

Crystal House Platinum Limited

Bank House Care Home

Inspection report

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19 May 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

This comprehensive inspection took place on 10 and 15 May 2017 and feedback was given to the registered provider on 19 May 2017.

Our last comprehensive inspection took place on 5 and 7 April 2016 and we found that Bank House Care Home was not meeting all the regulatory requirements, which are the fundamental standards, in relation to the management of medicines, consent, care records, complaints and ensuring that effective systems were in place to monitor and assess the quality of the home.

We asked the provider to send us an action plan to tell us what action they were going to take to make the required improvements. We received an action plan from the service. We returned to the service on 1 November 2016 to check that improvements had been made and found that all the outstanding requirements had been met.

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 two passenger lifts. The home is on a main road, close to public transport. There is parking area to the side of the property. At the time of this inspection, 31 people were using the service.

We found two breaches of the regulations relating to staff training and support and record keeping. The staff training record showed that staff had not received all the basic training they needed to support people safely and effectively. We also saw that records were not always fully maintained in relation to full employment histories of staff on recruitment files, complaints and activities.

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

Staff understood their reporting responsibilities in relation to any abuse and poor practice by colleagues. They were confident that the registered/provider manager would take action to deal with any issues they raised.

The required recruitment checks for staff were in place and we saw that there were sufficient numbers of staff available to support people.

Risk assessments were in place, which gave guidance to staff about how to support people and mitigate any risks.

We found that medicines were appropriately managed and the home was clean and tidy throughout. No malodours were detected.

Records we saw showed that where appropriate mental capacity assessments and deprivation of liberty safeguards authorisations were in place. We saw records that showed that people had given their consent to treatment as appropriate.

Although records showed that not all staff had received the basic training they needed to support people effectively, we also noted that the provider was committed to training in leadership and management for senior staff. Staff had also recently completed the Six Steps end of life care programme

People spoke positively about the food they were offered and the chef. We saw that no-one was kept waiting for their meal at the lunchtime we observed and food was warm when served. We saw that people were offered plenty of fluids throughout the day.

On-going improvements had been made to the environment with decorating and new carpets fitted to the hall landing and stairs and improvements to bathrooms and wet rooms.

We received positive feedback from people who use the service and relatives and friends that we spoke with. There was a relaxed and friendly atmosphere at the home. We saw good interactions between staff and people, as well as friendship groups. There was a lot of laughter.

People who used the service were nicely dressed and their hair appeared well kept. People had their belongings with them on small tables set in front of them, for example, handbags, newspapers, books and sweets. People's rooms were personalised to their individual tastes.

People had care records in place that gave information about how they were to be supported by staff and their personal preferences.

We found that the number of activities available to people had improved though staff thought further improvements could be made. Two activities organisers had been employed since our last inspection but neither had stayed in post. However, during our inspection we noted that the home had worked with a local primary school to recognise dementia awareness week. This gave people who used the service an opportunity to participate in the local community.

There was a complaints procedure on display. The procedure included information about other organisation they could contact if they were not satisfied with the outcome of their complaint. A record of complaints was kept. However, the complaints records were kept in a hardback book rather than individually, which means they did not meet data protection guidance.

People told us that the provider who was also the registered manager continued to make many improvements to the home.

We saw there were a number of audits in place to help monitor risk and quality at the home.

Consideration was still being given to expanding the computerised administration system to the care plan system to support the management team.

The service was aware that their annual quality assurance surveys were due to be sent out to people who used the service, relatives and staff.

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.

Staff spoken with told us they had received training on identifying and responding to allegations of abuse and were aware able to demonstrate their knowledge and understanding.

Sufficient numbers of staff who had been appropriately recruited cared for people.

Systems were in place to manage medicines safely and the home was seen to be clean and tidy in the areas we looked at.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records showed that not all staff had received the basic training they needed to support people safely and effectively and had not received regular supervision.

The registered provider/manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

People were provided with a choice of suitable food to help ensure their nutritional needs were met and had access to health professionals.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and helpful. Staff we spoke with told us they enjoyed working in the service.

