Community Integrated Care

Bankfield Road

Inspection report

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13 August 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out over two days on the, 08 and 13 August 2018. Our visit on the 08 August was unannounced and we held telephone discussions with family members on the second day.
Bankfield Road is a 'care home' for Adults with learning disabilities at the time of our visit six people were living in the 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. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At the last inspection in August 2015 the service was rated Good. At this inspection we found the service remained Good.

Bankfield Road provides accommodation and personal care and support for up to six adults. The accommodation is provided on the ground floor of the premises only. Communal spaces including a lounge; dining room and two bathrooms. There is a car park provided for visitors and staff. The home is situated in a quiet residential area of Widnes, close to shops and amenities. At the time of our inspection six people were living at the service.

The home has a manager who has been registered with CQC since 2015. 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 registered provider had systems in place to monitor the quality of the service provided.

Staffing levels were in line with the dependency tool, however rotas need to be clearer to identify which staff are available to provide hands on care and support to make sure residents needs and activities can be met by those on duty.

Procedures were in place to identify risks and assessments clearly instructed staff how to manage the risks associated with providing support and daily living.

Policies and procedures and training were available to staff to minimise harm to those living in the home. Staff knew how to recognise and report the signs of abuse which helps to keep people safe.

People were 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.

People had access to healthcare services for example from the district nurse, optician, dietetic services, health screening and the GP and were supported to attend hospital appointments as required.

People were involved and supported to attend activities they enjoyed.

Further information is detailed in the findings below.

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 remains safe.

Good

Is the service effective?

The service remains effective.

Good

Is the service caring?

The service remains caring.

Good

Is the service responsive?

The service remains responsive.

Good

Is the service well-led?

The service remains well-led.

Good

Bankfield Road

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 the 08 and 13 August 2018 and was unannounced. The first day we visited the home and the second we made telephone calls to relatives of those people living in the home. The inspection team consisted of one adult social care inspector.
Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection. Positive feedback was shared by the local authority staff regarding their recent visits and quality checks to the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas the lounge/dining room, bathrooms, the kitchen, the laundry and a sample of the other rooms such as bedrooms and staff/office space.

During the day of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included two support files of people living at the home including their medicine administration records. We checked three staff personnel files for information to demonstrate safe recruitment practices, supervision and training were taking place.

We met with five of the six people living at the home, people were unable to speak with us but demonstrated

their feeling using gestures, facial expression and behaviour. We spoke with two relatives, an area manager for the organisation, the manager of the home, the deputy, and three support staff.

Good

Is the service safe?

Our findings

People living in the home were unable to tell us if they felt safe, however we observed the interaction between them and the staff on duty. These were all positive, polite and jovial, people living in the home actively sort the company of staff and appeared to enjoy these interactions.

One relative told us that she had "Absolutely no concerns regarding the safety of her relative", I am "More than happy with her care". Another told us, "It is one of the best places she's ever been". "She is so much more settled and staff work with her to meet her needs including social needs. They understand (name) well".

During the inspection we observed staff supporting people with their daily living and accessing areas around the home. We found that appropriate risk assessments were in place to help reduce and minimise risks to people's health in relation to moving and handling, use of equipment, bathing aids and eating and drinking. We found that best interest meetings had happened relating to the use of restrictive aids should as lap straps in wheelchairs.

We were provided with information regarding the dependency assessments completed for each person living at the home. The manager had key information on the needs of people living in the care home which they assessed to help establish the number of staff needed to meet the needs of people living in the home. Information demonstrated that staffing levels were above average to support those living in the home. However, staff and one relative spoke of staff being relocated to another service within the organisation at short notice. Staff told us that this could mean that activities needed to be changed at the last minute which was unsettling for people. following a discussion with the manager we identified that improvements were needed to the information recorded on the staff rota. Further information was required to demonstrate what the specific roles of the staff were on a particular days.

There was an emergency continuity contingency plan and fire risk assessment that had been completed. These gave detailed information to show appropriate actions to be taken in the event of an incident, fire or major incident. We saw that actions required in accordance with the fire risk assessment had been completed and reviewed in relation to replacing doors, electrical wiring and extra emergency lighting. A recommendation that the paving to the rear of the property needed some attention was not yet complete as the storage shed was due to be removed and could be included in this work. We did not feel this posed any imminent risk as people living in the home did not access the garden independently.
We looked at the environment audits and checklists and found them up to date, we sampled service certificates in relation to hoists, bathing equipment, electrical installation and firefighting equipment and found valid certificates in relation to these.

Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation. As the people living in the home need support with mobilising, from some support to full support, the staffing levels overnight were under review by the

organisation, to ensure people could be adequately supported overnight to stay safe should the need arise.

We found that systems were in place to record and monitor accident/incidents in the home, so that action could be taken where necessary. Accidents/incidents were monitored by the home and the organisation nationally to look for trends, so that they could learn from incidents and establish good practice to prevent incidents from occurring in the future.

