Miss Tina Boswell

Banbridge House

Inspection report

Banbridge House
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Tel: 01643702275

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 28 June 2016.

Banbridge House is a care home which is registered to provide care to up to 19 people. The home specialises in the care of older people. At the time of this inspection there were nine people living at the home.

The registered provider manages the service on a day to day basis. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the home was carried out in August 2014. At that inspection the service was rated as Requires Improvement. We found that improvements were needed to ensure people had access to activities and social stimulation. We also found improvements were needed to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the home took account of good practice guidelines. At this inspection we found that although there was evidence that improvements had been made these had not been sustained to ensure positive changes for people using the service.

Although the provider monitored standards on an informal basis there were no systems in place to ensure ongoing improvements. This meant that if the manager was absent there would be no systems for other staff to follow to ensure people received a consistent standard of care and support. There was no structured activity programme which meant people who were unable to occupy themselves had limited opportunities to take part in social activities.

Standards of maintenance and cleanliness were poor which could possibly place people at risk of the spread of inspection. Many communal areas of the building were worn and required decoration to ensure they provided a pleasant and safe environment for people. Some equipment used to support people was not hygienically clean or had not been serviced in accordance with recommendations.

There was a small stable staff team who knew people well and were able to provide care that respected each person as an individual. Staff training was not always kept up to date which could place people at risk of not receiving the most effective care to meet their needs.

There were sufficient numbers of staff to support people in a calm and unhurried manner and to spend time socialising. People spoke highly of the staff who supported them and said they were always kind and friendly. People were very relaxed with staff and the provider.

There was a complaints procedure on display but everyone said they would speak directly to the provider if they were unhappy with any aspect of their care. People felt confident that any issues highlighted would be

resolved.

There was a homely and comfortable atmosphere where people were able to make choices about their day to day lives and visitors were always made welcome. One person said "You can do as you like within reason." Where people were unable to make decisions for themselves staff knew how to support people and protect their legal rights.

People's physical and mental health was monitored by staff and people had access to specialist healthcare professionals according to their individual needs. Care plans showed how risks to people's health or well-being were assessed and how staff supported people to minimise risks.

People received their medicines safely at the prescribed times. Staff kept clear records of all medicines at the home.

People had the support they required to meet their nutritional needs and were offered choices of food. People were happy with the food served at the home. One person said "Food here is always nice." Another person told us "Very nice food and always tasty."

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not totally safe.

Standards of hygiene at the home placed people at risk of the spread of infection and did not always promote a pleasant environment for people.

People received their medicines safely.

Action was taken to minimise risks to people and promote their independence.

Is the service effective?

Requires Improvement

The service was not totally effective.

Staff had not all received up to date training which could potentially mean people did not receive the most effective care to meet their needs.

People's nutritional needs were monitored and they received a diet in line with their needs and wishes.

People had access to healthcare professionals according to their individual needs.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and patient.

People's friends and family were always made welcome at the home.

Staff respected people's privacy and were aware of issues of confidentiality.

Is the service responsive?

Requires Improvement

The service was not totally responsive.

There were limited opportunities for people who were unable to occupy their time to take part in activities.

People were able to make choices about their day to day lives.

People felt able to speak with the provider if they were unhappy about any aspect of their care.

Is the service well-led?

Requires Improvement

The service was not well led.

There were no systems in place to monitor practice or ensure ongoing improvements for people.

The provider had not kept up with routine maintenance to ensure people lived in a pleasant and safe environment.

Banbridge House

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 28 June 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, we asked 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. They did not return a PIR and we took this into account when we made the judgements in this report.

At the time of the inspection there were nine people living at the home. We met with all nine people. Some people were unable to fully express their views about the care and support they received. We therefore spent time observing care practices within the home and spoke with the three members of staff on duty and one visitor. The provider was available throughout the inspection.

