

Crystal House Platinum Limited

Bank House Care Home

Inspection report

Brandleshome Road
Bury
Lancashire
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19 May 2022

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

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 registered to provide care for up to 43 people with either nursing or personal care needs. The home is a large detached building and is situated close to Bury town centre. Accommodation is provided on two floors, accessible by passenger lift. The home is on a main road, close to public transport. There is parking available to the side of the property. At the time of this inspection, 32 people were using the service

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

Breaches identified at our last inspection in relation to recruitment and good governance, remained outstanding.

Whilst audits and checks were in place these had not been maintained following the managers resignation. Records had not been maintained to show clear oversight of the management and service, so areas of improvement were identified and acted upon. Systems and processes to safeguard people from harm also needed improving. Effective systems to communicate and support staff, residents and their relatives needed embedding to help improve communication and service delivery.

We received mixed feedback from people and their relatives. We were told staff were kind and caring. However, people and their relatives were concerned due to the high turnover of staff and the impact this had on meeting people's needs. The nominated individual was actively trying to recruit staff to the current vacancies.

We found medicines including controlled drugs were not always managed safely across the home. People had not always received timely intervention and support in relation to their health care needs. Care plans and assessments did not fully reflect their individual needs, wishes and preferences. There was not sufficient detail to guide staff in supporting people with specific mental and physical healthcare needs.

People had not been involved and consulted with about their care and support. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service needed to be improved. Individual and group activities and opportunities needed exploring so people were offered variety to their day.

Robust recruitment processes were not in place ensuring information received was accurate and relevant checks had been completed prior to new staff commencing employment. Sufficient numbers of staff were available with regular agency staff utilised to cover current vacancies.

Environmental and hygiene standards needed to be improved. The nominated individual was aware further domestic staff were required. Infection prevention and control procedures were not in line with guidance.

Testing of staff and the wearing of masks in line with national COVID-19 guidance for care homes was not always followed.

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 requires improvement (published 3 June 2021).

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 the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to the management and administration of people's medicines, staffing levels, standards of care and support, management and oversight of the service and visiting arrangements. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We also 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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.

We have identified breaches in relation to the management and administration of medication, need for consent, safeguarding, care planning and access to health care support, health and safety, recruitment and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore 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 rating, 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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 a medicines inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. A new appointment had been made.

Notice of inspection

This inspection was unannounced. Inspection activity started on 4 May 2022 and ended on 19 May 2022. We visited the service on the 4 and 11 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the health protection and local authority quality monitoring teams who work with the service. We used all this information to plan our 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.

During the inspection

We spoke with six people who used the service and the relatives of four people, to seek their feedback about the service provided. We also spoke briefly with a visiting social worker.

We spoke with seven members of staff. These included the support manager, deputy manager, care staff and kitchen staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included the care records for four people, three staff recruitment files, audits and monitoring systems and health and safety checks. We also looked at the management and administration of people's prescribed medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection we found the provider had failed to carry out robust recruitment procedures to help keep people safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Robust recruitment checks were not in place prior to new staff commencing employment.
- We reviewed three staff files. On one file we found references had not been received prior to commencing employment. On a second file the references were from friends living at the same home address and on two of the files the employment history on the application form conflicted with that provided on the applicants curriculum vitae (a short-written summary of a person's career). New staff induction records were also partially completed.
- Checks of agency staff were not seen for all those currently working at the home.

Robust recruitment processes were in place ensuring all information and checks were in place prior to new staff commencing employment. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

- Due to recent changes in the staff team the service was using a high number of agency staff. Rotas showed the same staff were being utilised as they were familiar with people and routines within the home. One staff member said, "We need more senior staff to be honest. We are doing our best, but we can't rely on agency all of the time."
- A review of rotas showed adequate staffing levels were available throughout the day and night. We were told "There has been some issues with staffing levels in the past, but at the moment I think its stable." A relative added, "I think there is enough staff at the moment."

Using medicines safely

- Medicines were not always given safely as prescribed. Medicines were not always given by the member of staff who had signed the Medicine Administration Record (MAR), which is not good practice.
- Medicines were not always available to give as they were out of stock. The home had identified seven residents who had missing medicines but did not have enough time to obtain a supply before the previous month had ran out.

