

Crystal House Platinum Limited

Bank House Care Home

Inspection report

Brandleshome Road
Bury
Lancashire
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28 November 2022

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19 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bank House Care Home is a residential care home providing personal care and support for up to 43 people. The service is also registered to provide nursing care; however, this is currently not provided. The home is a large detached building and is situated close to Bury town centre. At the time of this inspection, 16 people were using the service.

People's experience of using this service and what we found

Prior to the inspection we were made aware the provider had not taken timely action to renew insurance required for the service. The provider is reminded of their legal responsibility in ensuring safe and effective management of the business. At the time of the inspection relevant insurance had been arranged.

A new manager was in post at this inspection. They were aware of their legal responsibilities and acknowledged areas of improvement were required. Governance systems were being developed however further assurances were required to evidence sufficient on-going and sustained improvements had been made. Clear roles and responsibilities were to be defined between the management team, along with a better understanding of the regulations and how these can be met.

We found hygiene standards had improved. The home needs some redecoration and refurbishment. External health and safety checks had been completed however actions required had not previously been acted upon. The manager was now taking steps to address this.

Effective arrangements were now in place to ensure people received timely healthcare support when needed. The management and administration of people's prescribed medicines had also improved. We have made a recommendation about the storage and recording of some medicines.

Opportunities to promote people's emotional and social well-being needed improvement. At times there was little engagement with people unless supporting with care tasks. People told us there were no activities or opportunities offering stimulation and variety to their day.

People's care records needed further development. Care plans were not sufficiently person centred and failed to capture people's assessed needs or evidence their involvement. Records were not always held securely ensuring confidentiality was maintained.

Improvements had been made to help keep people safe. There had been a reduction in safeguarding concerns and we found people were no longer being unlawfully restricted. The manager was aware of the procedure for reporting and responding to any concerns. 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. People told us they felt safe and well cared for.

Appropriate recruitment checks were now in place prior to new staff commencing employment. Sufficient numbers of staff were seen however further recruitment was taking place to reduce need for agency staff. The manager was reviewing staffing arrangements within the home and areas of training and development. Staff told us they felt more supported and, since the appointment of the manager, things 'are now getting done'.

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 inadequate and the service was placed in special measures (published 20 June 2022). 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 some improvements had been made. However, the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 4 and 19 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care, safeguarding, consent, recruitment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bank House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified continued breaches in relation to governance, care planning, and health and safety at this inspection and a further breach in relation to meaningful activities and opportunities. We have also made a recommendation in relation to medication.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Bank House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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

Bank House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bank House is a care home registered for nursing care; however, this is currently not being provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of the inspection there was no registered manager in post. A new manager had been in post for six weeks prior to the inspection. An application to register with CQC was to be submitted.

Notice of inspection

This inspection was unannounced. Inspection activity started on the 1 November 2022 and ended on 28 November 2022. We visited the service on 1 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and one visitors. We also spoke with six members of staff including the manager, deputy manager, care staff and kitchen staff.

During the inspection visit we looked at the management of people's medicines and reviewed support plans. We also looked at areas of health and safety, infection control and staff recruitment. Additional evidence, sent to us electronically, was reviewed remotely. These included; policies and procedures as well as information to evidence management and oversight of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Whilst some improvements had been made, we would need assurances over a longer period that improvements made had been embedded and consistently demonstrated safe and effective care was provided.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure effective risk management systems were maintained so that people living and working at the home were not placed at risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relevant health and safety checks had been completed. However, action required had not been acted on in a timely manner. This included areas such as legionella and fire safety. The manager provided evidence to show action required was now being addressed.

The provider had failed to take timely action to address areas of health and safety, to ensure people were kept safe. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's health and well-being were assessed and planned for.
- The manager monitored potential risks, such as weight loss or falls, to help identify any themes which may need further intervention and support.
- We observed staff support people in a dignified, safe and caring manner, when assisting them to use equipment, such as the hoist.

Using medicines safely

At our last inspection the provider had failed to ensure people's prescribed medicines were managed and administered safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvement had been made to the management and administration of people's prescribed medicines.
- Medicines were only administered by those staff who had completed training and been assessed as competent to do so.