We looked at a sample of records relating to people's individual care and the running of the home. These included three care and support plans, medication administration records and records relating to health and safety checks.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed to ensure people were fully protected from the potential risks of possible unsafe equipment and the spread of infection.

Some items of equipment and areas of the home required refurbishment to ensure they fully protected people from the possible spread of infection. One communal toilet had split lino on the floor and one bathroom had gaps in the grouting between tiles which could potentially harbour germs. One toilet frame and a number of commodes were not hygienically clean and had rust on them which increased the risk of infection.

Although people's personal rooms were clean and fresh standards of cleanliness in communal areas did not promote a pleasant environment for people. Some carpets required deep cleaning and dining room chairs were dirty. Much of the furniture in the home was tired and worn. One person said "The care here is lovely but the building needs proper maintenance and more hoovering."

The poor standards of hygiene within the home potentially placed people at risk of infection. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some measures in place to minimise the risks of the spread of infection. For example; staff wore personal protective equipment such as disposable gloves and aprons when assisting people with care. There was a sign on the door requesting people not to visit if they were unwell and there was alcohol hand gel available.

The majority of people who lived at the home were independently mobile with the support of walking aids. Two people required to occasionally be supported to move using a mechanical hoist. The mechanical hoist in use at the home had not been serviced for 12 months although the 'Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) state a thorough examination of mobile hoists should be carried out at least every six months. This potentially placed people at risk of being assisted to move using equipment that may be unsafe. We discussed this with the provider who immediately contacted the servicing company to request an urgent service of the hoist.

People told us they felt safe at the home and with the staff who supported them. One person told us "Staff are very nice and always kind." Another person said "I do feel safe here. No one is ever unkind."

Staff knew how to recognise any signs of abuse and all said they would report any concerns to the provider. All were confident any concerns would be taken seriously and action would be taken to promote people's safety. There was a poster on the notice board which gave contact details of how to report suspicions of abuse if people felt unable to discuss issues with the provider.

The provider had a recruitment policy which minimised the risks of abuse to people. The policy included carrying out checks and seeking references to make sure new staff were suitable to work at the home. No

new staff had been employed since the last inspection.

There were enough staff to make sure people received care and attention when they needed it. Due to the reduced numbers of people living at the home care staff had taken on responsibility for other tasks, such as cooking and cleaning, in addition to their care role. People told us there were always staff available to assist them and staff felt staffing levels were adequate to meet the needs of people. One person said "They're always around when you need them." Another person said "You only have to ask for something and they are here to help you." A member of staff said "Staffing levels aren't too bad. We have time to talk to people."

Throughout the inspection visit staff were attentive to people who were in the communal areas of the home and those people who chose to stay in their rooms. Staff had time to chat to people and assist them when required. One person who preferred to spend time in their room said "You're never on your own for long. There's always someone popping in."

Risks to people had been assessed and action had been taken to minimise risks. For example one person spent much of their time in bed and their care plan said staff should assist them to change position every two hours to prevent pressure damage to their skin. Daily records showed staff were supporting this person to move in line with their care plan. Another person went out of the home without staff supervision. They told us staff always knew where they were going and they carried a mobile phone with them in case they needed to contact the staff.

People's medicines were safely administered to them by staff who had undertaken specific training. The home used a monitored dosage system with printed medication administration records. Records showed all medicines that entered the home were checked and signed for. Medicines were correctly signed when administered or refused and where people were prescribed a variable dose the actual amount given was recorded. This meant there was a clear audit trail and staff knew what medicines were on the premises at any time.

People were asked when they moved in if they wished to take responsibility for their own medicines. One person had originally decided to self-administer their own medicines but had later asked staff to carry out this task. This was identified in their care plan. They told us "It's one less thing to worry about."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We heard staff offering these medicines to a person and they acted in accordance with the person's decision.

Requires Improvement

Is the service effective?

Our findings

Staff said they felt competent in their roles and thought they had the skills required to assist people safely and effectively. One member of staff said "I feel I've had the training I need." However the provider acknowledged that some training needed to be up dated. Refresher training would make sure staff were supporting people in accordance with the most up to date good practice guidelines.

