

Mr Colin James Richard Davies

Bank House Residential Care Home

Inspection report

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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 

Overall summary

This inspection took place 21 April 2015 and was unannounced. The last inspection was carried out 4 July 2014. The provider was compliant with all regulations we inspected.

Bank House is registered to provide accommodation with nursing and personal care for a maximum of 20 people. On the day of our inspection 20 people were living at the home.

The home had a registered manager in post who was present for the inspection. 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.

Summary of findings

People told us they felt safe living at home. Staff knew how to protect people and report incidents of concern. People's medicines were managed safely and staff followed the provider's guidance in administration, storage and disposal of people's medicines.

People were supported by sufficient staff numbers and by staff who received appropriate training support and supervision. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home. The registered manager and staff were familiar with their role in relation to protecting people's human rights and to follow published guidance where people do not have the capacity to make their own decisions.

Health care professionals were accessed for people when they needed them. People were supported to maintain

independence and control over their lives by staff who treated them with dignity and respect. The registered provider had a complaints policy which was available to everyone. There had been no complaints since the last inspection.

A menu was produced which provided a range of choices. The home catered for special diets to ensure people's individual dietary needs were catered for. A variety of social activities were available for people to choose from and people were encouraged to maintain contact with their family and friends.

Systems were in place to regularly audit the quality of the service and the registered manager acted where audits identified improvements were required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough qualified, skilled and experienced staff to meet people's needs. People received support or assistance from staff as there was always a member of staff available to give this support. People received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

People were supported to maintain good health by staff who had the skills and knowledge to meet their needs in the way they preferred. People's rights and choices were protected and their nutritional needs assessed and monitored.

Good



Is the service caring?

The service was caring.

People told us they were looked after well. People were treated with respect and their independence, privacy and dignity was protected and promoted. Staff demonstrated a good knowledge about the people they were supporting. The staff took time to speak with people and gave them time to express themselves. We saw staff engaged positively with people.

Good



Is the service responsive?

The service was responsive.

People were well supported and cared for. The registered manager and staff knew individuals they supported and the care they needed. People made decisions and choices about their life in the home and were provided with a range of activities. There was a system in place to receive and handle complaints or concerns raised so that people's views were listened to and acted upon.

Good



Is the service well-led?

The service was well led.

People considered the home was well led by the registered manager who promoted a positive culture and had a visible presence. The quality of care provided was regularly monitored and improvements were made where needed.

Good



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 April 2015 and was unannounced. The inspection consisted of one inspector.

As part of our inspection we reviewed the information we held about the home. We looked at statutory notifications

we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with 15 people who lived at the home. We also spoke with three family members, seven staff, and the registered manager. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

One person told us, “When I lived at home I used to feel vulnerable about being alone but here it is safe at night. There are night staff, if I wake up I can get up. I come into the lounge watch some television, have a cup of tea and a yogurt and then I go back to bed”. Another person said, “I know there are always staff around to keep me safe. I don’t have to worry”. Staff we spoke with knew about the policies and procedures that were in place with regard to protecting people from harm. Staff told us where they could locate policies. Staff told us how they would recognise poor practice and how they would report it. They told us they had been trained in protecting people from harm. Staff understood how to report poor practice and were confident that management would take action if they had any concerns. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. There had been no allegations of potential abuse since the last inspection.

We observed staff assisted people in a safe manner. For example, we saw a care worker take a person outside into the sunshine in their wheelchair safely. The staff member explained what they were going to do and reassured the person in a calm manner. The care records we reviewed included relevant risk assessments, such as nutritional and moving and handling risk assessments. We saw that risk assessments were reviewed on a regular basis and information updated as needed. The registered manager and staff were clear on how to manage accidents and

incidents. We saw there was a process in place to review incidents and the registered manager told us how action would be taken to minimise the risk of similar incidents happening again.

People told us the staff knew them well and that they assisted them promptly when they required assistance. One person said, “They are never short staffed”. Another person told us, “Staffing is always good here. We never have to wait when we need help”. A relative told us, “You always see plenty of staff when you visit”. Staff told us there were always enough staff on duty. One staff member told us, “We are always staffed well”. The registered manager told us staffing levels were planned across the home based on people’s dependency levels which ensured there were sufficient staff to meet people’s needs. We observed people were attended to in a timely manner and staffing levels were sufficient.

Staff we spoke with told us recruitment to the home was robust and they did not start work until all necessary checks had been completed. One staff member told us, “They sent for all my checks and references before I started work”. We looked at two staff files and found that necessary checks had been undertaken before staff started work.

