

Crystal House Platinum Limited

# Bank House Care Home

## Inspection report

Brandleshome Road  
Bury  
Lancashire  
BL8 1DJ

Tel: 01617644358

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At our last inspection visit on 5 and 7 April 2016 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.

This inspection was undertaken to check that the provider had made improvements. We found that this was the case and the requirements had been met.

Bank House Care Home is registered to care for up to 43 people with either nursing or social 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 a passenger lift. The home is on a main road, close to public transport. There is a parking area to the side of the property. At the time of this inspection 39 people were using the service.

We found improvements had been made to the medicines management of 'as required' medicines and also the use of thickeners and prescribed creams.

Records we saw showed that mental capacity assessments had been undertaken by staff and where appropriate deprivation of liberty safeguards authorisations were in place Care records showed that a number of areas for consent to care and treatment had been agreed.

We saw that improvements had been made to the complaints systems and concerns raised by people were now recorded to show what action had been undertaken to resolve the issue. The complaints procedure had been updated and included external organisations that people could go to if they were not satisfied with how their complaint had been handled.

We saw there were a number of audits in place to help monitor risk and quality at the home. However, these would benefit from being developed further to ensure that the information could be retrieved efficiently to give a clear overview of the service. Consideration was being given to expanding the computerised administration system to the care plan system to support the management team.

A number of quality assurance surveys had been sent out to people who used the service, relatives and staff and some responses had been received.

We found that the number of activities available to people had improved and a second activities organiser was due to start work at the home. This would further increase activities available to people to help promote their health and mental wellbeing.

## 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.

Improvements had been made to the administration of prescribed 'when required' medicines, thickeners and topical creams.

### Is the service effective?

Good ●

The service was effective.

Improvements had been made in the record keeping in relation to how decisions were to be made in people's best interests and around consent.

### Is the service responsive?

Good ●

The service was responsive.

Improvements had been put in place to keep people's records accurate and up-to-date to provide clear information to guide staff in the safe delivery of people's care.

We found that the number of activities available to people had improved and a second activities organiser was due to start work at the home. This would further increase activities available to people to help promote their health and mental wellbeing.

### Is the service well-led?

Good ●

The service was well led.

We saw that the systems and processes were in place for monitoring the safety and quality of the service. Plans were being considered as to whether to extend the computerised system to include risk assessment and care planning to help efficiently retrieve information to give a clear overview of the service

We saw records to show that the registered manager, who was also the provider of the service, had made investment into improving the service.

Staff we spoke confirmed that the registered manager/provider was approachable and supportive and had made on-going improvements at the service.

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# 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, was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At our inspection on 5 and 7 April 2016 we found that the provider had not met the legal requirements to ensure effective systems were in place in relation to medicines management, consent, care records, complaints and ensuring that effective systems were in place to monitor and assess the quality of the home. This inspection was undertaken to check that the provider had made improvements.

The inspection took place on 1 November 2016. The inspection was announced so that we could be sure that the registered manager was present to answer any questions we had. One adult social care inspector carried out the inspection.

During the inspection, we spent time talking with the registered manager who was also the registered provider for the home, the deputy manager, a registered nurse, a senior carer, an administrator and a housekeeper/activities co-ordinator. We also reviewed a number of the homes' records to check that improvements had been put in place.

# Is the service safe?

## Our findings

At the last inspection, we found a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was in relation to medicines management. The concerns related to the safe use of 'when required' medicines, thickeners and topical creams.

During the inspection we saw there were two separate medication systems in place; one for nursing residents, which were administered by a qualified nurse and one for residential residents, which were administered by senior care staff.

During the last inspection we saw that signs and symptoms to help guide staff when to administer 'when required' medicines were not detailed on people's records.

At this inspection we saw that signs and symptoms were recorded on people's records. However the records for people who were prescribed 'when required' medicines to help manage behaviours that may challenge would benefit from more information being available. For example, what deescalation techniques were to be used before resorting to administering medicine.

During the last inspection we saw there was no readily accessible guidance for staff in relation to the amount of thickener to be added to drinks and an accurate record of when the thickener was given was not recorded. Thickeners are added to people's drinks and sometimes food for people who have difficulty swallowing. This helps to prevent a person from choking.

At this inspection we saw that staff who were authorised to use this prescribed medicines had received training from the supplying company of the thickeners. When asked the senior carer showed us the relevant directive for a person who required thickeners from a Speech And Language Therapist (SALT) which related to the instructions for use on the thickeners packaging. This information was available on people's care records.

During the last inspection we found that staff were not recording when prescribed topical skin creams had been applied. It is important that staff record when a topical skin cream has been applied to show that people are given their medicines as prescribed.

Since our last inspection, prescribed creams had been removed from people's bedrooms to the treatment room and were being administered by either a nurse or senior care staff who were authorised to do so. This had been done to help ensure that creams were applied to people as prescribed. For residential residents we saw that body maps were in place to show where the creams needed to be applied and records were completed. Records had been completed for nursing residents but no body maps were in place.

We discussed other areas of concern that were raised during our last inspection. We were told that the issue relating to a person not having access to their call bell had been resolved by lengthening the lead of the call bell. The maintenance person checked the nurse call bells in rotation every week and this was recorded. The

maintenance person said this check included the accessibility of the bell so that people could use it if they needed to.

