

Mr Sariff Jomeen

West Bank Care Home

Inspection report

21 Crow Tree Lane
Bradford
West Yorkshire
BD8 0AN

Tel: 01274487889

Date of inspection visit:
23 October 2018

Date of publication:
06 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

West Bank Care Home is registered to provide accommodation and personal care for a maximum of ten people who have mental health needs. At the time of our inspection there were six people living at the home.

The service did not have a registered manager in post since it was run by a sole provider. However, the provider employs two care managers to manage the service on a day to day basis. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

West Bank is a 'care 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.

This inspection took place on 23 October 2018 and was unannounced. Our last inspection took place on 12 December 2016 and at that time we found a breach of Regulation 20A (Requirement to display performance assessments) of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. However, we found the provider had not always reported safeguarding incidents to the Commission as required.

Overall, people's medicines were managed safely and people told us they received their medicines at the right time. However, we found staff administering medicines had not completed competency assessments. This was not in line with National Institute for Health and Care Excellence (NICE) guidance. In addition, no protocols were in place for medicines prescribed on a 'As required' (PRN) basis.

There were enough staff to support people when they needed assistance and the provider followed a robust recruitment procedure to ensure only people suitable to working in the caring profession were employed. Suitable arrangements were in place to make sure staff were trained and supervised.

People's needs were assessed before they moved into the home. However, the assessment documentation we looked at was not sufficiently detailed and did not show how the provider concluded the staff team had the necessary skills and resources to meet people's needs.

Each person had a care plan in place which provided staff with the information required to provide appropriate, care treatment and support. People's care and support was kept under review and where

appropriate, they were involved in decisions about their care.

The atmosphere in the home was relaxed and from our observations, it was clear staff knew individual people well and were knowledgeable about their needs, preferences and personalities.

There was a limited range of leisure activities for people to participate in, including both activities in the home and in the local community. However, more could be done to ensure people enjoyed a full and active life. People told us they enjoyed the meals provided and were involved in menu planning.

Most risk assessments were well completed. However, in one person's records we found the risk assessment relating to smoking was not sufficiently detailed and had not considered all the risk factors. In addition, the fire risk assessment and evacuation plan required updating.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

We saw the complaints policy was available. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. However, we found some concerns highlighted in the body of this report had not been identified through the quality assurance monitoring system.

We found one breach of regulations in relation to Good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Overall, people's medicines were managed safely. However, staff administering medicines had not completed competency assessments and there were no protocols in place for medicines prescribed on a 'As required' (PRN) basis.

Risk assessments relating to personal risk and the environment were not always sufficiently detailed.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. However, the provider had not always reported safeguarding incidents to the Commission (CQC) as required.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Pre-admission assessments were not sufficiently detailed and did not show how the provider had concluded staff had the necessary skills and resources to meet the people's needs.

Requires Improvement ●

Is the service caring?

The service was caring

People told us they were supported by staff who were kind and considerate and respected their privacy and dignity.

Staff knew individual people well and were knowledgeable about their needs, preferences and personalities..

Good ●

The service provided compassionate care and support to people and their families at the end of their life.

Is the service responsive?

The service was responsive

Care plans were in place to ensure staff provided care and support in line with people's preferences.

There was a limited range of activities for people to participate in, including activities in the home and in the local community. However, more could be done to ensure people enjoyed a full and active life.

People felt confident they could raise concerns and complaints and these would be listened to and dealt with promptly.

Good ●

Is the service well-led?

The service was not consistently well-led.

Systems were in place to assess and monitor the quality of care provided. However, they were not always sufficiently robust and had not identified some shortfalls in the service highlighted in the body of the report.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Requires Improvement ●

West Bank 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 unannounced inspection took place on 23 October 2018. The inspection team consisted of two adult social care inspectors.

Prior to an inspection we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion we did not ask the provider to submit a PIR.

However, we did look at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we looked at three people's care records to see if these records were accurate, up to date and supported what we were told and observed during the inspection. We looked at records relating to the management of the service. These included complaints, accidents and incident records, medicines records, maintenance and service records and the provider's self-audit records.

We looked around some areas of the building, including bedrooms, bathrooms and communal areas.

We spoke with two care managers, one staff member and four people who used the service. The registered provider was not available at the time of inspection. We also spoke with the Local Authority Commissioning Service.