- The manager made regular checks of the administration records to make sure people had not missed their medication. However, these did not include where people had refused medication. The manager was to include this within the medication audits completed, so trends could be identified and acted upon.
- Room temperature checks, where medication was stored, needed monitoring as at times this exceeded 25°C, which may impact on the effectiveness of the medicine.
- Records were needed with regards to the application of topical cream to show these had been applied as prescribed.

We recommend the provider consider current good practice guidance on effective storage of medicines and the recording of external creams and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure effective safeguarding systems and processes were in place to ensure people were adequately protected against harm or injury. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to help safeguard people from harm.
- The manager was clearly aware of her responsibilities in reporting and responding to any concerns and where necessary liaised with other agencies such as the local authority and CQC.
- Up to date policies were in place with regards to safeguarding and whistleblowing as well as staff training. Staff told us they were confident in the manager and they now had better support.
- All the people we spoke with said they felt safe here and the staff attended to their needs when they needed them to. People said, "I tell them what I want, and I feel very safe and looked after" and "I feel very safe here."
- We observed examples of good care being provided, for example when assisting someone to the bathroom or when hoisting someone from a chair. Support was provided in a dignified, safe and supportive way.

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

At our last inspection the provider had failed to ensure the rights of people were upheld in line with the principles of the MCA. This was breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found people were no longer being unlawfully deprived of their liberty.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Areas of capacity and consent were to be explored further with the development of people's care plans. We saw one person was being supported by an independent advocate where specific decisions were being made about their care and support.
- People we spoke with said they followed routines. One person told us, "I go to bed at 8.30pm as that's when I want to go, I have had enough by then, I make my own decisions." We also observed staff speaking with people and asking their permission before carrying out support.

Staffing and recruitment

At our last inspection the provider had failed to monitor recruitment processes ensuring robust systems were in place. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Management and oversight of recruitment processes had improved ensuring relevant information and checks were in place prior to new staff commencing employment.
- We saw sufficient numbers of staff were available however some staff felt at times more were needed. Staff told us; "I think we have enough staff given we are really down on residents", "I feel sometimes we could do with more staff, now [manager] is here she does her best." And "I feel we do have enough staff."
- Agency staff were being utilised to cover current vacancies. We received negative feedback about the quality and standard of agency staff currently used. The manager was aware of this and taking steps to address this.

Preventing and controlling infection

At our last inspection the provider had failed to improve systems for the management of infection prevention and control minimising the risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. During this inspection we found hygiene standards had improved.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were encouraged to meet with family and friends both in and away from the home. A visiting family

member told us, "I come into see [relative] a couple of times per week and my cousin and her brother come in in between, so there is always one of us here each day."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to implement person-centred care plans, reflecting the individual needs and wishes of people so staff were guided in the support people wanted and needed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans and risk assessment had been reviewed and updated. However, care plans were not sufficiently person centred and failed to capture people's assessed needs. Those people spoken with were not aware of the content of their care plan.
- Information about people's long term needs or conditions were not fully reflected in their care plans providing an up to date and relevant information to guide staff in the current and changing needs of people.
- Death, dying and bereavement training was provided for care staff. Care records included arrangements for end of life care. However, those reviewed had no meaningful information about people's wishes at the end of their life.
- New care planning documentation was being introduced. Senior care staff were being supported by the manager to develop their knowledge and skills on how to complete a thorough person-centred plan.
- Records were not always held securely to ensure confidentiality was maintained. This was raised with the manager who was to address this with staff.
- People we spoke with felt staff knew their likes and dislikes. Staff were observed speaking with people in a polite and respectful manner.

Person-centred care plans, reflecting the individual needs and wishes of people and how they wished to be cared for, needed further improvement. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities to promote people's emotional and social well-being needed improvement.
- People told us there were no activities or opportunities offering stimulation and variety to their day. People said, "I get my hair done with the hairdresser which is nice", "I go out into the garden in the summer when I can. "I've made friends in the past but there is no one in here for me to chat with" and "There is no entertainment here, I would like that. I go out for a cigarette when they take me."
- We found the lounge and dining areas were relaxed and settled. However, there was little interaction between people or from those staff supervising people. We discussed the use of music to enhance the

mealtime experience. This was addressed by the manager.

