and to help with certain activities. For example, one member of staff had started their shift at 6am on the day of our inspection to support night staff to get people up.

We discussed staffing levels with the registered manager who explained how they monitored the care

people needed and spent time on the floor to see if staff were managing people's needs in a timely fashion. They told us that if they felt there were any concerns they would look at increasing the staffing levels. However, there was no formalised assessment of the required staffing levels to meet people's needs.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

People told us that staff followed infection control processes to protect people from the risk of infection. One person told us, "They use gloves and aprons when they're doing my legs and take them off after. They take my pad away when it's been changed and empty the commode as soon as they can."

The home was kept clean. However, we found a couple of beds which had been made that day which required attention. An example of this was one bed where the sheet which was stained. This showed staff were not always paying attention to the details around the care they were providing.

The domestic had a set routine which they followed. This ensured that they cleaned each area of the home on a daily basis. They also followed a programme of deep cleaning every room on a three monthly basis to keep the room clean and free from the risk of infection. They spoke knowledgeably about the different cleaning products they used and the strength they needed to be to kill germs. In addition, they were able to tell us how different equipment was used in different areas of the home to manage the risk of infection. The laundry person ensured that appropriate infection control standards had been applied to the systems in the laundry to keep people safe from the risks cross infection. Both the domestic and the laundry person told us that that the registered manager was responsive to any issues they raised.

One of the night staff was in a sweatshirt and the other night staff was in their uniform but had a long sleeved shirt underneath with the sleeves rolled up. The deputy manager also had a long-sleeved cardigan on while providing care for people. The risk of cross infection was increased as carers had not kept to their infection control measure of being bare below the elbow.

People living at the home and their relatives told us they felt safe at the home. One person told us, "I feel safe as the staff are looking after us." A family member said, "He's safer here than at home. He is better supervised."

Staff told us that they had received training in keeping people safe from abuse and were happy to raise concerns if they were worried about people's safety. They said they were able to do this either directly with the registered manager or to the local authority safeguarding team. In addition, there was a whistle blowing policy in place and staff knew about it. Whistle blowing is where staff were able to raise concerns and are protected under the whistleblowing legislation from reprisals simply for raising a legitimate concern.

Records showed staff had raised concerns appropriately and these had been investigated by the registered manager and the local safeguarding authority. This had enabled precautions to be put in place to keep people safe. An example of this was putting extra monitoring in place. Any concerns were recorded in people's care plans so that all staff knew how to keep people vulnerable to abuse safe.

Good

Is the service effective?

Our findings

People told us that staff were capable in their work. One person told us, "They seem well trained to me." A family member said, "The staff are really good, they're lovely."

Staff told us when they first started working at the home they were given an induction which supported them to provide safe care to people. This included shadowing an experienced member of staff until they got to know all the people living at the home and the care they needed. In addition, the registered manager had checked their certificates to see what training they had received before working at the home and where the gaps in their knowledge were. For staff new to caring, the registered manager ensured they completed the care certificate. This is a national course which provides new staff with all the skills need to provide safe care.

The registered manager kept a list of the training people had received and we saw that there were some gaps in the training people had received. This was because the provider had taken over the home in April 2016 and training under the previous provider had not fully supported people. We discussed this with the registered manager who explained how they had spent time observing care and supporting staff to develop their skills. In addition, the registered manager was able to show us the training plans for the coming year which would ensure staff received appropriate training around the key skills needed to provide safe care. Furthermore they were looking at developing a member of staff to be able to provide training in key subjects. This would allow staff to access appropriate training when they first started working for the provider instead of having to wait to access external training.

Staff told us that they received appropriate supervision and that the registered manager was always available for advice and guidance if needed. In addition, they explained how they had their competencies checked through observations from the management team.

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 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). The registered manager told us that at present there were no DoLS application in place for two people who were unable to make decisions about where they lived. They told us that they were aware that they needed doing and would look to get them done as soon as possible. We contacted the registered manager after the inspection and they confirmed these applications had been submitted.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. People told us that staff asked for consent before giving help. One person told us, "They ask me if I'm ready to do something so I can say yes or no." Another person said, "They say 'Do you mind if…' before helping."

Staff had received training on the mental capacity act and could speak knowledgeably about how they used this to support people to make decisions about their lives. Staff were clear that people had the right to make unwise decisions so long as they understood the decision they were making and the impact it could have on their lives.

