One Housing Group Limited

Bankhouse

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This comprehensive inspection took place on 8 and 13 August 2018 and was announced.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in flats in a purpose-built building in the London borough of Lambeth. At the time of the inspection there were 48 people living within the service, 22 of which received personal care.

The service was registered with the CQC on 17 July 2017 and has not previously been inspected.

There was a registered manager in post. 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 not always safe as the service employed one staff member during the night period. People and staff expressed their concerns regarding suitable staffing levels at night. We made a recommendation the provider review their staffing levels, to ensure people were safe.
expressed their concerns.

People were protected against the risk of abuse as staff had a clear understanding of how to identify, report and escalated suspected abuse. Staff received ongoing training in safeguarding and confirmed risk management plans gave them clear guidance on mitigating identified risks. Accidents and incidents were reviewed and managed in a way that lessons were learnt to minimise the risk of repeat incidents.

People received their medicines as intend by the prescribing pharmacist. Where people required support with their medicine management, this was provided. People were encouraged and supported to access healthcare professional services to monitor their health and well-being.

People were protected against the risk of cross contamination as the provider had systems and processes in to effectively manager infection control.
People were supported by staff that received ongoing training to enhance their skills and experiences. Staff also reflected on their working practices through regular supervisions with senior staff. People received support from staff that had undergone robust pre-employment checks to ensure their suitability to the role. We received mixed feedback from people about staff that supported them. People confirmed not all staff were as caring and compassionate as they could be.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access sufficient amounts to eat and drink. We received mixed reviews about the evening meals provided by an external catering company. Issues identified by the registered manager were actioned and people were encouraged to share their concerns about the meals provided with the catering company in the form of a meeting, that took place during the inspection. People were supported to maintain their independence.

People's care plans were person centred, and reviewed regularly with input from people. Activities were provided by the service and people were encouraged to participate. People were aware of how to raise a complaint. Complaints were fully investigated in a timely manner.
People's preferences in relation to end of life care were documented. People who currently chose not to discuss end of life care had their decisions respected. End of life care plans were reviewed regularly to reflect people's changing needs and views.

People and the staff spoke positively about the management of the service. The registered manager carried out regular audits of the service to drive improvements. Quality assurance questionnaires were completed by people to share their views. Issues identified were then actioned.

The registered manager actively sought partnership working with other healthcare professionals and services to drive improvements and enhance people's lives. The registered manager understood and met their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be. People and staff did not feel safe at night due to one staff member being on duty.

People were protected against the risk of harm and abuse as staff were aware of how to identify, report and escalate their concerns. Staff received ongoing safeguarding training.

People were protected against identified risks as risk management plans in place gave staff clear guidance to keep people safe.

People received their medicines as intended by the prescribing pharmacist.

People were protected against the risk of cross contamination as staff were aware of the providers infection control policy.

Accidents and incidents were managed in such a way to ensure lessons were learnt to minimise the risk of repeat incidents.

Is the service effective?

Good

The service was effective. People received care and support from staff that underwent regular training to enhance their skills and knowledge.

Staff received ongoing support from senior staff through regular supervisions.

The manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

People's needs were continually assessed to ensure the care and support delivered remained effective.

People were supported to access sufficient amounts to eat and drink to meet their dietary needs and preferences.

People were supported to access a wide range of healthcare professional services to monitor and maintain their health and

well-being.

The service sought guidance and support in collaborative working to ensure effective care and support was provided.

Is the service caring?

Good

The service was caring. People received care and support from staff that treated them with respect and encouraged their independence.

People were treated equally and had their diversity embraced and respected. People were encouraged to make decisions, expresses their views of the care and support they received and had their decisions respected.

People's confidential information was kept securely and only staff with authorisation had access to their records.

Is the service responsive?

Good

The service was responsive. People's care was person centred and care plans gave staff clear guidance on how to meet people's needs.

People were encouraged to participate in activities provided by the service.

People were aware of the providers complaints policy. Complaints were documented, investigated and action taken to reach a positive resolution.

People were supported to share information about their end of life preferences to ensure the service were responsive to their wishes.

Is the service well-led?

Good

The service was well-led. The registered manager had implemented systems and processes to monitor the oversight of the service.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People's views of the service were sought and action taken to address people's concerns were done so in a timely manner.

The registered manager sought partnership working with other

healthcare professionals to drive improvements.

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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 8 and 13 August 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is extra housing service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 8 August 2018 and ended on 13 August 2018. It included speaking to six people who lived at Bank House over the two-day inspection. We visited the office location on 8 and 13 August 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector on the first day of the inspection and two inspectors on the second day.

We reviewed the information we held about the service prior to the inspection, this included for example, information shared with us from members of the public and health care professionals. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people and five care staff. We also spoke with the senior coordinator, registered manager and operations manager. We reviewed four care plans, five staff files, four medicines management records, policies and procedures and other records relating to the management of the service.

After the inspection we contacted one healthcare professionals to gather their views of the service.

Requires Improvement

Is the service safe?

Our findings

People and staff were concerned about the number of staff deployed to keep people safe, especially at night. One person told us, "There's only one staff member at night and that's not enough. I don't feel safe." Another person told us, "Maybe they need more staff, there's only one at night, they need more [staff members] at night." A healthcare professional said, "There have been a few issues regarding staffing and [registered manager] has been honest. As it's a new scheme, he has asked us to slow down on referrals, which is good." A staff member said, "I think we're fine [during the day]. We have one staff at night and in the beginning, it was ok as people's needs weren't too high. We have expressed our concerns, and have asked for more night staff. If the night staff have to attend to an emergency, we would need one more. Management have said they're considering it. We need to be proactive, we aren't struggling but we don't want to wait until there's an emergency before we have enough staff at night." Another staff member said, "Now we have a full house, we need two staff on at night." A third staff member told us, "I've never had an emergency [during the night], but if two people had a fall at the same time, it would be hard [to manage]. Having two-night staff would be better."