We observed warm and friendly interactions between staff and people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Care records to guide staff as to how to support people were in place that contained information about people's personal preferences.

Regular activities were offered that people were able to participate if they wanted to.

There was a complaints system in place that was displayed in the entrance hall of the home.

Is the service well-led?

The service was not always well led.

We found that improvements were needed in terms of record keeping for, full employment histories of staff on recruitment files, complaints and activities.

The provider was registered with the Care Quality Commission (CQC). People spoke positively about the registered provider/manager and the improvements being made within the service.

Systems to monitor, review and improve the quality of service provided were in place. This helped to protect people from the risks of unsafe or inappropriate care and support.

Requires Improvement 

Bank House 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 checked 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 10 and 15 May 2017 and feedback was given to the registered provider on 19 May 2017 and was unannounced on the first day of the visit. One adult social care inspector carried out the inspection.

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 what improvements they plan to make. Prior to the inspection, we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the clinical commissioning group (CCG) and local authority commissioning and safeguarding teams for their views on the service. They raised no concerns.

We spoke with eight people who use the service, three relatives and friends, the registered provider who was also the registered provider/manager, a nurse, three senior care staff and two night staff. We also spoke with two administrators, a chef, the maintenance man and a laundry assistant.

We carried out observations in public areas of the service. We looked at three care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Bank House. People said, "I feel safe here knowing there is someone there. There is nowhere like home but it is okay here. I feel fortunate", "Safe? Oh yes, I am staying here forever I have peace of mind." Staff said, "It's not bad here. Its fine I have no worries or concerns about people's care."

When we arrived at the service at 7.20 am we found the front door was locked. We pressed the buzzer and staff opened the door remotely without a check being made as to who was entering the building. This meant that people who used the service were not always protected from unsuitable people entering the premises. We were told that it had been assumed that we were day staff coming on duty. On our two subsequent visits, a staff member opened the door, checked our identity badge and accompanied us to the office.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff that most had received training in safeguarding. We saw that there was information about safeguarding on a noticeboard in the main lounge, which was available for visitors to read.

Staff said that they understood their responsibilities around safeguarding and whistleblowing. One staff member said if they had any concerns they would talk with one of the managers or whoever was on-call at night. When asked if they thought the managers would take action they said, "They absolutely would." If not staff knew they could speak to other organisations outside the home.

We saw information that showed the registered provider/manager was the designated safeguarding officer for the service and had a certificate to show they had received the appropriate training to carry out the role by the local authority. During our inspection, we were made aware of a pressure area care concern of a person who had been recently admitted to the home. The registered provider/manager had contacted the appropriate healthcare professionals and made them aware of the concern, photographs taken and a body map had been completed.

Staff we asked said that all the necessary recruitment checks had been undertaken before they started work at the home. We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included an employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We found that the required documentation was in place, however some attention to ensuring full employment histories was in place was needed. This related to staff who had previously lived overseas. We have addressed this in the well-led section

People who we asked told us, "Staff are busy but things get done. There hasn't ever been anything I have asked for which hasn't been done" and "They are very good they help you if you want." Staff told us that they thought it was a good staff team. They said, "It's a good staff team on nights. Very experienced" and "There are enough staff. It's definitely a good team with good communication. Any issues are sorted out straightaway."

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service we spoke with and our observations showed that there were enough staff on duty to meet the needs of people who used the service. The registered provider/manager told us that since they had taken over the service they had increased care staff on night from two carers to three.

We were told that there was a stable nursing staff team in place who helped to ensure continuity and worked well together. Night staff told us that they were a good staff team. They told us that they would pick up any additional shifts where possible to ensure that people had good continuity of support. We were told that there was usually a nurse and three carers on during the night, though we were told that on occasion there might only be two carers if someone rang in on short notice. Rotas that we saw confirmed that this had happened twice in the previous three weeks.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included falls, the use of bed rails, pressure area care, dependency assessments and moving and handling. The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. We saw that staff completed these accident and incident records.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in the business continuity file in the office, which would be passed to the emergency services, for example, in the event of a fire. Other information gave contact details about what action to take if, for example, there was a shortage of staff or there was a power failure.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. However, there was no record of a fire drill being carried out. The registered provider/manager said that they would ensure that one was carried out immediately. This would help to ensure that people and staff knew what action to take in the event of a fire, particularly at night.