We saw care plans recorded where people had legally identified who should be able to make decision for them when they were no longer able to make them. Records showed that consent to care had been signed by people receiving care or their legally identified power of attorney.

Where people were unable to make decisions for themselves the registered manager had ensured that decisions had been made in their best interest. they had ensured that family and people who were involved in caring for the individual had been consulted. We saw that where appropriate people's end of life care had been discussed with them or a relative where they were unable to make decisions for themselves and their wishes were recorded.

People told us they were satisfied with the food provided and the choices offered. A vegetarian resident had been given the option to purchase frozen vegetarian meals to her liking, after voicing dissatisfaction with the vegetarian food option provided by the cook. One person said, "It's brilliant! We get one main meal usually or we can ask for something different. The biscuits are nice, chocolate ones are my favourite. I can ask for fruit too." Another person told us, "The food is very nice and we get a regular menu. I'm diabetic and they're pretty good at things without sugar."

People told us that they had access to hot and cold drinks. We saw jugs of water and squash available in the lounges and some people had their own supply of squash or drinks in their bedrooms. Soft drinks and top ups were offered at lunchtime. A tea trolley made the rounds three times in the day and evening. One person told us, "I have Ovaltine in the lounge at bedtime as I don't like tea or coffee. I drink lots of squash." A family member said, "She always has drinks on the go."

People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought. Where needed there was ongoing monitoring of people's food and drink to allow staff to review people's needs and raise concerns if they should fall below acceptable levels. The cook was also aware of people who were losing weight and any special dietary needs to boost their calorie intake. One family member told us their relative "[Name] has a weekly weigh apparently as he's lost a bit of weight in the six months he's been here."

People were given the right adaptive equipment they needed at mealtimes in order to eat independently. A person told us, "They give me special cutlery to hold. I love the food. I've put on four and a half stones since I've been here after my accident, it's that good! I only weighed six stone in hospital. The cook feeds me up."

Where people were unable to swallow effectively they were given food appropriate to their needs and in accordance with advice from healthcare professionals. Where people required soft diets their food was pureed separately so that they had the choice of what they wanted to eat.

Where people needed to support to eat and drink we saw that at times the standard of care by individual staff varied. For example, one person who had been assisted to get up by the care staff at 6am had their

drink and breakfast put in front of them at 8:20am However, staff did then not assist them to eat for another 15 minutes and then did not offer them their hot drink. After a further 10 minutes, a member of staff noticed they had a cold drink in front of them and got them a fresh drink and supported them to drink it. The member of staff was kind and patient and asking if the person was ready for more, they gently encouraged the person to finish their medicine and their hot drink.

At lunchtime staff supported people with their food. Interaction from staff was minimal with staff failing to discuss the food and people's likes about their meal but the support provided was calm and unhurried and people ate a reasonable amount. Then we saw some really good care by staff when one person became distressed while seated at their usual table. Staff calmly asked them if they would like to sit at a different table. These staff interacted with them and encouraged them to have some lunch. They could not picture the meal choices so a carer brought a sample of both meals so they could have a taste and choose. They then went on to eat a good meal in a calm manner.

People told us that healthcare access was good. One person told us, "They've got me the doctor a few times. I'm waiting for a dentist and seen the optician here." Another person said, "The nurse comes in to dress my toes every few days."

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Requires Improvement

Is the service caring?

Our findings

People told us that most of the staff were kind and caring. One person told us, "They're very good to us." However, some people raised concerns with us about the night staff. One person told us, "I've had problems at night. I have eye drops put in late at night. One member of staff calls me a nuisance. I was in the corridor looking for someone to help me and they pushed me back into the room." We raised our concerns around some of the night staff with the registered manager who told us they would look into them. People also said that while they felt comfortable with most staff there were some they got on better with than others. One person told us, "I pick the ones [staff] I like to tell things to and they'll listen and help me." A family member told us, "He seems quite happy with them and says he feels relaxed with the staff. He gets on well with them and they have a laugh."

Care staff were aware of people likes and dislikes. An example of this was when they settled two people in a lounge and left them with the radio on for them to enjoy the music. One of the people spent their time singing along to the music. Some of the care we saw was personalised to meet people's needs. For example, one person was slow eating. They ate three pieces of toast for breakfast, however, they were offered it one piece at a time and it was freshly made so that they always had hot toast.

However, we saw that some care was task focused and did not fully respect people's needs. One example of this was when we observed a member of staff interrupt two people while they were eating lunch to administer eye drops. In another example we saw that one person who was unable to drink independently was not offered a drink after taking liquid medicines to take the taste out of their mouth.

