Mr Colin James Richard Davies

Bank House Residential Care Home

Inspection report

Bank House
Chetwynd End
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Shropshire
TF10 7JE

Tel: 01952814371

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bank House Residential Care Home residential care home providing personal care to 17 people aged 65 and over. The service can support up to 20 people.

People's experience of using this service and what we found
The provider had processes in place to help keep people safe. Risk was identified, assessed and minimised where able to be. People were supported by enough staff, who had been recruited safely. People's medicines were managed safely and they got them when they needed them. The home was clean and staff practice helped to reduce the risk of cross infection. Incidents were monitored to help reduce the likelihood of them happening again.

People continued to receive care which met their needs. Care was delivered by staff who had received the training they needed. People had enough to eat and drink to maintain their wellbeing and they had access to the healthcare support they needed. The environment met people's needs.

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

Staff ensured people's privacy, dignity and independence were promoted and respected. Staff had formed positive relationships with people and involved them in making decisions about their care. People felt listened to and treated with kindness by staff and the provider.

People received care which was personalised to meet their needs. They had access to activities which they enjoyed. People were supported to maintain relationships and interests which were important to them. Complaints were responded to and investigated in a timely way. People were encouraged to discuss their wishes for their end of life care.

The provider had oversight of the home and the quality of care provided by staff. People were happy living at the home and enjoyed the positive culture which had been created. The provider was a familiar face around the home and people knew them. They understood their regulatory responsibilities and ensured there was good partnership working with external professionals to meet people's needs.

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

Rating at last inspection
The last rating for this service was good (published 25 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bank House Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was completed by one inspector.

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

The service is not required to have a manager registered with the Care Quality Commission. The provider is the owner and manager of the home. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with seven people who used the service and one visitor about their experience of the care provided. We spoke with 10 members of staff including the provider, care staff, cook and deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported in a safe way and were protected from avoidable harm and abuse. People told us they felt safe and well cared for. One person told us, "I don't feel hemmed in, I feel safe and secure."
- Effective systems were in place to safeguard people from the risk of abuse and harm. Staff understood the actions required to protect people and keep them safe. They told us they would have no hesitation in reporting any concerns.

Assessing risk, safety monitoring and management

- Risks to people continued to be identified, assessed and well managed by the provider. These were regularly reviewed to ensure they remained relevant and updated when changes occurred.
- The provider ensured equipment and utilities were serviced and checked at the required intervals. Staff training around fire safety and evacuation in the event of an emergency were regularly reviewed and people had individual emergency evacuation plans in place. These plans detailed the support people would need to evacuate from the home in the event of a fire or any other emergency.

Staffing and recruitment

- There were enough staff on duty to meet people's needs safely and in a timely way. People told us they were not kept waiting for long periods of time when they needed support.
- People continued to be supported by staff who had received appropriate checks prior to starting work at the home.

Using medicines safely

- People's medicines continue to be managed safely and people received their medicines when they needed them. One person said, "I get medicines ok, staff know what they're doing."
- The provider's systems and processes continued to ensure the safety, security and competence of staff in relation to managing and administering people's medicines.

Preventing and controlling infection

- People were supported in a clean and tidy environment. People's bedrooms and communal areas were kept clean and hygienic.
- Staff followed good practice standards in relation to infection prevention and had access to items such as gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

● The provider reviewed incidents, accidents and safety concerns to ensure people were safe from any continuing harm. Actions were taken as necessary to lower the risks of the incident reoccurring and to ensure lessons were learnt where necessary.

Good

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider acted in accordance with the MCA to ensure people's capacity was assessed as appropriate. At our previous inspection DoLS were not in place for people who required constant supervision. Improvement was made and the provider had made appropriate referrals to the local authority when people required DoLS.
- People told us the staff asked for their permission before helping them and our observations confirmed this. One person said, "They always check I'm happy with what they're doing."
- The provider's records of assessments and best interests decisions were detailed and demonstrated how the principles of the MCA were followed. Decisions made in people's best interests were appropriately recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed and effective care was planned to meet those needs. External specialist support was utilised to help ensure people's needs were met and they adhered to their guidance.
- The provider used best practice tools to assess and monitor people's needs. For example, those at risk of falls, poor food and fluid intake and poor mobility.
- Although the provider was not following the specific NICE guidance for oral health, people's oral health

was planned for and they had access to dental support as needed.
● People's needs in relation to equality, diversity and human rights (EDHR) were explored and discussed with people to find out if they had, for example, any specific cultural, religious or social needs.

Staff support: induction, training, skills and experience
● People continued to be supported by staff who had the appropriate skills, knowledge and training to carry out their roles. People told us they felt staff were well trained and knew how to do their job. One person told us they thought staff, "were good and they know what they're doing. This makes me feel safe with them."
● Staff had access to the training they needed and were supported to gain additional training to enhance their knowledge, such as equality and diversity and nationally recognised qualifications.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink and these were available throughout the day. People told us they enjoyed the meals on offer and staff were available to offer support when this was needed.
● People's care records detailed any specialist advice which had to be followed. Kitchen staff also had this information and were aware of when people's diets required modification to help prevent choking, or where they required diabetic or fortified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare services as they needed them to help maintain their health and wellbeing. One person told us the staff made sure they got to their hospital appointments and saw their consultant.
● People benefitted from a good relationship with their local GP and dentist. Where needed staff supported people to go to the dentist to help maintain their oral health.
● The provider continued to work in partnership with a range of other professionals and organisations to ensure people needs were met effectively. Staff sought advice and guidance from external health professionals when required, such as dieticians, district nurses and community teams.