Although staff told us they had received training in various subjects since they began work at the home there was no clear record of when training had been undertaken. We saw training certificates in one staff file which showed they had received refresher training in fire safety and safeguarding but their moving and handling training had not been up dated. Refresher training in first aid had been booked for all staff in October. The lack of up to date training could potentially place people at risk of not receiving the most effective care to meet their needs.

The provider worked alongside staff which enabled them to offer ongoing support and supervision. Staff felt well supported by the provider and said they could discuss any issues or needs with them at any time. No staff had received a formal appraisal in the past 12 months which meant there was no record of any formal discussions about staff's working practice and no recorded information about any training needs that staff or the provider may have highlighted.

People felt they received effective care and support from staff who knew them well and understood their needs. All staff spoken with on the day of the inspection had worked at the home for over ten years and had a good knowledge of people. One person said "The staff here are all pretty good. They work hard." Another person said "They make sure you're always comfy. They know how you like things."

Most people who lived in the home were able to make decisions about their day to day care and treatment. People were always asked for their consent before staff assisted them with any tasks. We heard staff asking people if they wished to be assisted and staff respected people's choices. One person said "They always ask about what you want."

The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

One person's care records contained information which showed the decision to move to the home had been made in their best interests in consultation with their family and relevant professionals. A member of staff told us if people were not able to fully understand complex decisions then families were contacted to ensure any decisions made were in the person's best interests. A visiting relative said they thought communication in the home was good and staff always discussed matters with them. This showed the staff were practicing in accordance with the law to make sure people's legal rights were protected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The provider was familiar with this legislation and had made appropriate referrals where people required this level of protection to keep them safe.

The home arranged for people to see health care professionals according to their individual needs. Records showed that people had access to a variety of healthcare professionals including GPs, community nurses and chiropodists. One person told us "They get the doctor out if you need it."

Records showed that where staff had noticed changes to a person's behaviour or well-being appropriate professionals had been contacted for advice and support. For example one person had been seen by a community mental health professional to assess their mental health.

We read the care records for a person who was assessed as being at high risk of pressure damage to their skin. There was an assessment which outlined the equipment and care required by this person to minimise the risks. We saw the person had the identified pressure relieving equipment in place and they were being seen regularly by the local district nursing team. The person did not have any pressure damage to their skin which showed that the care regime in place was effective in meeting their needs.

People's nutritional needs were assessed and people received a diet in line with their needs and wishes. People were very complimentary about the food served at the home. One person said "Food here is always nice." Another person told us "Very nice food and always tasty."

At lunchtime people were offered choices of food and were able to decide where they ate their meal. One person told us in the morning they preferred to eat in their room and at lunchtime a meal was taken to them. Another person chose to eat in the lounge area away from other people. One person said they did not want a cooked meal and asked for sandwiches which were provided.

Staff weighed people regularly and sought advice from healthcare professionals when concerns were identified. One person had lost weight and the provider had arranged for them to be seen by a doctor who prescribed food supplements which were being given regularly. The weight records for this person showed they were now maintaining a stable weight. Where concerns had been expressed about another person they had been seen by a dietician. The care plan showed they required food supplements and a liquidised diet. This person received the appropriate diet and their weight records showed they had maintained a stable weight for the past year. This showed that action taken regarding people's nutrition was effective in meeting their needs. One person said "If I had a complaint it would be the size of the meals. I'm putting on weight."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Everyone felt that staff were kind and friendly towards them. Comments included; "Staff here are lovely," "All the staff are nice people" and "They treat you like a normal person." One relative told us "There is so much care here and it's a happy place."

During the inspection we observed examples of kindness and consideration. One person complained about not feeling very well and staff offered reassurance to them in a kind and patient way. When people needed assistance staff offered help in a friendly manner. When they walked with people they did not rush them. Everyone was very comfortable and relaxed with the provider and staff.

