Bank House Care Homes Limited

Bank House Care Home - Sutton-in-Ashfield

Inspection report

Bank House
Church Street
Sutton In Ashfield
Nottinghamshire
NG17 1EX

Tel: 01623552766
Website: www.bhcarehomes.com

Date of inspection visit:
23 June 2016

Date of publication:
18 July 2016

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

We carried out an unannounced inspection of the service on 23 June 2016. Bank House is registered to accommodate up to 14 people who require nursing or personal care. At the time of the inspection there were nine people using the service.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. There were enough staff to keep people safe and people's medicines were managed safely. However, more detailed guidance for the administration of 'as needed' medicines was needed.

People were supported by staff who completed an induction prior to commencing their role and had the skills, training in place and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People received a varied diet that took into account their food and drink preferences. People's day to day health needs were met by staff and external professionals where required.

Staff treated people with respect and dignity and listened to and acted upon their views. Innovative ways to ensure people's privacy were in place. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People were encouraged to follow the hobbies and interests that were important to them. Staff ensured people who were unable to join in with group activities were not socially isolated. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. Although some of these documents required updating. People were provided with the information they needed if they wished to make a complaint.

The registered manager was visible throughout the inspection and staff and people who lived at the home spoke highly of them. Relatives did feel that communication from the management team about their family members' care could be improved. The registered manager led the service well and had a clear understanding of how to support people in a safe and effective way. Robust quality assurance processes

were in place. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

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.

People were supported by staff who could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed.

There were enough staff to keep people safe and people's medicines were managed safely. However, more detailed guidance for the administration of 'as needed' medicines was needed.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed an induction prior to commencing their role and had the skills, training in place and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People received a varied diet that took into account their food and drink preferences.

People's day to day health needs were met by staff and external professionals where required.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity and listened to and acted upon their views.

Innovative ways to ensure people's privacy were in place. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People were encouraged to follow the hobbies and interests that were important to them. Staff ensured people who were unable to join in with group activities were not socially isolated.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted. Although some of these documents required updating.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible throughout the inspection and staff, people who lived at the home spoke highly of them. Relatives did feel that communication from the management team about their family members' care could be improved.

The registered manager led the service well and had a clear understanding of how to support people in a safe and effective way.

Robust quality assurance processes were in place. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

Bank House Care Home - Sutton-in-Ashfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with three people who used the service, two relatives, two members of the care staff, the cook, HR advisor, deputy manager, registered manager and a representative of the provider.

We looked at all or parts of the care records and other relevant records of six people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Good

Is the service safe?

Our findings

People and the relatives we spoke with told us they or their family members felt safe living at the home. One person said, "I'm happy here, I feel safe." A relative said, "I do think [my family member] is safe." Another relative said, "Safe yes, although I do worry sometimes that [my family member] needs more care than the others at the home."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. A staff member said, "I'd report concerns to the manager or the CQC if anyone was at risk here."

Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists and walking aids, gas installations and fire safety and prevention equipment were carried out, and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional.

People's care records contained assessments of the risks to their safety. These assessments included; people's ability to mobilise independently of staff, whether people were able to manage their medicines and the risk of people becoming dehydrated or experiencing malnutrition as a result of poor food and drink intake. All assessments were reviewed regularly. If changes were needed then care plans and risk assessments were updated accordingly to ensure they met people's current needs.

People had individualised personal emergency evacuation plans (PEEPs) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed.

Reviews of the accidents and incidents that occurred at the home were carried out regularly to enable the registered manager to identify whether there were any common factors that contributed to them. This could include the time of day an incident happened or whether a person was in a certain part of the home when it occurred. The registered manager told us this analysis enabled them to put preventative measures in place to reduce the risk of reoccurrence. This could include an increase in the number of staff or adaptations of the environment.

Throughout the inspection we saw there were enough staff to meet people's needs and the people and relatives we spoke with supported this. One person said, "The staff are always here, and at night." A relative said, "The staff do their best but it does seem a little rushed at times."

When people requested assistance, staff were always present to support them. This included assisting

people with going to the toilet, taking them to and from their bedrooms or ensuring they received food and drink in a timely manner.

The staff we spoke with told us they thought there were enough staff in place to support people safely. One staff member said, "There are enough staff here. The cook and domestic staff help out at times. They are fully trained care staff."