People told us they always received their medicines on time and that the home never ran out of their medicines. One person told us, “The staff look after my medicines there are never any problems”. Another person said, “I was asked if I wanted to look after my own medicines but I prefer the staff to do it for me”. We observed how staff administered medicines and supported people where required, this was done safely and medicine administration records completed appropriately. Medicines were stored safely and disposed of following the home’s procedures.

Is the service effective?

Our findings

People told us they were happy with the support from staff. One person told us, "The staff are very good and know what they are doing." Another person said, "The staff are all lovely". Staff were able to tell us about the needs of people they looked after and how they ensured people received effective care and support. People told us the staff knew them well and that they assisted them promptly when they required assistance. Staff told us they were given opportunities for on-going training. We spoke with a new member of staff who told us, "I had an induction and shadowed a carer who had worked here for a long time. It gave me the confidence I needed". We saw a variety of essential training had been completed by the staff team.

One relative told us, "I have every confidence in the abilities of the staff here. Staff told us they were given opportunities for on-going training and support. One member of said, "All my training is up to date and I feel equipped to meet people's needs". We spoke with a new member of staff who told us, "I had an induction and shadowed a carer who had worked here for a long time. It gave me the confidence I needed". We saw a variety of essential training had been completed by the staff team to keep people safe and to meet their individual needs. ". Staff were able to tell us about the needs of people they looked after and how they ensured people received effective care and support. We saw staff had the experience and positive attitudes to carry out their role and responsibilities effectively to ensure people's needs were met.

Staff we spoke with understood the importance of seeking people's consent before they carried out anything with them. Staff gave examples of when consent would be sought. For example, before personal care was given. The registered manager and staff understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). They were able to explain the importance of protecting people's rights when making decisions for people who lacked mental capacity. The registered manager confirmed that there was no one living

at the home with a DoLS authorisation. The registered manager knew the process to follow if they believed they were denying someone of their human rights. We saw staff supporting people to make decisions and to make choices. For example, at meal times and in choosing social activities.

People told us they liked the food. One person told us, "The food is good and we always have enough of it, my daughter came for lunch yesterday. We really enjoyed the meal". Another person said, "If you don't like what's on the menu then they will make you something else". Another person said, "I am a vegetarian and they cater for my meals and everyone else". We observed people having their lunch and saw that a choice was offered for a hot meal and dessert. We saw that people who required a special diet were given this, for example people who were diabetic received food which was suitable for them. Lunchtime was relaxed and people were supported to eat a balanced diet. People were offered a choice of drink. We saw staff offer assistance to people who required it in a discreet and dignified way. Where there were concerns these were passed onto the appropriate health care professional such as the doctor, district nurse or dietician.

One person told us, "I went to the opticians recently". Another person said, "We see the doctor regularly here". A family member told us, "I am always contacted and kept up to date if the doctor has been to see [person's name]". We spoke with two healthcare professionals who visited the home on the day of the inspection. They told us that staff were quick to call them if the person required medical intervention. They went on to tell us, staff followed individual treatment plans that they had instructed them to follow and that outcomes for people were positive because the staff looked after people well. We saw people had been seen by the chiropodist, optician, district nurse and dietician and care records were kept up to date with the outcome of professional visits. Staff told us they followed the recommendations made. We saw people received specialist involvement when they needed it so that their healthcare needs were met.

Is the service caring?

Our findings

One person told us, “This is the best home in the whole wide world the staff are brilliant”. Another person told us, “I like it here the staff are very good to me”. A family member told us, “All of the staff are amazing, nothing is too much trouble”. Two healthcare professionals we spoke with told us end of life care was exceptional at the home and people were cared for extremely well when they were in the final stages of their life.

People told us staff respected them and treated them with dignity. One person told us, “The staff respect me and I respect them”. Another person told us, “I had a bath today and the staff always make sure they make me feel comfortable”. One staff member told us, “I treat people how I would like to be treated myself”. Staff were kind, caring and attentive to people. For example, staff asked people quietly if they needed assistance so other people could not hear them. We saw staff understood and protected people’s right to have individual private time with their family members.

One person told us, “The staff assist me to bath but I don’t need everything doing so they let me do the bits I can manage”. We saw people were treated as individuals. Staff were aware of people’s likes and dislikes and their preferences this was reflected in people’s care records. Staff were encouraged to promote people’s independence. For

example, mobilising around the home independently where they were able to. Care records detailed where people liked to spend their time. People told us that this was respected by staff.

