HC-One Oval Limited

Bankhouse Care Home

Inspection report

Shard Road
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Lancashire
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Tel: 01253701635

Date of inspection visit:
28 August 2019

Date of publication:
27 September 2019

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

About the service
Bankhouse Care Home is a care home providing personal and nursing care to 42 older people at the time of our inspection. The service can support up to 52 people. Accommodation is comprised of three units, including a unit for people living with dementia. There are sufficient washing and toilet facilities along with multiple shared spaces, including dining, lounge and garden areas. Bankhouse Care Home will be referred to as Bankhouse within this report.

People's experience of using this service and what we found
Staff promoted lunch as a sociable and supportive event to enhance each person's appetite and provide a dignified meal service. People commented they enjoyed their food and were offered a choice of meals.

The registered manager and staff had developed caring relationships with people and their relatives centred on retaining their dignity and privacy. Those we spoke with told us staff had a warm, caring and kind attitude.

The management team provided clear guidance for staff about care planning processes to ensure they were responsive to people's needs. This included a programme of activities, which staff followed, to enhance each person's wellbeing and sense of self-worth.

The registered manager ensured staffing levels and skill mixes were sufficient to meet people's needs. One person said, "There is always someone to help me." Staff commented they had good levels of training and supervision to support them in their roles.

The registered manager ensured nurses were extensively knowledgeable in the safe management of each person's medicines. People confirmed they received their medication as prescribed.

People stated they felt safe at Bankhouse. One person told us, "I feel safe and looked after." The registered manager had robust systems to monitor, assess and mitigate risks. They guided staff about safeguarding people against harm or abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People said staff consistently gained their consent before supporting them.

The provider had commenced a programme of upgrades to enhance everyone's safety and welfare at Bankhouse. The management team worked closely with other services to share and gain good practice to improve people's welfare.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bankhouse Care Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by two inspectors 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.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke about Bankhouse with two members of the management team, six people, three relatives and

eight staff. We walked around the building to carry out a visual check. We did this to ensure Bankhouse was clean, hygienic and a safe place for people to live.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home, responded to any concerns and led Bankhouse in ongoing improvements. We checked care records of two people and looked at staffing levels, recruitment procedures and training provision.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training, recruitment and staffing level records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing levels to ensure staff had safe oversight of people across the home. The provider had made improvements.

● The registered manager ensured staffing levels and skill mixes were sufficient to meet people's needs throughout the 24-hour period. Those we spoke with commented they felt safe and well-supported because there were enough staff to assist them. One person said, "At night, there is always staff to help you. That is very important."
● Staff confirmed there were adequate personnel numbers on each shift to support people with a patient and timely approach. One employee stated, "The staffing levels are fine and the team has a good morale." Another added, "There are plenty of staff."
● The registered manager followed safe recruitment procedures to ensure employees were suitable to work with vulnerable adults. Staff recently recruited told us they did not commence in post until all their required checks were completed.

Using medicines safely

At our last inspection we recommended the provider sought guidance about 'when required' medication recordkeeping and procedures. The provider had made improvements.

● The registered manager ensured nurses were extensively guided and knowledgeable in the safe management of people's medicines. For example, they introduced new 'when required' protocols and audited systems, including recordkeeping, to check staff followed correct procedures.
● Staff were patient and explained to each person what they were doing. People confirmed they received their medicines as prescribed. A relative said, "Medication is all taken care of for us. This is a big help."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The registered manager had robust systems to monitor, assess and mitigate risks to staff, people and visitors. Staff completed detailed logs of accidents and incidents, which the management team reviewed for any patterns or themes to maintain each person's safety.
● Care records held risk assessments to guide staff to support people appropriately and safely. These covered, for instance, falls, mobility, personal care, nutrition and fire safety. Records included contributory factors, risk levels and clear actions to reduce potential hazards.
● Since our last inspection, the new provider continued to address identified concerns to develop an

effective service. Those we spoke with told us Bankhouse had been upgraded to enhance their comfort and safety. A relative stated, "I have seen lots of changes and things are definitely good at the moment." An employee added, "Things have definitely improved in the last 12 months."