We heard that staff helped people to celebrate birthdays and other special events. One person had had a party for a significant birthday and family members had attended. One person said "I do feel they care about me. Sometimes it's just the little things that show."

The provider and staff team had been at the home a number of years which had enabled people to build relationships with the people they cared for. Staff knew about people's families and interests and were able to chat to people about things that mattered to them. Throughout the inspection there were kind and friendly conversations between people and staff.

People had also formed friendships with other people who lived at the home. The majority of people spent their time in the communal lounge and some chatted to each other. The care records for one person showed that on their first day in the home they had been introduced to people and helped to form a friendship with another person who shared their abilities and interests.

The provider's dog spent time in the home and people showed great affection for them. One person encouraged the dog to sit by them and told us "I've always loved dogs. It makes me feel more at home. When he sits on my feet it's like having a big hot water bottle." Another person told us "He [the dog] makes my day." The friendliness of staff and the affection for the dog all helped to create a very calm and homely atmosphere for people to live in.

People were encouraged to maintain contacts with friends and family and visitors were always made welcome. One visitor told us "There's a family type atmosphere and you are made to feel ever so welcome." One person had moved to the home after a relative had been cared for there. They told us they had always visited and when they required care they decided to move in. They said "I always felt comfortable and welcome here so it was the right place. They knew me and I knew them."

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. However most people saw their personal visitors in the communal areas and visitors spoke with everyone which created a nice atmosphere. One person said "We sort of share our families. My relative knows everyone and everyone knows them." A number of people went out regularly with family members.

There were ways for people to express their views about their care. The provider worked in the home on a daily basis and spent time talking to everyone. One person said "You can talk to [Provider's name] about anything." A visiting relative said they were always involved in discussions about their relative's care.

Some people had care plans in place regarding the care they would like to receive at the end of their lives. People had been able to discuss with staff and healthcare professionals some specific elements of the care they would like and these were recorded. This helped to ensure that people would receive care in accordance with their wishes if they were unable to express their views. One person, whose relative had died at the home, said "They were so kind to both of us. Couldn't have asked for better."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found that people who were unable to occupy their time received limited access to activities because there was no activities programme. At this inspection we saw that no improvements had been made in the activities available to people. However the staff did spend time chatting to people and visitors also spent time with people. Some people went out with relatives, one person went out on their own and staff supported other people to go out. One person attended a local day centre on a weekly basis.

We asked people about the activities and there were mixed responses. One person said "There used to be more going on when there were more people." Another person said "It's just everyday life. I like watching things through the window and like to go out sometimes." One person said "I'm never lonely because there are always people to talk to." Staff said they often supported people with activities in the afternoons however we saw no evidence of this on the day of the inspection.

Some people were able to occupy themselves but other people spent a large amount of their time sat in front of the TV. The lack of activities could mean that people who were unable to occupy their time did not have opportunities to take part in things that interested them or pursue their hobbies or interests.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Staff had a very good knowledge of how people liked to be supported and their daily routines. This helped to ensure people received care and support which was personalised to them as an individual.

People said they were able to make choices about their day to day lives including when they got up and when they went to bed. One person said "I go to bed quite late if there's something good on the telly. The staff will help you whenever you are ready." Another person told us "You can do what you like within reason."

Everyone was treated as an individual and staff were able to tell us about each person and their likes and dislikes. One person said "They know all about me. We can have a laugh and a joke but they know how to help me when I need it."

The staff responded to changes in people's needs. One person had been able to go out without staff supervision but due to a decline in their health was no longer able to do so. Staff assisted them when they wished to go out to make sure they still had opportunities to go into the town. Staff told us about another person whose mobility was varied and so required different levels of support at different times. One person said they liked to be independent but staff assisted them when they requested help. They told us "They just help you when you ask."

The provider sought people's feedback and took action to address issues raised where appropriate. Menus were regularly drawn up taking account of people's suggestions and known likes and dislikes. A visiting

relative said the provider spoke to everyone regularly and always made an effort to accommodate their wishes.