We looked at the maintenance and servicing records with the maintenance person. We saw that there was a valid gas safety certificate, an electrical fittings and fittings certificate was dated June 2015 and was still valid. We were informed by the maintenance person that any outstanding actions had been undertaken. Tests on portable appliances were due in the month of the inspection visit.

If needed for moving and transferring people, we were told that people had their own slings. The slings and hoists were checked and serviced on 5 April 2017. The service also had an assisted bath but we were told that this was not in use and had been disabled. The home's passenger lift and stair lift had been serviced in April 2017 to check it was safe to use.

A legionella check of the service's water supply had been carried out and was valid until June 2017. The

maintenance person cleaned the showerheads every three months to help prevent the build-up of any legionella bacteria.

We looked in several bedrooms and all communal areas. We found these to be clean and tidy with no malodours. We saw communal toilets and bathrooms were clean and contained appropriate hand hygiene guidance, paper towels and liquid soap to help prevent the spread of infection.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks, which was changed when supporting people with their meals. Records showed that most staff had received training in infection control.

We spoke with a laundry assistant who showed us the laundry. Three laundry assistants covered the laundry service. We saw that there was appropriate equipment in place, with sluicing facilities. The service used the 'red bag' system to transfer soiled items to the laundry. The red bags were placed into the washing machine and dissolved during the washing process. We saw that hand wash and paper towels were available for staff to use as well as emergency eye station to use in the event of splashes to the eyes.

The local health protection nurse undertook an infection control and prevention assessment, in March 2017. The service had achieved 96% compliance and been given a good rating.

We looked to see if people received their medicines safely. We saw that medicines trolleys were stored in a lockable treatment room. Only people who were trained to administer medicines did so and held the keys to the trolley. Nurses administered medicines to people who were assessed as requiring nursing care and senior care staff administered medicines to people who required support with personal care only. There was a signature list for staff who were trained and authorised to administer medicines so they could be identified as the individual staff member who administered the medicines.

We observed people being administered their medicines. We saw that the nurse and senior carer both wore red 'do not disturb' tabards to help prevent them being distracted whilst administering medicines.

We looked at the medicines administration records for nine people. We saw that there was a photograph of the person for identification purposes. There was also information about any medical conditions and allergies as the name of the person's doctor. We saw that "when required" protocols were in place. The records we saw were accurately completed and up to date. This demonstrates that people received their medicines as prescribed by their doctor.

We were told that either a nurse or senior care staff who were authorised to do so were responsible for applying prescribed creams. Body charts were in place to show where the creams were to be applied.

The nurse in charge held the key to the controlled drugs cupboard. We checked the controlled drugs for three people. We found that the drugs in stock matched the number recorded in the controlled drugs register.

We saw that the deputy manager of the service had undertaken an in house medicines audit on 1 May 2017. This was carried out to ensure that the medicines administration system was operating safely.

Is the service effective?

Our findings

We looked to see what support staff received to develop their knowledge and carry out their roles safely and effectively.

Staff spoken with told us that they completed induction training before they started to support people in an unsupervised capacity. The induction training included working different shifts and shadowing established and experienced staff.

Senior staff said that there were opportunities available for continuous personal development. Senior care staff told us that they were undertaking a relevant national qualification Level 5 leadership and management course. Most staff had also been involved in the Six Steps end of life programme. We saw there was a dedicated room at the service that staff could use for training sessions.

We received positive information back about the service from the clinical commissioning group in relation to training. This included the services engagement in the React to Red, pressure prevention initiative, completion of the Six Steps end of life programme and the encouragement for the registered nurses at the home to attend the CCG clinical supervision sessions. The service also attended the safeguarding and quality forum to help ensure they kept up to date with changing practice and new initiatives.