## Is the service effective?

### Our findings

At our last inspection, the service was found to be in breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent. During our last inspection we found there was not always evidence to show people had agreed to their care and support. Consent is needed to ensure people's rights are protected and respected.

The action plan from the registered manager/provider informed us that they had made changes to the pre-assessment and admission pack to give people and their relatives where appropriate, the opportunity to read and discuss consent and the care plan.

We looked at the care records of four people and saw that people had consented to their care and support. The exceptions were where one relevant person had not visited the home and another where the person who had the mental capacity to do so, had refused to sign their care plan. This refusal had been recorded.

We saw consent forms on people's records, for example, receiving care, the administration of medicines and having photographs taken. We also saw Do Not Attempt Resuscitation (DNAR) forms that Deprivation of Liberty Safeguarding (DoLS) authorisations were on people's files as appropriate. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection, we found some inappropriate locks were in place. We were informed that these had been removed.



# Is the service responsive?

## Our findings

At our last inspection, the service was found to be in breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. This was in relation to their care plans and risk assessments not being up to date. This meant that people were at risk of not receiving the care and support they needed as staff did not have clear and accurate information to guide them in the safe delivery of care.

During this inspection, we talked with the registered manager, the deputy manager and a registered nurse about this issue. They told us that the care plans and risk assessment were updated whenever there was a change in a person's needs. We saw that an audit of the care plans and risk assessments was carried out monthly.

At our last inspection, the service was found to be in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints. This was because the home's policy and procedure did not accurately advise people of the external agencies they may need to contact should they need to and records of complaints were not maintained. At our last inspection two people told us about the concerns they had raised with the provider. However, a review of the complaints records did not support what we had been told by people because they had not been recorded.

Effective systems of reporting people's complaints and concerns helped to demonstrate issues are taken seriously and people are listened to.

At this inspection we saw a copy of the complaints procedure that gave information about external agencies that people could contact if they were not satisfied with how their complaint had been addressed.

We saw records had been maintained about four concerns raised and what action had been taken to resolve the issue. There were no on-going formal complaints being undertaken at the time of our visit. We also saw that a complaints and compliments book had been put in place for people to use. We saw a number of compliments had been recorded.

At our last inspection, we commented on the fact that the activities worker was also the housekeeper who had little experience in the role of activities and there was no clear activity plan. At this inspection, we looked at the services' activities records and saw that at times the housekeeper/activities organiser was called away from the activity role to support other tasks throughout the home.

We were told by the registered manager that a second activities worker had been employed by the service to provide additional activity time throughout the week. This person was said to have experience in providing activities for groups. The new activities co-ordinator was due to start work at the service once their Disclosure and Barring Service (DBS) had been returned. A DBS check helps to ensure people are suitable to work with vulnerable people.

We noted that the home had recently had a Halloween Party; and families had been involved. Staff from a local supermarket had been into the home to put on an afternoon tea party. On 10 November 2016, it was planned that a group of residents were going into the local primary school to give a reminiscence talk to pupils. We were told that birthdays were celebrated with a birthday cake and fresh flowers. Plans were starting to be put in place for Christmas and we were told that important dates such as Easter were celebrated throughout the year.

An activity person came into the home regularly to carry out activities that promoted movement, for example using, scarves, balloons and a parachute. For a person who was living with dementia a baby doll had been purchased and this had helped to keep the person content.

## Is the service well-led?

### Our findings

At the last inspection, we found a breach in Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. This was in relation to the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services.

At our last inspection, we found that although the new provider had made many improvements to the quality of the service in relation to staff training and refurbishment of the building, these improvements had not been formally recorded. At this inspection, we were given written information supporting those improvements. We saw evidence to show that the new provider had made significant investment into the home, such as, new washing machines and dryers. A new lift had been installed as well as refurbishment of many areas of the home, which included new furniture, bedding and towels. Staff training had also been completed.

A number of quality assurance surveys had been sent out to people who used the service, to relatives and to staff. The surveys asked for their views on the care and facilities provided. Some responses had been received.

The home had invested in a computerised quality assurance system to help underpin and improve the homes' policies and procedures and administration systems. This system cross-referenced the Key Lines of Enquiry (KLOEs.) KLOEs are used on CQC inspections that directly relate to the five key questions we ask of all services; are they safe, effective, caring, responsive and well led.

We saw there were systems in place to review and audit people's care plans and risk assessments to help ensure they were accurate and up to date. It was clear from discussion that staff had a good understanding of people's needs and risks. A number of audits checks were undertaken, including the NHS Safety Thermometer audit for the Clinical Commissioning Group (CCG). The safety thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. This information did not cover people who were not assessed as requiring nursing care who lived at the home.

Consideration was being given to further adapting the new computerised quality assurance system to include risk and care planning. We were told this was to support the auditing process so information about risk and quality could be retrieved efficiently to give a clear overview of the service.

Staff we spoke with talked positively about the new registered provider/manager. One staff member said the service had, "Changed drastically for the better." The registered manager was said to be a visible manager. We were told the home had benefitted from having a consistent approach to the day-to-day running of the home and they felt valued.