

CarrBank House Ltd

Carr Bank House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carr Bank House is a residential care home providing personal care to 11 people with mental health needs. The service can support up to 14 people.

The home consists of two adjoining properties that have been adapted to form a large house. Each person had their own room, with four rooms having en-suite facilities and the other rooms sharing bathing facilities.

This was the first inspection at Carr Bank House since they had re-registered with the Care Quality Commission in April 2020. This was due to a change in the legal structure for the provider. The registered manager, nominated individual and the staff team remained the same. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Since being re-registered a new registered manager has been employed at the service.

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

People said they liked living at Carr Bank House and liked the staff team. People were encouraged to complete tasks themselves. People were asked what they thought about living at the service each month during a discussion with their keyworker.

Care files contained the information staff needed to meet people's support needs. The risks people may face had been identified and guidance provided to manage these risks. We have made a recommendation for ensuring all of people's needs are captured in people's care plans.

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

Staff said they felt well supported by the management team and could ask for support if they needed to. Training had increased, with staff completing refresher training. Regular supervision meetings were held. Staff were safely recruited and completed an induction prior to supporting people on their own.

A quality assurance system was in place, with actions taken where issues were found. The provider had oversight of the service through regular meetings with the registered manager. This was to be strengthened with a formal audit of key areas each month by one of the provider's directors.

A programme of refurbishment and redecorating had started, with more improvements planned. The home was clean throughout and government guidelines for COVID-19 were being followed, including the use of masks.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 23 May 2018.

Why we inspected

This was a planned inspection to provide a rating for the re-registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carr Bank House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Notice was given to the service just before our arrival. Short notice was given so we could check the Covid-19 status within the home.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We observed interactions between people and the staff throughout the inspection.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three members of staff and contacted one relative. We looked at training data and quality assurance records. We contacted two professionals who have been involved with the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and appropriate plans developed to manage them. These were summarised into one document for each person for easy reference by the care staff.
- Brief information was provided on how staff could distract people who became anxious or distressed. A behaviour chart was in place to record any incidents; however, staff had not been using this, recording incidents in the daily notes. We discussed this with the registered manager who told us they would ensure consistency in recording any behavioural incidents in the behavioural chart.
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

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

- Staff had completed training in safeguarding vulnerable adults and knew how to raise any concerns they had with the registered or deputy managers.
- Accidents and incidents were reported and reviewed by the registered manager, although not all had been recorded on an incident report form. Actions were put into place to reduce the risk of further incidents occurring.

Staffing and recruitment

- The staffing at the home was enough to meet people's assessed needs. There was one member of care staff on duty at all times. Most people were able to go out into the community on their own, with only one person needing support to do this.
- When people needed accompanying to go out, for example for a health appointment, the registered or deputy manager were available to provide additional support. However, this was not available at the weekend, so any additional weekend support needed had to be planned in advance.
- If people required additional support, for example because they were unwell, this was provided.
- Staff were safely recruited, with all pre-employment checks completed prior to new staff starting work.

Using medicines safely

- People received their medicines as prescribed. Staff had completed training in medicines administration and their competency had been observed.
- Records for medicines administered 'as required' were not always clear as they were recorded on two separate records. The registered manager said they would change this, so they were only recorded once.
- This would also keep the as required medicines records separate from any other notes about people's medicines, for example if a person refused their medicines. Therefore any patterns in people refusing their

medicines would be more easily identified.

Preventing and controlling infection

- The home was clean throughout. Cleaning schedules had been increased due to the COVID-19 pandemic.
- People were advised how to follow government guidelines for social distancing when going out and were given masks to use. People had the capacity to make their own decisions and choices when going into their local community.
- Staff wore appropriate Personal Protective Equipment (PPE). Staff took part in weekly COVID-19 testing and people using the service were tested each month. People moving to the home had to have a negative test before moving in.

Is the service effective?

Our findings

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

At the last inspection, under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. Staff training had increased since the new registered manager had started. All staff had completed refresher courses, with more booked and planned in the coming months, including training in mental health awareness.
- New staff completed initial training and then shadowed experienced members of staff to get to know people and their support needs. New staff were also registered on national vocational qualifications in health and social care.
- Staff had regular supervision meetings, where they were able to raise any issues, discuss people's support and any training they wanted to complete. A member of staff said, "I'm asked about any ideas or issues I have; but I can go to [registered manager name] anytime with this anyway, they're very approachable."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain their diet. People were supported to agree a weekly menu, although alternative meals were also available if people wanted them. People said they enjoyed the food, with one saying, "We have meat free options too like Quorn and lovely chicken."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing. Health and psychiatric appointments had continued throughout the COVID-19 pandemic. One person said, 'My health has improved since I've been here.'
- Other health professionals, for example district nurses, visited people at the home when required.