We looked at the records for the whole staff team. We saw that there were shortfalls in the basic training undertaken by the staff team, including nurses. The record showed that some staff had not received refresher in some subjects for some time. Shortfalls included food hygiene, infection control, safeguarding and the Mental Capacity Act and deprivation of liberty safeguards (DoLS). Basic training is a way of helping to ensure that staff are competent to carry out their roles safely and effectively and keep up to date with changing best practice and legislation. Following our inspection, we received an updated staff team training record that indicated that some but not all training had been booked.

We looked at the arrangements for staff supervision, including nurses. Records showed that the provider had an expectation to carry out six formal supervision sessions over a year and an appraisal. The records we saw for the staff team showed that nurses had not received any supervision since January 2017. Most senior carers had received two sessions since January 2017. However, most carers had only received one supervision session. This meant that staff did not receive feedback on their performance or were supported to consider their training and development needs on an on-going basis.

We saw that the last carer and senior carer meetings took place on 23 January 2017 and an RGN (nurses) meeting on 30.01.2017. We also saw a record of a domestics meeting which took place on 1 March 2017 to discuss the new cleaning schedule file that had been set up and infection control audits. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

The shortfalls identified in the basic training of nursing and care staff and regular supervision were a breach

of Regulation 18 Staffing.

One person said, "Staff always explain what they are doing." A staff member said, "If people don't have capacity we always offer them a choice."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application 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.

At the time of our inspection, authorisations for DoLS were in place for fourteen people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. We looked at two DoLS on the care records we saw. We saw that a consultant psychiatrist was involved in the assessment for a deprivation of liberty safeguard and a best interest meeting had taken place for one person. For another person their DoLS had recently expired. We were informed that a renewal had been requested.

We saw that mental capacity assessments were on the peoples files we looked at. We also saw that there was a consent form in place which included, the maintenance of care plans, the storage of photographs in bedrooms, taking the person's photograph, the use of bedrails, consent to personal care, assistance with meals, registering with a doctor and specific interventions.

We were told that three people who used the service lacked capacity and had no family, friends or solicitor to oversee their affairs therefore an independent mental capacity advocate (IMCA) was assigned to them. This was to help ensure that people's rights were protected.

People told us, "The foods good. The chef cooked me salmon the other day", "[The food] it's good and you can have an alternative if you want" and "The food is pretty good. I like to know what I am having." A visitor said, "The kitchen staff are brilliant!"

We spoke with the chef on duty in the kitchen, who had worked at the service for many years. We found the chef had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements.

The service had received a 5 star rating from the national food hygiene rating scheme in March 2016 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

During our inspection, we observed a lunchtime meal. Visitors were asked not to visit during mealtimes to help ensure that people could concentrate on their food and fluid intake. We saw that people were offered a choice of whether to have their meals at the tables in front of them or move to the dining table. People who preferred to spend time in their rooms were also encouraged to come to the dining area for their meals, if

possible.

People were offered the use of aids and adaptations to help them eat and drink, for example, special cups to drink from and plate guards. This helped people to maintain their independence. People were encouraged or supported to eat their meals and offered more. No-one was kept waiting for their meal and the meal was warm when served.

We saw that jugs of cold drinks were available in the main lounge and all the people we visited in their rooms had access to fluids.

We looked at the systems in place to ensure people's nutritional needs were met. We saw that there was information on thickeners consistencies, which were used for people. Thickeners are added to people's drinks and sometimes food for people who have difficulty swallowing. This helps to prevent a person from choking. Where a person used a percutaneous endoscopic gastrostomy (PEG) feeding tube there was a regime in place for use. A PEG feeding tube is used when the person is at high risk of aspiration because they cannot swallow safely.

Where people were identified as being at risk of malnutrition food and fluid charts were maintained. These people were weighed on a weekly basis and other people were weighed every month. Some people were taking supplements to help improve their calorie intake and maintain a healthy weight.