Preventing and controlling infection

● The management team provided training for their workforce to enhance their skills in maintaining a hygienic environment. Staff had access to and made good use of personal protective equipment, such as disposable gloves and aprons. People confirmed they lived in a clean, comfortable home.

Systems and processes to safeguard people from the risk of abuse

● The registered manager made available to staff, people and visitors information about how to raise concerns to safeguard against harm or abuse. They underpinned staff awareness with training and had comprehensive policies, including whistleblowing procedures.

● Staff were able to describe good practice in preventing abuse or inappropriate care. One staff member explained, "I would whistleblow without hesitation. There are numbers around the home to tell us who to contact. I know the procedure and would follow it straight away."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to do all that was reasonably practicable to offer guidance, encouragement and help to support people with their nutritional needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

● Staff promoted lunch as a sociable and supportive event to enhance people's appetites and provide a dignified meal service. Care records held details about each person's requirements, including their preferences and actions to minimise the risk of malnutrition.
● People and relatives confirmed they were offered a choice of meals and where to eat them. They told us they enjoyed their food and had sufficient portions. One person commented, "The food is good and I enjoy it." A relative added, "The food is of a good standard."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff regularly assessed each person's needs to check their care planning remained effective. Where required, they referred people to other healthcare professionals with a timely approach. A staff member explained, "Communication is key and it is done well here."
● People and their relatives told us staff monitored their progress and supported them with their changing needs. They said staff reacted quickly in the continuity of their care. A relative stated, "We don't worry about [our relative], doctor's appointments are always made if necessary."

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

● The registered manager had properly assessed and obtained legal authorisation to deprive a person of their liberty to safeguard them. Care records held reviews of their mental capacity and support plans focused on assisting them with the least restrictive practice.
● People said staff consistently gained their consent before supporting them and assisted them to retain as much freedom as possible. Staff had relevant training and demonstrated a good awareness of the MCA. One employee stated, "It's important to remember everyone's different. It's about getting to know the whole person and supporting them in ways that best helps them."

Adapting service, design, decoration to meet people's needs
● The provider had commenced a programme of redecoration and environmental improvement to enhance everyone's welfare. They promoted a dementia-friendly environment to assist people to locate their whereabouts, including pictorial signs to signify the purpose of communal areas. Dining areas, lounges and corridors were spacious to accommodate wheelchairs and staff had suitable equipment to support people with a physical disability.

Staff support: induction, training, skills and experience
● The provider implemented an extensive training programme to improve the knowledge and skills of its workforce. This covered, for example, health and safety, infection control, manual handling and safeguarding. A relative confirmed, "The staff here give you confidence in their ability to care for the residents."
● Staff commented they had good levels of training and supervision to support them in their roles. This included a nursing assistant role whereby staff were trained to support the nurses with certain tasks, such as wound dressings. One employee stated, "You have to complete a 12-week course, including writing essays and have competency tests. I'm really enjoying it."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were consistently treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

● The registered manager and staff had developed caring relationships with people and their relatives centred on retaining their dignity and privacy. Care planning included details about assisting individuals with their intimate needs and guided staff to support them with respect.
● People confirmed staff stored their records securely. They added their care was delivered with an approach that was mindful of their dignity. One person said, "Staff are kind and treat me well. It's not easy having to be cared for, but the staff try to make it as dignified as possible."

Ensuring people are well treated and supported; respecting equality and diversity
● The registered manager created a Dignity in Care charter to promote and enhance respectful care delivery. This was displayed in the lobby and included such statements as 'Respect people's rights to have relationships' and 'Treat each person as an individual.' The aim of the charter was to instil in everyone the importance of valuing people's diversity and human rights.
● People and relatives told us staff had a warm, caring and kind attitude. One person stated, "The staff are lovely to me." Another person added, "The staff care well for me and I get what I need."

Supporting people to express their views and be involved in making decisions about their care
● The registered manager worked closely with people and their relatives to deliver care that was focused on their personalised needs. There was evidence throughout care records to show they were involved in their support planning. For example, each person or their representative had signed documentation to demonstrate they had discussed and agreed to their care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider sought guidance from a reputable source about good care planning and recordkeeping standards. The provider had made improvements.