Is the service safe?

Our findings

People told us they felt safe living at West Bank. One person said, "The staff are great. I get on with them all." Another person said, "I have lived here a long time and feel safe and secure."

Both care managers understood their responsibilities in relation to safeguarding and records showed safeguarding concerns were identified and reported to the local safeguarding team and where appropriate the police. However, we found they were not always reported to the Care Quality Commission [CQC] which is required by law. CQC is now considering the appropriate regulatory response to resolve the problem we found.

In addition, we found the financial transaction sheet for one person had not been completed correctly. We concluded this was a record keeping error, however it had not been identified through the internal audit system in place. This demonstrated the providers systems for monitoring the quality and safety of the service were not being operated effectively.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care manager told us there were sufficient staff employed to meet people's needs and many of the staff had worked at the home for several years. The rota showed there was always two staff on duty during the day, including a care manager or senior care assistant. The home did not employ waking night staff, however, staff slept on the premises and carried out three hourly checks during the night to ensure people were safe. In addition, the emergency call alarm is activated in their accommodation so people can contact staff anytime during the night if they require assistance. The provider employed a part time cleaner but no catering staff. The care manager told us the care staff were responsible for preparing meals and some cleaning duties. However, people who used the service were encouraged to assist them to develop and maintain their daily living skills.

At the last inspection we found the provider had safe staff recruitment and selections procedures in place which ensured only people suitable to work in the caring profession were employed. At this inspection we found no new staff had been employed and therefore it was not necessary to review the recruitment process.

Overall people's medicines were stored, administered and disposed of safely. People told us they received their medicines at the right time and medicines were stored securely. People's medicines were only administered by staff who had completed training. However, we found staff administering medicines had not completed competency assessments. This was not in line with National Institute for Health and Care Excellence (NICE) guidance.

When people have medicines prescribed to be taken 'as required' (PRN) it is good practice to have guidance in place to help ensure they are administered consistently. Such guidance is generally referred to as a 'PRN

protocol' and should be completed for each medicine prescribed in this way. Although the guidance was available in the home, individual 'PRN protocols' had not been completed. The care manager told us they would address this. The care manager told us medication audits were in place. However, the records showed the audits consisted of stock checks and there was no audit to check the complete process of medicines management.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety and welfare were identified. People's care records included up to date risk assessments. The risk assessments considered risks to people's physical and mental wellbeing. For example, there were risk assessments relating to mobility, the risk of pressure sores and behaviours which challenged. The assessments also considered risks to other people. For example, we saw one person had been identified as presenting a risk to others while out in the community. There was clear guidance in place to ensure staff knew what they needed to do to manage this risk.

Most risk assessments were well completed. However, in one person's records we found the risk assessment relating to smoking was not sufficiently detailed and had not considered all the risk factors. This was discussed with the care manager who said they would address it.

Accidents and incidents were recorded. The care manager carried out an audit of accidents and incidents each month. However, because the numbers of accidents and incidents were low it wasn't possible to carry out any meaningful analysis to identify trends or patterns. The care manager told us they reviewed accidents and incidents on an individual basis to identify any areas for improvement. For example, they had identified that one person who lived at the home was more likely to present with behaviours which challenged in the morning. They had put an activity plan in place to make sure the person was engaged during the early part of the day and this had resulted in a reduction in behaviours which challenged. This was an example of how the service learned lessons when things went wrong.

As part of the inspection process we looked at the environment and found some areas of the building required refurbishing. However, people who used the service told us they were happy with their bedrooms and we saw some rooms had recently been decorated. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order.

We saw Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. However, the assessment's we looked at were dated 2012 or 2013 with no indication they had been reviewed since that date. This was discussed with the care manager who confirmed they would review the assessment and ensure no changes were required. All cleaning materials and disinfectants were kept in a locked room as required.

Records showed the fire alarm was tested weekly and fire drills were held, although there was no indication what time of the day or night the drill had been carried. Staff could tell us what they needed to do if the fire alarm sounded. However, we found the fire risk assessment and the fire evacuation plan required updating to reflect people's current needs we therefore contacted the local fire service with our concerns.

Is the service effective?