Safeguarding policies and procedures were in place to protect the people living in the service. These were in line with the local authority's 'safeguarding adults at risk multi-agency policy'. We spoke with the staff on duty who could adequately describe the action they would take to protect the individuals they supported. Records demonstrated that all staff working in the home had completed safeguarding training. No safeguarding referrals had been made in the 12 months prior to this inspection. We saw that there was a whistleblowing policy in place. A whistleblowing policy is available to staff who wish to report unsafe or poor practice within the service.

We checked storage and the records relating to the administration of medication and found them to be accurate. We saw that when it was necessary to administer medications covertly, this is when medication is crushed and or disguised, appropriate processes had been followed and best interest decisions had been made and included the persons' GP and family. Medication records were audited by the deputy manager and the manager weekly and monthly. Staff administering medicine had received training to do so.

We found that staff were recruited in line with the regulations and staff were assessed to their suitability to work with vulnerable adults. This included taking suitable references and a Disclosure and Barring Service (DBS) check. The DBS can identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. Records on recruitment files needed to clearly demonstrate the decision making process for offering employment, a discussion took place with the registered manager as to how the service needed to develop their recording systems to a maintain a record of discussions held as part of the recruitment process.

Good

Is the service effective?

Our findings

Relatives spoken with told us the following about the service. "The staff make all the difference to my relative's life", "When she is poorly they look after all her needs and check what's going on with her", "Staff are well trained they are always attending different training courses". Another told us that, "Staff always take their time supporting people, they are always patient", "All my relative's medical needs are met", "The staff are very good at keeping me informed about things going on in my relative's life", and "Actions the staff have taken to keep my relative safe were discussed with me and it makes me feel so much better".

We observed lunch in the home and found this was a pleasant experience and whilst everyone needed various degrees of support to have their meal it was unhurried and staff worked collaboratively with the abilities of the individuals. People who liked to eat independently were provided with appropriate crockery, cutlery and protection for their clothing and others who were fully supported to have lunch were encouraged by staff and engaged to eat by staff asking "Are you ready for more", "are you enjoying that".

We looked at a sample of support files in which we saw evidence of the use of DoLS. These records were stored in the care file to recognise each person's views and rights. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that Bankfield Road was working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. The manager had made applications to the local authority to deprive people of their liberty with explanations why this was needed in each person's best interest. The manager informed us that four further applications have been made and currently with the local authority.

Care plans were written in a person-centred way and each plan was specific to the individual and include and full and regular review of their health care and support needs. We saw that other health professionals were involved with people's care including; doctors, opticians, speech and language therapists, social workers and dietetic services. Care records included information about each person's nutritional needs. Records showed that each person's nutrition and hydration was monitored to ensure their nutritional needs were being met.

The environment at Bankfield Road met the needs of the people currently living there. People had access to a wide range of adaptations and equipment to support them with their mobility, bathing and adapted wheelchairs suitable for their individual needs.

The organisation had an induction program for new staff and a rolling program of training and refresher training so that staff were equipped to meet the needs of the people in the home. We looked at the information regarding the uptake of staff training and found that the percentage of staff training completed was 95 percent. Staff told us that the training they received was good and that they received regular supervision and support. The last audit of supervision showed that everyone had received supervision in line with company policy. Supervision is a one to one meeting between staff and senior staff to help support them and discuss various topics such as good practice, any training and development needs for staff.

Good

Is the service caring?

Our findings

Throughout our visit we saw that people living in the home actively sought the company of the staff providing support, they appeared relaxed and comfortable with the interactions and conversations.
One relative told us, "Staff have always been so lovely, they take their time to explain things to my relative, they are very caring in a very difficult job". Another said, "I am always made to feel welcome, Staff are lovely, I can visit at any time and always get a cup of tea".

We observed staff asking for verbal consent from people they supported to complete tasks, we heard staff asking to accompany them, join them for an activity or to enter their bedrooms. We observed that people living in the home used various ways to communicate their needs by using their own adaptations of sign language, some verbal language and some gestures. We saw that staff responded well to individuals, staff responded to requests for food, drinks promptly and to requests that staff participle in activities. Staff were able to adopt distraction techniques to manage behaviours of those living in the home in response to unexpected/unplanned activities such as the inspection visit and the work being carried out on the day of the visit. This was managed well to reduce the impact of behaviours of individuals either on themselves or others living in the home.
The service presented information in a variety of formats, using written, pictorial, symbols and photographs to aid with communication.

Information in people's care files recorded their history, their individual likes, dislikes, hobbies and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual. Plans were written using positive language and demonstrated that staff knew individuals well, for example (name) likes to have a bath between 7.30 and 8.30 pm, staff need to stay to support. Personalised support plans directed staff to risk assessments so they knew what was expected of them and how best to support people.

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge were relaxed, with staff and their approach which at times was often with good humour or banter. Staff were engaging and interacted well with people.
We spoke with three staff who were knowledgeable about the needs of the people they supported, they were able to explain individual support needs and how to meet them for example how people liked to be woken up, what helped people when they became anxious and what they enjoyed doing.