Adapting service, design, decoration to meet people's needs
● People were able to easily access all areas of the home and the environment met their safety and security needs. People had access to different communal rooms and an outside courtyard garden which was wheelchair accessible. Signage was enough for the people who lived at the home to enable them to easily find their way around.
● The provider had a maintenance programme which helped to ensure repairs and redecoration were completed when needed.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care and support they received from staff. One person said, "They [the staff] are very good, they look after me. They are respectful and polite when they talk to me." Another person said, "I've watched staff with others and they are so kind and patient with everyone."
- People were supported by staff in a way which was caring, friendly and kind. Staff engaged in meaningful conversation with people and addressed them politely. We observed gentle, kind and thoughtful interactions between staff and people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support needs. One person said, "I feel in control of my care and what happens. The staff talk to me about how I'm feeling."
- People had been asked how much and how they wanted to be involved in their care plans. Staff, when reviewing people's care plans respected people's decisions. This helped to ensure they had autonomy over their care and decision making.
- The provider and staff understood the importance of people being treated with fairness and equality. One staff member said, "We have to remember how things feel and make them feel included in everything."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff supported people discreetly and people told us staff respected their privacy and dignity. One person said, "I like quiet time in the morning. They know this and let me do it."
- People felt they still had independence whilst living in the home. One person told us they had been helped to settle in by the staff when they arrived at the home. They had moved to the home from their own home but still felt they had retained as much independence as they could. They told us staff had not "taken over".

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive personalised care and support. They told us staff supported them and provided their care the way they wanted it. One person told us, "Everything is done at my pace and how I want it doing."
- Staff were responsive and attentive to people's needs throughout our visit. It was clear staff knew and understood people's personalities and preferences and they delivered care in line with these.
- People's care plans were reviewed on a regular basis to ensure they remained up to date and relevant. They contained information on people's interests, preferences, how to involve them and help them to interact with others. This helped staff to get to know each person in order to help them provide care which was individual to each person.

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

- People's equality, diversity and human rights (EDHR) were met by the provider. People had the opportunity to participate in interests and hobbies which were personal and relevant to them.
- People were supported to take part in any activities on offer to ensure their preferences were met. One person told us they were happy to sit and listen to the radio. The radio channels which played had been chosen by people at a 'residents' meeting.
- One person had been able to bring their dog with them when they moved into the home. The provider had put arrangements in place to ensure the dog could stay with the person. They told us, "The staff and [provider's name] have been brilliant and they really don't have to." The home also had a resident cat which staff looked after. This helped people to maintain important relationships and to feel in a more homely environment.

Meeting people's communication needs

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

- People's communication needs were assessed, and information was provided in their care plans which referred to the support they needed. The provider told us they were able to make reasonable adjustments to meet the information needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People's care plans were clear on how their memory, visual or speech impairments could be supported to

ensure they understood information. One person told us they were partially sighted and staff had asked them if they wanted audio books or newspapers, which they had declined.

Improving care quality in response to complaints or concerns

● People told us they did not need to make complaints about their care. However, they told us they would be happy to speak with staff or the provider if they did have complaints.

● The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. They told us, "We will deal with the grumbles so they don't become complaints. We like to think were proactive rather than reactive in dealing with them. We tell people and relatives to come to us with anything; if we don't know what's wrong, we can't put it right."

End of life care and support

● At the time of our inspection, no one living at the home was receiving end-of-life care. The provider had procedures in place to discuss people's wishes for what they wanted to happen at the end of their lives and this was recorded in their care plans. This included people's wishes for their funeral, where they wanted to die, who they wanted staff to notify, what family involvement they wanted and any religious or cultural wishes.

● The provider had started to implement the recommended summary plan for emergency care and treatment (ReSPECT). This process is a new national approach to encourage people to have a plan to try to ensure they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.

Good

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff had created a positive culture within the home. We saw strong relationships between people and staff, and people were comfortable in their surroundings.
- People told us they were happy living at the home. There was a welcoming and relaxed atmosphere. One person told us they "appreciate everything they do for me".
- People were familiar with staff, managers and the provider. One person said, "[Provider's name] is always popping in and out of the lounge. You've seen them today? Well, it's always like this."
- We heard one person say, "Thank you ladies for what you do." As staff supported another person. The staff member who heard this walked away with a huge smile on their face and commented on how lovely it was to hear someone say this.

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

- The provider understood the requirements in relation to duty of candour. They had an open and honest approach throughout our inspection. They told us, "Honesty, that's best practice. We want to know if we've done something wrong so we can put it right and be open."

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

- The provider had effective systems in place to monitor the quality and safety of the service. Where shortfalls were found action was taken to ensure the service continued to improve.
- Staff at all levels understood the standards which were expected of them. One staff member said, "[Provider's name] pushes us to be the best. This is their [people's] home and a home to them, we want them as safe as possible."
- Since our previous inspection, the provider told us they had focused on making improvements for the people who lived at the home. This had included introducing high tea which people had wanted, improving laundry facilities and improving staff training. There was also upgrades planned to facilities within the home.

- The provider used best practice in supporting the needs of people. This helped to make sure they received person-centred care, which protected their health, safety and wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● People told us they were involved in what happened at the home and attended resident meetings. One person told us at these meetings they talked about, "Everything which affects us and food usually." They also told us they felt listened to and consulted on changes which were made within the home.

● The provider took steps to involve people, relatives and staff in the home, and to invite their ideas and suggestions. Questionnaires were sent to relatives, staff and professionals to invite their feedback. The provider told us they also kept in contact with relatives over the phone and when they visited the home. They told us, "There's been an increase in musical activities as it's what people wanted. We want to make life a lot happier and nicer for all our residents."

Working in partnership with others

● People continued to benefit from links within their local community. The registered manager worked with health and social care professionals to achieve positive outcomes for the people who lived at the home. The provider told us they had improved these links since our last inspection. These included links with the local GP practice, community health teams and local organisations.