The provider worked in the home and provided hands on care and was therefore familiar with everyone who lived there and their visitors. People we asked said they would not hesitate to speak with the provider if they had any concerns. All were confident they would not have to make a formal complaint to make sure any dissatisfaction was sorted out. One person said "I always tell them if I'm not happy with something. They just sort it out." Another person said "If you want anything or aren't happy you just talk with [provider's name.]"

There was a complaints procedure displayed in the entrance hall which enabled people to formalise their complaints if they wished to. People we spoke with said any issues raised were always dealt with and they had not needed to use the complaints procedure.

We recommend that the provider seeks advice and support regarding how to provide meaningful activities for people.

Requires Improvement

Is the service well-led?

Our findings

The provider managed the home on a day to day basis which meant they were familiar to everyone who lived there. In addition to management responsibilities they worked alongside care staff to provide care and support to people. Everyone we asked said the provider was extremely approachable and always available to listen.

At the last inspection we identified that although the provider was able to monitor care on an informal basis, there were no formal quality assurances systems in place. This meant there was no plan to monitor quality or ensure ongoing improvements were made for the benefit of people who lived at the home. It also meant that if the provider was absent from the home there were no systems for staff to follow to ensure people received a consistent standard of care.

At this inspection we found evidence that some quality assurance programmes had been put in place including a schedule for improvements to the building. However these systems had not been sustained and there were no up to date plans for ongoing maintenance which would improve the environment for people. The provider was open and honest in sharing the shortcomings with us and fully acknowledged that the systems put in place had been reactive rather than pro-active.

There was no identified member of staff who deputised for the provider if they were absent. The provider took responsibility for all aspects of running of the home and did not delegate responsibility to other staff. This meant that no other staff were familiar with the running of the home which may lead to inconsistent management and support if the provider was not available

Although care plans were up to date which ensured people received care to meet their needs other record keeping was poor. There was no up to date records of staff training which placed people at risk of receiving care which was not based on current good practice guidelines. Staff appraisals had not been completed within the last year so specific training needs had not been identified.

There were no audits of the building which would have identified the shortfalls identified by us regarding poor maintenance leading to the possible risks of the spread of infection. Satisfaction surveys had not been sent to people or their representatives for over a year so there were no records to show how the provider responded to feedback.

All incidents and accidents in the home were recorded and all records were seen by the provider. However there was no formal analysis of accidents which could have identified trends and the possible need for changes to practice or the environment.

The lack of systems and processes in place to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not kept up to date with maintenance within the home and risk assessments had not always been completed to show how risks to people would be minimised. For example some people did not have access to a call bell system because the provider was awaiting some replacement call bell boxes for individual rooms. Two people who spent time in their rooms did not have call bells and there was no risk assessment in place to ensure risks were minimised and promote their safety. There were no records of how long people had been without a call bell. One member of staff said when we asked "Not that long."

The premises and equipment were not properly maintained which was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some essential safety checks were carried out to minimise risks to people. The fire detecting equipment was regularly tested and serviced by outside contractors. The passenger lift had also been recently serviced. As previously mentioned the mobile hoist had not been serviced in accordance with recommendations.

The provider was able to lead by example and ensure people received care and support in accordance with their philosophy. The provider was extremely respectful of people's lifestyle choices and aimed to provide a homely atmosphere where people were free to follow their chosen lifestyles and beliefs. One person told us "You can live your life here."

The provider was supported by a small and stable staff team who knew people well and were able to provide appropriate day to day care. There were adequate numbers of staff on duty throughout the day and night and there was an on call system. This ensured there was always an additional member of staff available in an emergency situation.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had not taken adequate action to ensure all areas of the home were clean and properly maintained Regulation 15 (1) (a) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate systems in place to assess, monitor and improve the quality and safety of the service provided. Regulation 17 (2) (a) (b)