Our findings

The care manager told us people's needs were assessed before they moved into the home. However, when we reviewed the pre-admission assessment form for a person who had recently moved in, we found it was not sufficiently detailed. For example, it did not show how the service had taken account of information provided by other agencies. In addition, it did not show how the service concluded they had the necessary resource to meet the person's needs. This was discussed with the care manager who confirmed they would address this matter.

People were supported to meet their health care needs. The care records we looked at showed staff worked with various agencies to make sure people accessed other services in case of emergency or when people's needs changed. This included GPs, hospital consultants, community psychiatric nurses, opticians and dentists.

We looked at the staff training matrix and found staff updated their mandatory training on an annual basis facilitated by an external training provider. The staff we spoke with told us the training was informative and provided them with the skills and knowledge to carry out their roles effectively. They told us as part of the training programme they completed courses on mental health and positive behavioural support to ensure they understood their responsibilities to promote people's human rights and were able to manage the behaviours of people whose behaviours may challenge.

The care manager told us if new staff did join the staff team they would be enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the care manager. We saw supervisions were structured and all members of the staff team also had an annual appraisal which looked at their performance over the year.

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 so that they can 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 whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. None of the people who lived at the home had a DoLS authorisation in place. Our review of the records and discussions with people who lived at

the home and the care manager provided assurance people were not being deprived of their liberty. They told us people had capacity to make decisions about their care and treatment and we saw their consent was recorded.

People said the food was good. The records showed people's weights were monitored and appropriate action was taken in response to unplanned weight loss. None of the people who lived at the home had any special dietary requirements. People spoke positively about the food in the home. One person said, "The food is okay, you can have what you want." Another person said, "I can have my meals in the dining room or in my bedroom. I can make a drink of tea or coffee when I want and I help out in the dining room sometimes." We saw the menus in place rotated on a four-weekly basis and the main meal of the day was served at teatime.

West Bank Care Home is a large adapted detached house in a residential area of Bradford. Bedrooms are located on the ground and first floor of the building, eight of the bedrooms are for single occupancy and one is a shared room. None of the rooms have en-suite facilities however communal bathrooms and toilets were available within the home. The care manager told us it was the providers intention to convert one communal toilet into a shower room to make it easier for people to receive support with their personal care. Call bells were available to enable people to summon staff when needed.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "I like all the staff they are friendly and we have a laugh together." Another person said, "The staff are great, I like living here." This was consistent with our observations throughout the day of inspection. For example, we saw staff engaging people with conversation and friendly banter and taking an interest in what they had planned for the day.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering their room. We saw people's bedrooms had been personalised with photographs and lots of personal belongings. Staff had a very good knowledge of people's needs and preferences, and understood each person's individual personalities well.

People's privacy was respected. For example, people could lock their bedroom doors and privacy curtains were in place in the shared room. The two people who shared a room were regularly asked if they remained happy with this arrangement or if they wanted a room of their own. The records showed they were happy to share and when we spoke with them they confirmed this.

We looked at whether the service complied with the Equality Act 2010 and how they ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the care managers and people who lived at the home showed the service was pro-active in promoting people's rights. People's cultural needs were considered during the assessment process and people were supported to follow their chosen faith. For example, one person was supported by staff to attend a church service every Sunday.

People were supported to maintain their independence. For example, throughout the day we saw people could help themselves to tea and coffee in the dining room and some people assisted the staff to wash up after their meal. One person said, "Staff help me to keep my room tidy and I help staff to wash up sometimes." Another person said, "Staff help me to do my washing, make the bed and keep the place clean, but I do what I can for myself."

People were involved in decisions about their care and treatment. This was evidenced in their care records. Meetings were also held which gave people the opportunity to have a say in day to day running of the service.

People received appropriate end of life care. People were given the opportunity to talk about how they wanted to be supported at the end of life during the assessment process. However, the records showed most people did not feel ready to talk about this aspect of their care. The care manager told us how they had recently supported one person with end of life care. The person had expressed a wish to stay at West Bank which had been their home for many years. This had been made possible with support from the district nurses, the person's GP and the NHS Gold Line service. The Gold Line is a dedicated twenty-four-hour telephone service for people who may be in their last year of life and their families across Airedale, Wharfedale, Craven and Bradford. The care manager told us the person had passed away peacefully with

staff in attendance. All the people who lived at the home and staff had attended the person's funeral.