● The management team provided clear guidance for staff about care planning processes to ensure they were responsive to people's needs. They were required to complete an initial plan within 24 hours, which they reviewed twice-daily during the person's first week. This was followed by the creation of an in-depth, robust full support plan.
● The new procedures enhanced close monitoring and review of people's needs, backgrounds and preferences to assess ongoing support met their requirements. Those we spoke with told us they had control over their care and staff were responsive to their needs. One person said, "I am finding it difficult to settle in the home, but the staff are trying very hard to help me."

At our last inspection we further recommended the provider sought guidance about the organisation and delivery of activities. The provider had made improvements.

● The registered manager had a programme of activities, which staff followed, to enhance people's wellbeing and sense of self-worth. A staff member explained they observed the activities co-ordinator writing poetry with one person. They added, "It was something I learnt about the resident I didn't know. It was wonderful to see them in a different way, an individual with a whole different life."
● The provider created a reminiscence room called 'the parlour' with old style furniture, fireplace, grandfather clock and radio. This provided a stimulating environment for individuals who lived with dementia. Staff also confirmed they had time to sit and chat with people. A staff member commented, "The managers understand this is a big part of the job and encourage this."

Improving care quality in response to complaints or concerns
● The registered manager provided multiple opportunities for people and their relatives to feed back any concerns. This included a designated email address and an electronic system at the entrance. A staff member stated, "It means as visitors are leaving they can put in their thoughts about how their family member's care was."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager checked people's communication needs to support those with a disability, impairment or sensory loss. For example, they assessed and care planned each person's requirements to maintain their independence. Dementia-friendly signage assisted people to locate their whereabouts within Bankhouse.

End of life care and support

● The registered manager created end of life care plans with people and their relatives to ensure their support was sensitive and optimised their comfort. They obtained in-depth information to guide staff to each person's advanced decisions and related preferences. This included their understanding of prognoses and relevant choices, such as family contact, special requirements, preferred place of care and religious needs. A relative wrote on a greeting card, 'Thank you for all the love, care and compassion you gave my [relative]. I am eternally grateful to all of you.'

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had commenced a programme of upgrades to enhance everyone's safety and welfare at Bankhouse. Staff, people and visitors consistently told us these were discussed with them and they had felt the benefits of the improvements. One person said, "I am very comfortable here." A relative added, "In the last 12 months the home has definitely improved."
- The management team sought people's feedback in multiple ways and displayed outcomes of surveys to show issues addressed and improvements made. Comments seen included, 'Our heartfelt thanks to all at Bankhouse for the care and attention given to [our relative].' 'Thank you to everyone for helping to make [person's] birthday a lovely day. A particular mention to [staff member] for a delicious and attractive birthday cake.'
- The registered manager worked with their workforce in the ongoing development of care delivery. Staff explained this had fostered a stronger, more cohesive team. An employee stated, "The changes over the last year have made a difference. The team is much better and everyone is just happier. It is a nicer place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their responsibilities and lines of accountability. They told us the management team was caring and worked with them in the delivery of care. One staff member said, "The management is supportive and easy to approach."
- The registered manager and nurses regularly completed a range of audits to check everyone's wellbeing. They assessed issues and action taken to address them. Service oversight checks included medication, maintenance, care plans, unnecessary hospitalisation and infection control.

Working in partnership with others

- The management team worked closely with other services to share and gain good practice. For example, the activities co-ordinator attended the local authority activities provider forum. These regular meetings helped staff from different homes discuss what works well and what does not to improve people's welfare.

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

● The registered manager publicly displayed information to people and relatives to demonstrate their openness and continuous learning. This included details about their engagement with the local authority and creation and progress of their quality improvement plan.
● Staff confirmed they felt a part of service developments and valued as members of the workforce. One staff member gave an example of suggesting the introduction of walk arounds between shifts to check everyone's safety. They added, "There have been a few things I am proud of suggesting and being introduced."