- The home did not have a safe process to check what medicine a person should be taking when they were discharged from hospital. We found one resident was given a dose of a medicine that had been stopped by the hospital and an incorrect dose of another medicine.
- The home had an electronic Medicine Administration Record (eMAR). We found staff were using the incorrect codes when a medicine was not given.
- We found time specific morning medicines had been signed as given at lunchtime. One member of staff told us that the times recorded of medicine administration on the eMAR were not always correct as staff signed the eMAR at a different time of the day, which is not safe practice.

People's prescribed medicines were not managed and administered safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we were concerned about an unexplained injury to a person. We found no incident report or evidence this had report or if the person had been seen by a health professional. We discussed this with the nominated individual, who on further investigation provided a report. This conflicted with what we had been told.
- Other concerns were raised with us prior to and during the inspection process about the standards of care and support. These had been shared with the local authority.
- Policies and procedures needed updating. A review of staff training records also showed some staff had yet to complete relevant training. Some of the staff we spoke with were not able to clearly demonstrate their understanding so that people are kept safe.

Safeguarding systems and processes were not 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.

Assessing risk, safety monitoring and management

- Assessments and plans to minimise the risk to people's health and well-being were not always implemented.
- Monitoring systems to analyse potential risk, such as weight loss or accidents and incident, had not been maintained helping to identify any themes which may need further intervention and support.
- Internal safety checks were completed by maintenance staff. Low water temperatures had been recorded in seven bedrooms since March 2022, however we saw no evidence to show action had been taken to resolve this.

Effective risk management systems had not been 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.

- Maintenance checks were undertaken to the premises and equipment within the home. We asked the nominated individual to confirm action identified within the fire risk assessment and servicing of the system and equipment. This was provided following the inspection visit.
- One relative felt the home was tired and the owners need to invest in the building.

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)

- We found the service was not working within the principles of the MCA.
- One person told us they felt their liberty had been taken away from them, as they were unable to leave the home. Whilst application for a DoLS had been submitted to the supervisory body, there was no assessment on record identifying the person lacked the mental capacity to make their own decisions.
- Assessment and care planning processes did not always consider people's capacity to consent to care and treatment. Where people were unable to make particular decisions, mental capacity assessments had not always been completed or, where completed, these had not been kept under regular review.
- Gaps in staff training were identified. Some of the staff spoken with were not able to clearly demonstrate their understanding of MCA and DoLS procedures. We were told, "Not too sure about DoLS" and "I have an idea who lacks capacity here, but not 100% sure."

The provider was not working in line with the principles of the MCA to help ensure people's rights were upheld. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The homes IPC policy and procedures were not in line with government guidance and did not refer to the pandemic. Arrangements around visiting had not always been communicated to families or appropriately planned. One relative told us, "I tend to seek my own updates from the internet, as the home doesn't always seem to be ahead of the game."
- The providers system of monitoring staff COVID-19 testing was ineffective. We found multiple gaps where tests had not been obtained or checked by the provider.
- We also noted a staff member was seen not wearing a face mask and another wore their mask incorrectly. Two family members visiting their relative were also seen without masks. This practice does not reflect national COVID-19 guidance for care homes.
- On the first day of inspection we found areas of the home and equipment were dirty. Flooring in the lounge was stained, dirty and contained food debris. We were told there had been changes to housekeeping staff and further recruitment taking place.

Systems for the management of infection prevention and control needed to be improved to minimise the risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 good. At this inspection the rating has changed to 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

- We asked people if staff were kind and caring. We were told, "Yes I think they are" and "Staff are friendly and do their best."
- People's care plans were not personalised outlining their individual needs, wishes and preferences. Some people's relatives felt staff lacked an understanding of their loved ones' likes and dislikes.
- People's care plans did not provide clear guidance for staff on how to meet their individual needs. This included a lack of information about the management of people's long-term conditions such as Parkinson's or the impact of dementia.
- Care plans did not evidence people and their relatives, where appropriate, had contributed towards the planning of care. People and their relatives told us "I have no idea what's in the care plan, I should have really but the staff or manager has never had a meeting about it" and "I don't remember looking at [relatives name] care plan."
- Information and training to help guide and support staff caring for people at the end of their life was not provided. This is important so that people's individual wishes are considered and planned for.
- We saw one person had a 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT) form on file following discharge from hospital. These should be reviewed when the patient moves from one healthcare setting to another and if the patient's circumstances, wishes or preferences have changed. This had not been done.