The registered manager told us that although they did not carry out a formal assessment of people's dependency needs, they monitored people's care and support requirements regularly and would increase staffing numbers if people needed additional support.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks of a staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider with making safer recruitment decisions.

The people we spoke with raised no concerns with us with the way their medicines were managed. Relatives also felt their family member's medicines were handled safely by staff. One relative said, "[My family member has medicines and they get them when they need them."

People's medicine administration records (MARs) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies.

We looked at the MARs for three people who used the service. These records were used to record when a person had taken or refused to take their medicines. These records were appropriately completed.

Staff administered medicines in a safe way. They ensured where people needed support with their medicines they provided it. We saw them encourage a person who was reluctant to take their medicines and sat with them until they had taken them. The staff member ensured people received their medicines in the way they wanted them. We spoke with this staff member; they had a good understanding of the processes needed to ensure people's medicines were managed safely.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures were within the recommended safe limit. Processes were also in place for the timely ordering and disposing of people's medicines.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. We did find examples where more detailed guidance for staff when administering these medicines was required. After the inspection the registered manager told us they had reviewed the processes that were in place for these types of medicines and sent us examples of new ones they had implemented.

Records showed a person had been assessed as being at risk because they regularly refused to take their

medicines. External healthcare professionals had been contacted to discuss the most appropriate way to covertly administer their medicines. However, the guidance for providing this medicine was limited. The staff we spoke with were aware of how to administer this person's medicines. The registered manager assured us all people received their medicines in a safe way, but would ensure more detailed guidance was immediately put in place to support this person.

Records showed that staff who administered medicines had received the appropriate training; and the registered manager told us they regularly assessed their competency to ensure medicines were administered safely and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

A person who used the service told us they felt the staff were well trained and understood how to support them. They also said, "They [staff] seem to know what they are doing." A relative said, "They [staff] do seem quite knowledgeable."

The provider's information return, forwarded to us before the inspection, explained how they ensured that all staff received an appropriate induction and training for their role. It stated, 'We ensure all staff are well trained in all mandatory care training as well as the skills for care certificate, dementia, end of life, person centred training, risk assessment and risk management. We also go the extra mile to carry out competency assessments on all our staff covering all training received.'

The registered manager told us that all training was up to date, or if refresher courses were needed these had been booked. They also told us that all staff carried out a formal induction prior to commencing work. Records viewed supported this.

The registered manager told us they ensured all domestic and kitchen staff completed the same training as the care staff. They told us this enabled them to support the care staff in a safe and effective way during unexpected busy periods or emergencies.

Staff told us they felt well trained and were supported by the management team to carry out their role effectively. One staff member said, "I have regular supervision of my role. The management are great and really support me." Another staff member said, "I have had lots of training, I have no worries about that all." Records showed received regular supervision of their work. This process enabled staff to discuss any concerns they had about their role and to identify how to develop their skills.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Throughout the inspections we saw staff use a variety of skills and different methods to communicate with people who were living with dementia. People responded positively to the way staff communicated with them.

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. We checked whether the service was working within the principles of the MCA.

In each person's records we saw their ability to make decisions had been assessed in a wide range of areas such as; their ability to manage their own medicines or personal care. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest. Where these decisions had been made, details of who had been involved in making these decisions had been recorded.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people who required them. We looked at the paperwork for one of these people and saw the staff adhered to the terms recorded.

Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role. A staff member said, "I always presume a person has capacity and help them in any way I can."

Care plans were in place to give staff guidance on the most effective way to support people who may present behaviours that may challenge. Our observations throughout the inspection showed staff had a good understanding of how to support people. Records showed, where needed, people's behaviour was monitored and recorded to assist the registered manager in identifying any trends that could have an impact on their behaviour. We saw referrals to external professionals such as the dementia outreach team had been made where expert advice was required.

People and their relatives spoke positively about the food and drink provided at the home. One person described their lunch as "lovely." A relative said, "The food is beautiful at the home." Another relative said, "The food looks good, but I think some of the people need more support with eating than they get."

We observed lunch. People were provided with a choice of meals and if they did not want what was on offer they could choose something else. When staff served the meals, they showed each person what was on offer to enable them to make an informed choice. From our observations, this proved a positive way of enabling people, especially those living with dementia, to be able to visualise the food they were about to eat and to make an informed choice.