Visitors said, "[Person's] health has improved greatly whilst they have been here." People we spoke with and care records we looked at showed that people had access to a range of health care professionals including doctors, speech and language therapists, district nurses and visiting opticians. A chiropodist was visiting the home at the time of our inspection. We also saw that specialists such as consult psychiatrists and neurologists were also accessed as needed. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met. It was noted that a staff member did not know how to check whether or not a person's hearing aid was working. The registered provider/manager said they would check that all care staff knew how to do this.

Is the service caring?

Our findings

All the people we talked with spoke positively about the staff team. People who used the service we spoke with said, "I do as much as I can for myself. I walk round to keep my legs going and I am looking forward to sitting out today to get some fresh air", "I love it here. It's friendly", "Staff are kind and helpful" and "[Relative] made a very good choice bringing me here. Staff are brilliant. Nothing is too much trouble."

Visitors said, "The atmosphere is good, lots of laughter. Staff refer to [Bank House] as my [person who used the service] home. I like that", "[Staff] are watchful. It's a lovely atmosphere and it doesn't smell!" and "We are always made to feel very welcome we can't fault it."

Staff said, "The staff are passionate [about the care of people] and treat residents like their extended family", "[People] appreciate you care and are doing the right thing. It is like a family. Home from home and relaxed" and "I love the job its like one big family. It's definitely improved since [registered provider/manager] took over. We have time to laugh, sit and talk. It's run for the residents."

We saw that some staff had a very jovial way about them, which led to lots of laughter as people joined in and created conversation. Some people told us about the friends they had made at the service. However, they told us the new winged chairs had made it difficult to talk to each other. The registered provider/manager said that they would ensure that chairs were repositioned to allow people to communicate with each other.

People we saw appeared well cared for and well dressed and had their personal belongings with them, for example, handbags, books and magazines.

During the inspection, we spent time observing the care provided in communal areas of the home. We found staff were caring in their approach and were responsive to people's needs and requests for support. For example, We saw staff talking with people at eye level – covering up a lady who said she was cold with a crochet blanket. Small tables were available in front of people so that they had access to drinks and personal possessions. Night staff said, "Certain people like to get up early" and "We encourage people to stay in bed until 6am."

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

We saw that there was information for people and visitors on display about advanced decisions, the Six Steps end of life model and best interests at end of life. We saw that the service had three end of life champions who had completed the end of life Six Steps training. This training was then passed on to other staff, though the training record had not been updated to support this. Where agreed people had advanced care plans in place to help ensure that their end of life wishes and preferences were adhered to.

Is the service responsive?

Our findings

On the first morning of our inspection, we attended the morning handover. At the handover, the nurse on the night shift handed over to the nurse on days, two senior care staff and four carers. An update was given to day staff about every person who lived at the service. This helped to ensure staff had the information they needed about people and arrangements were made for the deployment of staff to support people during the coming day.

People's needs were assessed prior to their admission to the home. This was so the service could be sure they could meet people's needs. The registered provider/manager or the nurses carried out these assessments depending on the person's identified needs. The pre-assessments included, maintaining a safe environment, communication, breathing, eating and drinking, elimination, personal hygiene and dressing, mobilising, expressing sexuality and sleeping.

We saw that the service also sought assessments from relevant health and social care professionals, for example, in one case the adult learning disability team, social worker, occupational therapist and speech and language therapist. Care records showed that community care assessments and continuing health care assessments were in place. We saw that the service also requested a transfer of care print out for the person on admission to the home. This information informed the person's care plan and risk assessment.

Care records for a person new to the service included personal information which included my life story, my childhood, my working life, significant relationships and places, social activities and interests, things I like and things I don't like.

People we asked about activities said, "I can do my own stuff or I can join in if I want", "I like to do my own thing. We have a singer who comes in every month, an entertainer who does exercise and parties." Staff who we asked told us they thought that activities could be improved by including more participation in the community and supporting people on a one to one basis.

We looked to see what activities were offered to people that lived at Bank House. At our last inspection the registered provider/manager told us that it was their intention to employ an activities co-ordinator. This was because the activities co-ordinator was also the housekeeper and escort to hospital so they did not always have time to fulfil the role. The registered provider/manager informed us that since our last inspection, they had employed two activities co-ordinators but neither had stayed in the role.