Person-centred care plans, reflecting the individual needs and wishes of people were needed to help guide staff 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.

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

- Care staff were responsible for facilitating activities for people. Items were available for people to use such as, skittles, arts and crafts and bingo.
- People said they did not always want to take part in the activities provided, whilst others preferred to follow routines of their own choosing. People we spoke with said, "I don't tend to join in, I like my own space", "Apart from the TV, there's not much" and "They do bingo sometimes."
- Staff also felt this was an area that needed exploring. We were told, "Needs improving, very little happening" and "They could be better." We were told this would be addressed within the home's business improvement plan.

Improving care quality in response to complaints or concerns

- Records had been maintained in relation to any complaints and concerns brought to the managers attention. These had been being investigated and responses provided to the complainants.
- The policy was due for renewal and management systems to help identify any learning needed updating. The nominated individual and support manager planned to audit of systems and process to help inform a business improvement plan.
- The nominated individual was aware of the issues raised with us prior to the inspection and was working with the local authority to address the concerns.

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 clearly able to communicate their wishes and feelings. This area was to be explored further as part of the homes business improvement plan so that people are given information in a way they can understand.

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 requires improvement. At this inspection the rating has changed to 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 we found the provider had failed to implement robust governance systems to evidence, where necessary, improvements made and sustained so people received a safe and effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service did not have a registered manager. The nominated individual had day to day responsibility of the service with support from a manager who worked at a second service owned by the providers. A new deputy manager had commenced employment and a new manager had been appointed.
- Whilst it is acknowledged the significant changes in the staff have impacted on the service, the nominated individual was reminded of their responsibilities as the provider representative.
- Systems to monitor and review the service were in place. However, these had not been completed since the resignation of the manager. Therefore, areas requiring improvement found during this inspection had not been identified and acted upon.
- Effective systems had not been sustained to address the breaches found at the last inspection.
- A support manager was providing support to the team as well as addressing the immediate concerns, particularly in relation to the administration of people's medicines. When asked about how the service could improve, staff said, "We need more permanent staff" and "We need a strong new manager."
- Policies and procedure were also in need of review. Records seen were dated 2020/2021 and contained details of the previous provider.

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

- Feedback from people's relatives was negative. They told us they felt there was insufficient investment, poor communication and a lack of confidence their family member was being cared for properly, particularly due to the changes in the staff team.

- When we asked relatives if they were kept up to date with any changes, we were told, "No not really", "Yes as much as they can" and "Communication could be better, staff and the last manager have left, but nobody at senior level tells you. You tend to hear it from the staff."
- We asked the nominated individual if a resident and relative meeting had been held to offer reassurance and outline the plans for the service. This was arranged and took place prior to the second day of our inspection.
- When asked if staff felt supported in carrying out their duties we were told, "Yes in the main I feel supported", "I think [nominated individual] is doing her best, we do need a manger though" and "At times I don't always feel supported."

We found effective quality assurance systems had not been maintained to ensure areas of improvement were identified and acted upon so that good standards of quality and safety are in place. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Working in partnership with others

- The nominated individual was working with the local authority safeguarding and quality monitoring teams to address current issues within the home.

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 Person-centred care plans, reflecting the individual needs and wishes of people were needed to help guide staff in the support people wanted and needed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working within the principles of the MCA to help ensure people's rights were upheld.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems and processes were not in place to ensure people were adequately protected against harm or injury.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were in place ensuring all information and checks were in place prior to new staff commencing employment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to help assess and prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found effective quality assurance systems had not been maintained to ensure areas of improvement were identified and acted upon so that good standards of quality and safety were provided.

The enforcement action we took:

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