Meaningful activities and opportunities to promote people's autonomy, choice and involvement needed to be introduced. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to maintain contact with family and friends. One person told us, "My [relative] comes in every few weeks to see me and my [relative] comes to cut my hair." Another added, "I go out with family members shopping, out for a meal or sometimes or overnight stays at my daughters."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people were able to clearly communicate their wishes and feelings. The manager was to explore this area further so people are given information and supported in a way they can understand.

Improving care quality in response to complaints or concerns

- Systems were in place for the reporting and responding to complaints and concerns. The manager was reviewing the policy in place, so information reflected the process in place.
- All the people we spoke with said they knew who to talk to if they had a problem. We were told, "I'm not afraid to speak out", "If I needed to complain or speak up about anything I would do but I don't need to" and "Nothing to complain about, they do everything I ask them to do."
- The relative of one person also told us, "We have never had cause to complain but we would feel comfortable in doing so if we were unhappy about something."

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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement and maintain effective quality assurance systems so areas of improvement were identified and acted upon ensuring good standards of quality and safety were in place. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

- Prior to the inspection we were made aware the provider had not taken timely action to renew insurance required for the service. Correspondence seen evidenced the provider had been advised to notify the local authority and the Commission, dating back to July 2022. This had not been done. The provider is reminded of their legal responsibility in ensuring safe and effective management of the business. At the time of the inspection relevant insurance was in place.
- The service did not have a registered manager. The manager had been in post approximately six weeks at the time of the inspection. Arrangements were being made to register with the Commission. People we spoke with were aware a new manager had been employed. One person told us, "The new manager is nice and is getting things moving."
- Clear roles and responsibilities were to be established within the management team, along with a better understanding of the Regulations and how these can be met.
- Formal health and safety assessments and checks had been completed. However, shortfalls identified had not previously been addressed by the provider. The manager confirmed with us plans were now in place to ensure outstanding actions with completed.
- Formal audits and checks, in line with the provider policy, needed embedding to evidence effective and robust governance systems were in place to make the necessary improvements. Whilst some improvements were being made by the manager, the service was not yet able to demonstrate, over a sustained period of time, that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

The manager was aware and taking steps to develop effective governance systems so there was clear evidence of management and oversight of the service. However, we found sufficient improvements had not been made since our last inspection. To evidence on-going and continuous improvement, systems needed

to be fully implemented and embedded. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

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

- People spoke positively about the care staff and the support they received. People told us, "The carers are nice and helpful" and "I am happy to be here, and all the girls are nice. The staff look after me well." The relative of one person also said, "Staff here are excellent with [relative], they do all her personal care, they are lovely."
- People did however tell us there was little stimulation provided both in and away from the home. We saw a 'You said, we did' board displayed in the hall. One person had requested Sky as they liked to watch football. The manager told us this was being arranged.
- Staff, resident and relative meetings had been held. The manager said arrangements would be formalised, so the information was shared and discussed with all parties.
- Staff spoken with felt the manager had been a positive appointment, providing the support and direction needed. We were told, "I have learned so much from [manager], she has changed this home so much", "[Manager] she is a very good manager; I feel we have improved a lot since she has come" and "I think [manager] is nice, before she started it wasn't great there was no support."

Working in partnership with others

- Since the last inspection the service has received regular support from the local authority. A comprehensive action plan had been developed to address contract compliance and the regulations. We asked the local authority to share this with the manager so work required could be incorporated within the home's improvement plan.

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 9 HSCA RA Regulations 2014 Person-centred care People's care records were not sufficiently person-centred, reflecting the individual needs and wishes of people and how they wished to be cared for.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not offered meaningful activities and opportunities to promote their autonomy, choice and involvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Timely action had not been taken to address areas of health and safety, so people were kept safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The management team needed to establish a better understanding of the regulations and how these can be met. Systems needed to be fully implemented and embedded to evidence of on-going and continuous improvement.