Before our inspection concerns had been raised with us about some of the rooms not having hot water. We found that they did deliver hot water if they were run for long enough. Therefore care staff had not been patient enough when offering people cold water to wash in. The maintenance person told us they were aware of the delay in getting hot water and that it would be fixed when they could access a restricted area of the building.

People were supported to sit in friendship groups at lunchtime. An example of this was four gentlemen who had chosen to sit together. Where people were able to make choices about their food we saw that they were offered different options. Where people were unable to make a decision staff were aware of their likes and dislikes. In addition, if people wanted something different to the menu choice the cook was able to make different options at people's request. In addition, the cook listened to people's views about the menu and would change the menu to try different options. For example, the cook told us if a person saw something in a magazine they wanted to try then they would fit it into the menu.

People were given a wide choice of drinks at lunchtime. However, people's lunchtime drinks were given in disposable beakers. We saw that some people who had some contracture in their hands had problems holding them as they were too flimsy and so were unable to drink independently.

No-one we spoke with felt pressured to go to bed or get up at a time to suit staff. One person told us, "I

choose whether to be up or down and watch TV in my room. I call them to bring me down for tea. I can say when I want to be in bed." Another person said, "I go to bed when I want. Sometimes they bring my nightie down and we change in the toilet and watch TV then I'll go up later about 8-9pm. I wake up when I'm ready."

People told us that staff encouraged them to be independent and make choices. One person told us, "I choose whether to be up or down or watch TV in my room. I sit outside when it's nice and people come and take me shopping." Another person told us, "It's a nice little walk to and from my room and it keeps my legs going. I like to sit in the lounge for company and watch people."

People told us that staff respected their privacy and dignity. One person told us, "They're so polite to us." Another one said, "They respect me like I respect them. They always knock too and ask me if I want my curtains drawn." Where people expressed a preference about the gender of the member of staff who provided personal care for them it was recorded in their care plan.

One person who was going out for the day had dressed very smartly in a suit. All the staff took time to compliment them on their appearance and showed an interest in where they were going.

Some concerns were raised about the laundry service and the mixing up or loss of some residents' named clothing. A family member told us, "Their clothes get mixed up in the laundry sometimes and they are wearing someone else's things. There is no excuse with their name on it all."

Requires Improvement

Is the service responsive?

Our findings

People told us that their family members or other appointed representatives were involved in their care planning. One person told us, "I've got a case worker as I've no family. My social worker takes care of everything." A family member told us, "I've not had any meetings as such since he's been here [six months] but they keep me up to date on how he is when I come in." People and their families had been involved in reviews about their care. Records showed that at a care review a person's relative noted that the person had settled in well and that they were happy with the care provided.

Care plans contained information needed to help staff provide safe care and were reviewed monthly or whenever people's needs changed. However, they did not contain all the information required to help staff personalise the care to meet individual needs. This was more of an issue for people who had lived at the home before it had been purchased by the current provider. For example, two vulnerable people, could not speak for themselves, had no preferred getting up time recorded in their care plan. On our arrival at 7:25am we saw that both of these people were up. The registered manager told us they got up at 6am. Both of them were sat at the dining room table with their eyes closed and while one did at times open their eyes and look around the other one was asleep. They had no drinks in front of them and had not been offered their breakfast. They were not offered a drink until 8:25am.

We discussed this with the registered manager who explained that this had been their routine when the provider took over the home and they had been left in that routine. There had been no attempt to see what time they had chosen to get up while at home or to review if 6am was still an acceptable time seeing as they both appeared sleepy after they had been got up. In addition, these people were helped to bed at 6pm again as this was the routine they had been in when the provider purchased the home. For other people who had started to live at the home since the new provider too over there was more detailed information recorded.

Staff were knowledgeable about people's needs and this matched the information recorded in people's care plans. We observed a handover of information when shifts changed and there was a good exchange of information relating to people's needs and what care had been given and what was still needed.

People told us that they received daily care which supported them to stay well and safe. An example of this was staff completing regular checks on people as identified in their care plan. One person told us, "I hear them come in and check up on me at night." People told us that they had regular access to a bath or shower. One person told us, "It's a good clean place. I like a shower and have a regular slot" Another person said, "I've got a wound on my leg and they've got me a leg bag now so I can have a bath again." In addition, we saw staff knew how to support people when they became distressed. An example of this was one person who would become upset and distressed and would often settle if staff spent five minutes looking at their photographs with them.