Adapting service, design, decoration to meet people's needs

- A programme of re-decoration and refurbishment was underway at the home. The lounge, dining room, communal bathrooms and some bedrooms had been re-decorated. Other parts of the building looked tired. The registered manager said there were plans for the whole building, although there wasn't a written plan or agreed timescales for this.
- People said they liked their rooms and they were able to personalise them how they wanted.

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

- An initial assessment was completed for people moving to Carr Bank House. The registered manager would speak with the person wanting to move in and, if appropriate, their relatives about their support

needs. Information from other professionals, for example social workers was also used.

- An initial care plan was written from this information. Staff said they were able to read the care plans prior to people moving in so they knew their support needs. Information was also given to the staff team verbally.
- Where possible, people were invited to visit the home, after having a COVID-19 test, prior to moving in.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service was working within the principles of the MCA. DoLS were in place where required. Most people living at Carr Bank House had the capacity to make their own decisions.
- When people moved to the service, the social services assessed their capacity to make this decision as part of their care needs assessment. If people's capacity changed, the registered manager would refer them to the local authority social services for a formal capacity assessment to be completed.

Is the service caring?

Our findings

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

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

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

- Staff knew people and their needs well. We observed kind and positive interactions between people and staff. Support plans included information about people's backgrounds, preferred names and likes and dislikes.
- Relatives felt people were well supported at Carr Bank House. One told us, "I have visited [relative name] regularly over the years and the staff have always been friendly and taken a genuine interest in their care."

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

- People were supported to give their views on the service through resident meetings, for example on what they wanted on the menu.
- Each person met with their named key worker each month. They were asked about living at Carr Bank House and if there was anything else they wanted to do.
- Where required, people were supported to have an advocate, who is an independent person who ensures decisions made on people's behalf are in their best interests. The advocate contacted people every six months. The frequency of these calls would increase if there were issues or specific decisions needed to be made.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well, including the support they needed and their daily routines. Staff were able to explain how they maintained people's privacy and dignity whilst supporting them.
- People were encouraged to be involved in their care and prompted to complete things for themselves where possible. For example, one person liked to wash and tidy up after meals.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's support and care needs were described in a summary document. This included the support they needed, what they were able to do for themselves, how to manage any identified risks and people's preferences. Additional information about people's support was included in the monthly key worker reviews and risk assessments.
- Not all this information was captured in people's separate care plans, for example continence support, although it was in the documents mentioned above.
- People's end of life wishes had not been discussed or recorded. The registered manager acknowledged this and said they would include it when reviewing people's care plans. The initial assessment form had been developed so it now included asking about people's advanced care wishes.

We recommend national guidance is followed to ensure the care plans capture all people's support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet and speak with their relatives, following the government COVID-19 guidelines.
- People living at Carr Bank House were able to access their local community independently. Support was provided where required, for example to attend medical appointments.
- People's interests and what they liked to do was recorded in their care files. Staff told us people preferred to do their own activities rather than joining in any group activities.

Meeting people's communication needs

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

- People's communication needs were recorded in their care files. At the time of our inspection, everyone living at Carr Bank House was able to communicate verbally.

Improving care quality in response to complaints or concerns

- Carr Bank House had a formal complaints policy in place. A complaints book was available by the front door for anyone to make any comments or issues. No complaints had been made at the time of our

inspection.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- A quality assurance system was in place, with weekly or monthly audits completed for a range of areas, including medicines, infection control and premises. Any issues identified within the audits had been actioned.
- The registered and deputy managers reviewed all the care plans each month and made updates where required.
- The provider had oversight of the service through regular meetings with the registered manager. A new audit tool for the directors to record checks made at the service, for example of the staff training, risk assessments and medicines was being introduced. This would formally document the director's oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff feedback was positive about the management team and the changes made since the registered manager joined the service. All staff told us the registered and deputy managers were approachable. One member of staff said, "Everything is absolutely fine, I can't fault the management. I have no hesitation about speaking to [registered manager name] or [deputy manager name]."
- Paperwork had been rationalised, with older information archived. Staff found it easier to record the support they had provided for each person and to find the current information about people's support needs. Some further work was needed for some care files to remove historical information.
- Staff meetings had been held to discuss changes at the service. A staff survey had been organised, with the responses received being positive, including about the re-decoration being completed at the home.
- People and relatives we spoke with said they liked living at Carr Bank House and were positive about the staff team. Each month during the key work meetings, people were asked for their thoughts on living at the service and any changes they would like to make. One person said, "I'm happy living here and I like the staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the types of incidents that needed to be notified to the CQC. Due to the nature of the service, few notifications had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered and deputy managers had clearly defined the areas each was responsible for. They covered for each other when one of them was off work, for example on annual leave.
- The local authority said the registered manager was in regular contact with them and responded to any requests for information they asked for.