The cook told us they used a rotated four week menu to ensure people received a wide variety of food that was appropriate to the season. The cook, as well as all other staff had undertaken a nationally recognised qualification in catering and food hygiene training. The cook had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food (e.g. soft or pureed diet) and any assistance they required with eating and drinking.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks. We saw 'tips for encouraging water consumption' guidance was recorded in people's care records.

Each person had a nutritional risk assessment and care plan in place. These identified whether people were at risk of excessive weight loss or gain and guidance was in place for staff to support people effectively with their diet. Where advice was needed from external professionals such as dieticians or GPs to support people with their diet, this had been requested in timely manner.

People's day to day health needs were met by staff. People's care records and observational charts showed that where risks had been identified staff had provided support in line with the guidance provided by external professionals. We also saw guidance was in place for staff to support people living with diabetes. This included what to do if they experienced a hypoglycaemic or hyperglycaemic seizure. These can occur when a person's blood sugar levels are too high or too low.

A relative we spoke with told us they were pleased with the way their family member's health was monitored. They also said, "If anything happens the staff ring me straight away." Another relative told us they felt the care they received from staff was good, but there were occasional delays when they had requested staff do things to support their family member.

Records showed people regularly saw their GP, dentist or other health or social care professionals where needed.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "The staff are lovely to me." A relative said, "All of the staff are incredibly patient, very caring and affectionate." Another relative said, "The staff are lovely, they are fabulous."

The registered manager told us they carried out regular assessments of the way the staff interacted with the people they cared for. Records showed the assessments focused on whether staff treated people in a dignified and respectful way. We observed staff interact with people throughout the inspection. They did so in a kind, compassionate and caring way. They showed a genuine interest in people's well-being and observed staff spending time sitting and talking with people. People responded positively to the staff.

People's care records contained detailed information about what was important to them and also included information about their life history. We saw staff use that information to form meaningful relationships with them. Light hearted banter along with conversations about people's care needs were commonplace.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

Records showed that people were involved with decisions about their care and where able, they were asked to take part in reviews of the care provided for them. Relatives were also involved. One relative said, "I am involved but I do feel on occasions they [staff] don't always respond quickly enough to what I have to say." Another relative said, "I had a meeting to discuss my family member's care a while ago." Comments from a relative recorded in a person's care plan said, '[Name] is looking well and seems happy. We are happy with [name] being at the home and is well cared for. I do not think there is anything needed to make things better.'
Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information for other health and social care services was also available to assist people if they wished to discuss their financial affairs or health related matters.

We saw people were supported to be as independent as they wanted to be. People were encouraged to do as much for themselves as possible. This included walking around the home independently, eating and drinking unaided and choosing the activities they wanted to take part in.

Bank House has acquired Nottinghamshire County Council's Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. This included meeting a range of standards such as; having a positive attitude, ensuring people receive meaningful occupation and stimulation and ensuring people's emotional and physical freedom. Throughout the inspection we saw many examples of people living with dementia being treated with respect and dignity and being encouraged to become involved with others as much as possible.

The provider's PIR, received before the inspection stated, 'Staff have regular training on person centred care, dementia and equality and diversity to enable them to provide holistic care at all times. Staff are courteous and communicate in a respectful manner, being helpful and supportive at all times.' A staff member said, "My job is about treating people in a person centred way that is respectful." We observed staff support people in dignified and respectful way throughout the inspection.

People's privacy was respected at all times. We observed staff leave people alone if they wanted to be. There was plenty of space in the home if people wished to spend time alone or with family and friends. A member of staff showed us a bedroom that had been adapted for people who were hard of hearing. A switch had been placed outside of the door. Once pressed the lights inside the room would flash on and off. This enabled the person to become aware that a member of staff would like to enter the room. This reduced the risk of people's privacy being inadvertently compromised, but also ensured the person's dignity was maintained.

People's care records were handled respectfully. Records were returned to the office where they stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day.

Good

Is the service responsive?

Our findings

People told us they were able to do things that were important to them. We saw a person's care plan stated they liked to have items in their hands to touch. Staff had provided the person with a 'rummage box' which contained many things which the person enjoyed using and touching.

Relatives told us they felt staff involved their family members with activities within the home. A relative said, "[My family member] won't join in with the activities but the staff do try."

The registered manager told us they ensured their staff respected people's wishes to do the things that were important to them. We discussed a person who was currently being cared for in bed. Their care plan stated they liked sport and especially horseracing. When we spoke with staff about this person, they spoke knowledgably about their hobbies and how they supported the person with them. We visited this person and found staff had ensured they had sport on the television in their room. The person told us they were "happy" with how staff supported them.