We spoke with the housekeeper who was also the activities co-ordinator and looked at the records they maintained. The house keeper/activities organiser had not been keeping written records but had kept photographs of events. We saw photographs that showed a 'senior fitness' instructor came into the home and encouraged people to take part in gentle exercise. There were also photographs of Christmas, Easter and birthday celebrations, art activities and colouring day. Daily activities included nail care and dominoes.

As the weather was warm during part of our inspection people took the opportunity to sit outside. One

person told us about a recent one to one trip to Bury where a trip out for a coffee ended up with their favourite gin and tonic. They said they enjoyed this and would like to do this again in the future. We spoke to two people who spent most of their time in their rooms. They told us that this was their choice to do so. They preferred not to socialise with other people and enjoyed watching television quietly in their rooms.

At the time of our inspection, the service was working in collaboration with a local primary school to celebrate dementia awareness week. Children from the school had visited the home to play games with people and some people from Bank House had their lunch at school. We saw a balloon tree that had been made where children had written their name and age and a residents name and age to show the difference.

We looked to see how the service dealt with complaints. One person said, "They are very good I have no complaints. I have not had to speak to them about anything." We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We looked at complaints records. We found that the complaints were recorded in a hardback book. This meant that there was no individual record maintained, which did not meet data protection requirements. The registered provider/manager told us they would use the format they had on their computerised system.

Records of compliments were kept, for example, 'We would like to thank you all for the wonderful care you gave our [relative] in [persons] short stay with you', 'Just to say a huge thank you for looking after [relative] for the last eighteen months. Each and every one of you has shown kindness, patience and a sense of humour. We are very grateful for the care you have given [relative]' and 'Just a note to say thank you so much for keeping [relative] so comfortable. Every one of you showed such kindness, care and patience and are a credit to your profession.'

Is the service well-led?

Our findings

We found that improvements were needed in terms of record keeping for, full employment histories of staff on recruitment files, complaints and daily activities. We also found shortfalls in staff training and supervision, which had not been picked up through the services auditing system.

The lack of accurate records about the service was a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the registered provider.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding's, accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating in the entrance hall area of the home.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams and also the clinical commissioning group (CCG). The continuing health care (CHC) team reported that it was now a much calmer environment at the home and if there are concerns about, for example, a poor discharge from hospital the registered provider/ manager contacted the CCG so that the issue can be dealt with in a constructive way. The registered provider/manager attended the local authority partnership and CCG quality assurance meetings. This demonstrated a commitment to working with other agencies and keeping up to date with changes in best practice and legislation.

The service was awarded the Investor in People award in January 2016. Investor in People sets the standard for better people management. The standard defines what it takes to lead, support and manage people well for sustainable results.

We were aware that the registered provider/manager had made many improvements to the home. This included on-going improvements to the environment and increased engagement with other health and social care professionals to help keep up to date with best practice and changing legislation. Consideration was still being given to expanding the computerised administration system to the care plan system to support the management team.

We looked at the quality assurance systems in place within the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This

ensures they provide people with a good service and meet appropriate quality standards and legal obligations

The last quality assurance surveys were sent out to people in May 2016. The provider was aware that a quality assurance review was due. We saw that the results of the last quality assurance exercise were displayed in the entrance hall. Also displayed was a notice about a forthcoming relatives meeting planned for June 2017.

We saw that there were systems in place to review and audit people's risk assessments to help ensure they were accurate and up-to-date. The service completed the NHS Safety thermometer every month which was sent to the CCG. The safety thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Audit information was now in place for people who did not receive nursing care. We saw a copy of the last infection control audit and medicines audit for the service.

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
Treatment of disease, disorder or injury	People and others were at risk of unsafe or unsuitable care because of the lack of some accurate records about the management of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People were not protected from the risk of unsuitable or unsafe personal care because staff had not received all the basic training they needed or regular support and development through supervision sessions.