People told us they were happy with the activities provided, with an activity listed for most days. However, these included manicures or hairdressing, so were not inclusive or accessible to everybody each day. In the

morning of our visit, we saw a musical movement activity taking place in the main lounge, with good participation by the majority of people in the room and good interaction with the activity co-ordinator. In the afternoon, staff spent some time with individual people playing game of dominoes. This was followed by a game of bingo. One person told us, "Bingo is my favourite! I'm not sure what else we do though." Another person said, "I do a bit of exercise in the chair to music. We go outside in the summer – cocktail parties on the lawn! There's plenty for me to do." A family member said, "There's often something on and he's starting to join in now, like bingo and dominoes."

There was a service user's guide in people's bedroom which included information on how to make a complaint. People told us they were happy to raise complaints with the registered manager or other staff. Relatives we spoke with said they knew who to go to if they had any worries or complaints. They felt the registered manager had a good strong presence and was often seen about the home and could go to them with any issues. The registered manager confirmed that they had received no written complaints. However, some people told us that they had raised verbal concerns and had not had any feedback regarding the action taken. A family member told us, "I complained that his clothes get muddled up even though they're named. His good pair of trousers have been missing for six weeks now."

Requires Improvement

Is the service well-led?

Our findings

The provider purchased the home in April 2016 and asked the registered manager of a home they already owned to work to improve the quality of care at Bank House Residential Home. At that time there were issues in all the key areas including the culture of the home. Staff were tired and demoralised and lacked the guidance and leadership needed to provide safe care for people.

We saw that the provider and registered manager had worked to gain the trust of staff and people living at the home and it was now a more positive place to spent time. One member of staff told us how things had improved in both the care and the environment and that they were happy with the support provided. This was reflected in the comments people made about the home with people telling us, "It's got a good feeling here," "It's a great place" and "It's a good, friendly place." People told us that they knew who the registered manager was and that they were approachable if people had any worries. Comments about the registered manager included, "She's the best one we've had. She's easy to talk to" and "We see her around and about, they all muck in together"

Staff were also positive about the registered manager. They told us they felt comfortable to raise any concerns they had and were confident that the registered manager would take appropriate action. Staff told us that they had regular staff meetings where the registered manager would update them on any changes to the home. In addition, they said that the registered manager would give them personal feedback on the quality of the care they provided to people.

However, from speaking with people we identified that there were still some concerns with staff. In particular we received a number of concerns in relation to the night staff and they way they spoke with people and provided care. The registered manger had identified that there were some concerns regarding the behaviours of the night staff but had not taken decisive action to support people to receive safe person centred care from these staff. In addition despite there being known issues with the administration of medicines when the provider purchased the home, the actions taken had not fully resolve the issues and the provider was still in breach of the regulations in relation to the safe administration of medicines.

People using the service, had been asked for their views on the service. This was being done by the staff spending individual time with people to see what they were happy with and what changes they would like to see. In addition, relatives had been asked to complete a questionnaire. We saw the results had been analysed and an action plan developed of changes needed. In addition, the registered manager had arranged for a monthly newsletter to be developed and people told us that they had a copy of this in their room. This kept people informed about the changes and activities in the home.

The registered manager had appropriate audits in place to monitor the quality of care people received and the environment. We saw that they had identified areas of concerns and that action plans had been developed to ensure care was safe and meeting required standards. For example, we saw that audits had taken place around infection control and the information contained in the care plans. We raised all the issues we had been identified with the registered manager who was already aware of these concerns and

had developed action plans to resolve concerns. The registered manager told us that they had a good level of support from the provider when they identified issues which needed action taking.

Prior to the inspection we had concerns raised about safety issues with the environment which we passed on to the appropriate agencies. We saw that the registered manager and provider had listened to professional advice and guidance and had taken action to ensure the safety of people and their environment. In addition, we saw that the registered manager access guidance and support from professionals to ensure they kept up to date with best practice. They also kept up to date by reading CQC reports and monitoring other industry information available on the internet.

Since purchasing the home the provider had put in place a much needed programme of improvement and decoration of the environment. We saw that many of the rooms had been redecorated to a high standard and provided pleasant environments for people to spend time. The linen had been replaced and all the linen and towels in people's bedroom was of a good standard.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not supported to receive their medicines safely and accurate records were not kept. Regulation 12 (g)