We observed a game of musical bingo take place. This game was designed to enable people to recognise music from a different era. Staff encouraged people to take part and people were happy to do so. People appeared to enjoy the musical aspect of the game, with many singing along to the music with the staff.

People's care records were written in a person centred way. They contained detailed information obtained from people and/or their relatives when they first came to the home. This included information about their life history and the things that were important to them. Guidance was also available for staff about how to support people in the way they wanted. Examples of which included, whether people wanted male or female staff to support them with their personal care.

The registered manager told us there was a particular emphasis on providing people with person centred care. The provider's PIR stated, 'We respect service users' choices, preferences and wishes and support them through social interests and hobbies.' We saw each person had a separate 'person centred care plan'. These plans were in addition to people's main care plan, with this one focussing on people's individual preferences. Documents such as 'All about me' and 'Things that make me comfortable/uncomfortable' were recorded to enable staff to respond appropriately to people's wishes. We did note however that not all of these records were up to date and required reviewing to ensure they met people's current wishes and preferences.

When we spoke with staff they had a good understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

The building had been adapted to support people living with dementia to lead as fulfilling a life as they could. The home was brightly decorated, with doors to bedrooms, toilets and bathrooms painted a different colour to aid identification. We saw signs had been placed around the home for one person reminding them

where their bedroom was. People's bedroom doors had photographs and their names on to support people with identifying their own bedroom. Memorabilia which could be identified from people's younger days were placed around the home for people to pick up and use.

People were provided with a service user guide which explained the type of service they should expect to receive when they came to the home. Also within the service user guide was a complaints policy. The policy contained details of who people could make a complaint to outside of the home if they wished to. This included the CQC and local authority.

The complaints policy both within the service user guide and the one posted on the home's notice board may prove difficult for some people living with dementia to understand. We raised this with the registered manager who told us they would amend the policy to reduce the risk of people not understanding the process.

People did not raise any concerns with us about the way their complaints were handled. A relative said, "The do listen to me, but I just wish they would act a bit quicker sometimes." The other relative had no concerns with the way complaints were handled.

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "I'd try and deal with the complaint myself, but if I couldn't, I would speak to the manager."

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People and relatives were encouraged to become involved with the development of the service and they contributed to decisions made to improve the quality of the service provided. Feedback was requested at regular intervals from people who lived at the home and their relatives. We looked at the latest results from the April 2016 questionnaire. The results were positive. For example we saw 14% of people had stated they were satisfied and 86% very satisfied with 'the way care staff looked after them or their family member.'

Meetings for people who lived at the home and their relatives were held. A relative said, "I attended a meeting, but was disappointed I was one of only a few who turned up."

The registered manager told us they used the information received from these meetings as well as feedback from questionnaires to improve the quality of the service provided.

People and relatives spoke highly of the registered manager. One person said, "I like her." A relative said, "The management are nice and try their best, I appreciate they have a difficult job." Another relative felt the management could be more proactive in their role rather than waiting for them to raise issues about their family member's care.

The staff we spoke with felt the registered manager was approachable and listened to their views. Regular staff meetings were held and staff felt able to contribute. One staff member said, "I feel my opinion is valued."

We observed the registered manager, deputy manager and a representative of the provider interact well with people. It was clear they knew the people living at the home and there was a regular and visible management presence throughout the inspection. The registered manager told us they welcomed people coming to talk with them and we saw people doing so.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. The aims and objectives of the home were clearly displayed in people's service user guide and within the home. It stated, 'The principle objective of the home is to create and maintain an environment where service users can feel comfortable and at ease. Our philosophy of care aims to provide professionals standards of good practice tailored to meet the needs of the individual service user.' One staff member said, "It's about giving people choices and treating them with respect."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had ensured that the CQC were notified of

any issues that could affect the running of the service or people who used the service.

The registered manager had effective processes in place to identify and address risks to the service, staff and people living at the home. They told us they ensured staff were kept informed of any identified risks and where appropriate, were given roles to help them to reduce those risks.

There were robust quality assurance and auditing processes in place that ensured people who used the service, their relatives, staff and visitors were safe. Weekly 'spot checks' were carried out. These checks included a review of people's care plans, the activities provided for people, and the environment people lived in. Where areas for improvement had been identified, the registered manager ensured they, or another appropriate person carried out the improvements.