People told us they were involved in decision making. One person told us, “I have seen my care plan and my family and I have been involved in meetings about me staying here”. Another person said, “It only took me a couple of weeks to make my mind up about making this my permanent home. I am more than happy to stay here because I am looked after so well”. One person told us, “I’m not a morning person so I have breakfast in my room and come to the lounge for my lunch”. We observed people were given choices. For example, people were asked if they would like to go outside to enjoy the sunshine. Another person was asked if they wanted to be taken into the local town.

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Is the service responsive?

Our findings

One person told us, “I asked if I could have a telephone in my room. I had it fitted at my own cost but there were no objections. They responded to my request very quickly”. Another person told us, “They help me have a shower when I ask them. You can choose when you want to get up and go to bed”. A family member said, “They listen to what you have to say and will always respond well”.

People told us they were involved in their assessment before they were admitted to the home. One person told us, “They came to talk to me at home and about my difficulties. I kept falling, but since I’ve been here I haven’t had a fall once. I put it down to happiness and being cared for”. People told us they were involved in planning their care and reviewing their plan of care with staff to check whether the support still met their needs. One person told us, “The staff talked to me when I came into the home about what I needed help with. I have seen my care plan and I have been involved with reviews about my care”. A family member told us, “I have been invited to [person’s name] review and I am satisfied [person’s name] is safe living here”. People’s diverse needs were recorded and staff were encouraged to support people where required. For example one person chose to eat their meal alone in the dining room.

We saw staff worked with individuals to support people to do what they wanted to do in terms of hobbies and interests. One person attended a community faith group in the area. We saw one person was taken a walk around the local area to enjoy the sunshine. They returned with a spring flower which staff put in a vase and put it on the table they sat by. Some people chose to sit outside and were supported to do this. Staff took care to make sure they were protected from the sun. Staff responded to people’s requests to return to their rooms after lunch for a rest. We saw there was a range of information made available to people and visitors which was placed around the home in the reception and communal areas. This included information about important things going on at the home. For example, activities taking place at the home.

People we spoke with and their family members told us they knew how to raise a complaint if they needed to. One person told us, “I would speak to [registered manager’s name]”. Another person said, “I would speak to the staff, but I’ve never had cause to”. A complaints policy was available for people to access in a format people could understand. The registered manager told us there had been no complaints since the last inspection.

Is the service well-led?

Our findings

People and their family members were positive about the registered manager. People told us they were happy with the way the home was managed. One person told us, “[registered manager’s name] has a warm heart and a sharp wit. I love him.” Another person said, “I see the manager every day and I can’t fault him.” Another person told us, “[registered manager’s name] is marvellous. I don’t know how he does it. I hope he doesn’t retire”. We spoke with the registered manager who had detailed knowledge of people’s needs in the home.

The home had a registered manager in place. All the staff we spoke with told us that they were well supported in the home. They said they had regular staff meeting to discuss practices, share ideas and any areas for development which helped improved life for people who lived at the home. One staff member said, “[manager’s name] is a good manager”. Another staff member told us, “I am supported well by [managers name] he is a good manager. Any issues he always listens and does something about it”. Staff we spoke with were committed to working as a team. One member of staff told us, “We work as a team here, we work very well together. Everyone carries out their job to the best of their ability and to do the best for the residents”. Minutes of meetings we saw contained discussions about professional standards, requirements of the Care Quality Commission, training and development. One staff member told us, “We are very much supported by [manager’s name]”.

The registered manager had clear visions and values and shared these with staff in team meetings. Staff gave a consistent view about the vision for the home. For example all staff emphasised the importance of communication with people and their relatives in determining people were receiving the right care and the importance of their training in delivering this. The home had an open culture that involved people’s involvement in decisions that affected them. One person told us, “We’ve chatted about what we wanted in the garden. We asked for more wild life plants and a water feature and we have those now. They really do listen to our ideas and suggestions”. People told us that surveys take place so that they can be consulted on issues about at home.

There were established systems to assess the quality of the service provided in the home. These included a programme of audits undertaken to assess compliance with internal standards. We saw regular audits have been undertaken on care records, medication records and the environment. We saw minutes of a resident meeting held showed people were asked for their views on various aspects of the home and comments had been actioned. For example, improvements to the environment had been made. We asked the local authority for their views about the home before we visited. They did not identify any concerns.