Most of the people living at the home did not have regular contact with family or close friends. However, the care manager told us if people did have family or friends they were encouraged to keep in contact with them and there no restrictions on visiting. Records showed if people did not have family or friends, they had been offered support to contact advocacy services. Advocacy services provide independent support and encouragement that are impartial and act in the person's best interests in advising or representing them. The care manager confirmed that at the time of inspection no one required an advocate to act on their behalf.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. All confidential records and reports relating to people's care and support and the management of the service were securely stored to ensure confidentiality was maintained and the computers in use were password protected.

Is the service responsive?

Our findings

Each person had a care plan which showed their care and support needs. People were involved in discussing their care and indicated their preferences about how they liked their care delivered. One person said, "I know all about my care plan, I sit down with (Name of staff) and go through it sometimes." We found care and support plans were up to date and reflected people's current needs. The staff we spoke with were familiar with people's plans of care which provided us with assurance they were followed.

People's care was also reviewed in conjunction with their care coordinator through the care programme approach (CPA). A CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or with a range of related complex needs. A care coordinator is identified and oversees the CPA and they are responsible for planning the care and support people received.

We looked at what the service had done to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

The care manager told us the service did not employ an activities co-ordinator, but the care staff on duty provided people with a range of in-house activities. In addition, special occasions were celebrated throughout the year and some people went out shopping or to places of interest either with staff or on their own. The care manager told us activities were based on people's preferences and what they wanted to participate in on the day.

We saw there was a limited range of in house activities for people to participate in if they wished to do so. One person said, "There are things going on if you want to join in, but I like watching my TV and listening to music in my bedroom." Another person said, "I prefer to do my own thing and staff don't have a problem with that." Everyone we spoke with was looking forward to bonfire night and seeing the fireworks.

None of the people living at the home went to any day centres or external support groups for people with mental health care needs. This was discussed with the care manager who confirmed this was something the service could look at in the future if people were interested.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found four formal complaints had been received since the last inspection, all of which had been dealt with appropriately. People told us they were aware of the complaints procedure and felt confident if they did have any concerns they would be dealt with appropriately.

Is the service well-led?

Our findings

The service did not have a registered manager in post since it was run by a sole provider. The provider was on holiday at the time of inspection. However, two care managers employed by the provider were present throughout the inspection.

People who used the service told us both care managers were friendly and sorted out any problems they had. One person said, [Names of care managers] are really nice and they listen to you as do all the staff." Another person said, "The place is clean, the staff are good and the meals are decent enough. You have your own room and you can have your personal things in your room, so yes, I think it is well run."

The care manager told us the provider visited the home on a regular basis and carried out regular quality audits of the service. However, records showed the provider used a standard format which mainly looked at the environment and fire system and no other aspects of the service. The audits was not detailed, for example it did not make any reference to the condition of the carpet on the first-floor landing which was badly stained and frayed around the edges.

In addition, we saw the care managers also carried out a range of weekly and monthly quality assurance audits on different aspects of the service including medication, finances and infection control. However, the audit systems were not robust and had not identified the shortfalls we found during our inspection which are detailed in the body of this report.

For example, the shortfalls in compliance with national guidance in relation to medicines, poor record keeping including not informing the Commission of safeguarding incidents and the lack of a detailed pre-admission assessment for people admitted to the home. We therefore concluded the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, we found there was little evidence of the provider working with other agencies to improve the service. For example, the service had not signed up the 'Red Bag Pathway'. This is an NHS initiative which was rolled out across Bradford area to support the transfer of detailed information when people move from care homes to hospital.

We saw that staff and resident meetings were held so that people who used the service and care staff were kept informed of any changes to work practices or anything which might affect the day to day management of the service. In addition, survey questionnaires were sent out to people who used the service to seek their views and opinions of the care and facilities provided. We looked at the results of the last survey and found the responses were positive. A summary of survey results was displayed in the dining room.

It is a requirement that the provider displays the quality rating certificate for the service both in the home

and on their website if they have one. At the last inspection we found the provider had failed to display the most recent rating by the Commission either on the premises or on their website. On this inspection we found the provider had now met this requirement.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to monitor, assess and improve the quality and safety of the services provided and ensure compliance with regulations. 17(1)(2)(a)