We found that the bedrooms were all nicely decorated and personalised, reflecting individual's personalities and interests. The garden was decorated with things to get people's attention and points of interests for people to look at. Staff were also aware of the need to keep the environment clutter free and not change the orientation of furniture as they supported people with visual impairment.

Good

Is the service responsive?

Our findings

Relatives told us they felt informed and kept up to date about their relative's needs. They shared lots of positive comments such as, "My relative has been unwell and I am confident that they will keep going until they get to the bottom of what's wrong", "My relatives medical needs are always met, but the staff look beyond that to help with their behaviour and maintaining good relationships with others in the home".

Relatives told us that whilst their family member could not formally make a complaint, their behaviours would certainly identify that they were unhappy. We saw that the home had analysed daily records specifically around an individuals' disruptive behaviour to create learning logs for staff to establish which activities they had enjoyed and which they had not. This demonstrated that staff listened and responded to people's needs.

One relative told us that they were aware of how to make a complaint and to whom and that they had been given a copy of the complaints procedure. Another relative was unaware of the whom they needed to complain to but stressed that they did not have any complaints. While we saw that a copy of the complaints procedure was available at the entrance of the home, it may be useful to send relatives of those who have lived at Bankfield Road for many years a current copy, and specifically as there has been a change in the management structure since the last inspection.
We reviewed the complaint policy during our inspection and saw that it had been last reviewed in 2015. No complaints had been received by the service.

Staff described having good links to the community and the local football and rugby teams and we saw photographs taken of one person at games and with mascots following their interest.
On the day of our visit one person was going shopping for personal items and another out for a meal. Staff told us that sometimes it can be challenging for people to go on public transport due to the size of specialised wheelchairs, however this did not prevent people from going out and pursuing their interests.

Activities were individualised and regular, people were given one to one time doing activities they enjoyed outside of the home with key staff who knew them well. As already discussed in the safe section, this should be part of staffing rotas as well as timetables relating to people living in the home, so that activities don't get overlooked. There were also board games, puzzles, music and garden games for entertainment while at home.

Support plans had been developed for each person living in the home. The plans included detailed information to clearly identify the person's care. Plans addressed "how best to support me" meeting those needs and equipment necessary to meet people's needs safely. We found these had been kept under constant review and amended when individual's needs had changed. One relative told us that they regularly saw their family members' care plan and was fully aware of the contents and any future plans to develop their independence. The plans were detailed and had been regularly reviewed and included information such as how to support a person with behaviour that challenged, how to support and encourage independence relating to sight loss and how to safely support people who were no longer mobile and

needed the support of a hoist. The support files provided evidence that people's needs were appropriately managed.

Files varied relating to pre-admission assessments as majority of people had lived in the home for and number of years. Information was thorough and informative regarding a newer resident to the service.

Good

Is the service well-led?

Our findings

The registered manager for Bankfield Road was also registered to manage another service within the Community Integrated Care group was available for the inspection visit as was the deputy manager and an area manager from the organisation.

Relatives spoken with told us that they felt the home was well organised and well run. Staff shared positive comments about the manager and told us that they felt supported and could contact senior staff at any time for advice relating to the care of those living in the home. Staff told us that their training was "very good" and they enjoyed training.

We found there were systems in place for auditing areas of the service including, health and safety and medications.

Services that provide health and social care to people are required to inform the CQC of important events that have happened in the service and show how they had appropriately managed each event. We asked the manager who confirmed no incidents or injuries had occurred in the previous 12 months.

The registered provider was aware they are required to notify the Care Quality Commission (CQC) in relation to Deprivation of Liberty once the authorisations have been granted. We had received two notifications of authorisations given by the Local Authority to deprive someone of their liberty.

The manager was aware of the importance of maintaining regular contact with people using the service and their families. One relative told us that they were always invited to resident/relatives meeting but was not able to attend due to caring commitments, alternative times could be arranged or meeting minutes could be shared with those unable to attend to regularly keep families involved with developments in the home.

The quality and safety of the service was regularly checked. The registered manager carried out checks at regular intervals on all aspects of the service including; care plans and associated records, health and safety of the environment and equipment and staff performance. The registered manager received ongoing support from a senior manager who carried out periodic checks at the service on behalf of the registered provider.

During our inspection the area manager shared with us the organisations five year strategy completed in 2018. This gave the organisation a clear direction and how they intended to achieve their vision and aspirations to support people in a positive way.

Periodic monitoring of the standard of care provided to people funded via the local authority was undertaken by Halton Council Quality Monitoring Team. This is a monitoring process to ensure the service meets its contractual obligations. They provided positive feedback regarding their most recent visit of the service.

We saw the last CQC inspection report and quality rating was accessible via the registered providers own website along with all service operated by Community Integrated Care where people could openly access them.
The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014