Records confirmed the service deployed one staff member to cover at night. We shared our concerns with the registered manager and the operations manager who told us, an on-call system was in place to support staff during the day and at night. Concerns about staffing levels had been shared with them by staff and people and this was being addressed with the local funding authority.

After the inspection the provider confirmed additional staff had been employed and were awaiting the satisfactory completion of pre-employment checks to ensure two staff were present at Bank House at night. We will review this at our next inspection.

People had risk assessments in place covering areas such as health conditions, mental health, behaviours that challenge and finances. Staff confirmed risk assessments gave them clear guidance on keeping people safe. We found that not all the sections of people's risk assessments were completed, and it was not clear whether these areas were applicable to them. One person's care plan had highlighted previous concerns in relation to the management of finances, however this was not reflected in their risk assessment and evidence in relation to their current financial situation was not accurately reflected with the risk assessment. We shared our concerns with the registered manager who sent us an updated risk assessment after the inspection. We were satisfied with the providers response.

Staff were aware of the provider's safeguarding policy, received safeguarding training and felt confident in recognising and responding to suspected abuse. A healthcare professional said, "It's a fairly new service, I think it's safe. [Registered manager] does refer safeguarding to us which is good." A staff member told us, "There may be unexplained bruises or marks on people. They [people] may be on edge with certain staff or become withdrawn. I would whistleblow aa it is my responsibility to keep people safe." Records showed the service maintained a detailed log of action taken and when, whether the incident had been reported to the local authority, investigated and taken appropriate action in-line with good practice. The registered manager also reviewed all incidents and accidents that had taken place to identify any patterns or trends,

thus ensuring action could be taken to minimise the risk of repeat incidents.

People received support with administering and managing their medicines. One person told us, "Since I've come here staff help me with my medicines. I get them on time, they [staff members] don't need to really explain what the medicine is for as I know but they do anyway." One staff member told us, "I've had medicines training, some people can manage their own medicines and then there are other who need full support. If there's a medicines error, I would report it straight away." Records showed medicines audits carried out identified errors swiftly to minimise the impact on people. Staff also received regular medicines management competencies, whereby staff were observed by senior staff and feedback given should any area require improvement.

People received care and support from suitably appointed staff members. Records showed the provider had undertaken adequate pre-employment checks prior to offering staff members permanent positions. Staff files contained references, photographic identification and a recent Disclosure and Barring Services check (DBS). A DBS is a criminal records check employers undertake to make safe recruitment decisions.

Records confirmed staff received infection control training to minimise the risk of cross contamination. Staff were aware of the provider's infection control policy and confirmed there were adequate supplies of personal protective equipment (PPE) available to use when providing personal care and support.

Good

Is the service effective?

Our findings

People had their needs regularly assessed and care and support delivered in line with their preferences. Care plans detailed people's level of needs and where changes were identified, care plans were updated to reflect their changing needs. We spoke with the registered manager who confirmed staffing levels could be adjusted in direct response to people's needs. For example, if additional support from staff was required, this would then be provided. A healthcare professional told us the registered manager would report to them if there had been any change in a person's needs and as to whether this resulted in either an increase or decrease of direct support.
People received care and support from staff that received ongoing training to deliver effective care and treatment. One person said, "I don't know what training they [staff members] have but they know enough to make sure they support me well." One staff member said, "Our training is quite good. There's a system in place that reminds us when we need refresher training. We asked for [additional person specific] training in alcohol and substance misuse and the registered manager provided it." Records indicated staff received training in, for example, Mental Capacity Act, fire, moving and handling, safeguarding, food hygiene and equality and diversity.

Staff confirmed they received a comprehensive induction upon commencing their role at Bank House. Records showed staff completed a seven-week induction period whereby the covered, for example, care provision and safeguarding, conduct and performance and welfare and safety. The induction process was in line with the Care Certificate. The Care Certificate 'is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors'. Staff received support from senior support who shadowed them until they were deemed competent to work without direct support.

Staff received continued support and reflected on their working practices through regular supervisions. One staff member told us, "I think supervisions are every 10 or 12 weeks. I talk with the manager about any concerns, training, personal issues ad my professional development. I find supervisions beneficial. Supervisions were held on a one-to-one basis with senior staff and also, as a team. Records confirmed supervisions covered common performance targets, individual targets, training, attendance and any other issues that arise.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, this is done through the Court of Protection. At the time of the inspection no one was being deprived of their liberty as no applications had been made.

We checked whether the provider was working within the principles of the MCA. One person told us, "Yes,

they [staff members] do ask for my consent. They ask for my permission before helping me." A staff member told us, "Everyone has the ability to make a decision until proved otherwise. We support people to take positive risks and have value in their lives." Records confirmed where there had been concerns around people's capacity, the registered manager had sought best interest meetings to ensure specific decisions were made in line with legislation.

One person told us, "I don't really like the food here. My [relative] cooks in our flat instead." Another person said, "[The food] isn't that great." At the time of the inspection the catering company that provided the evening meals was holding a meeting for people to discuss their meal preferences and any ideas for further meals they may have. The registered manager told us the service also provided 'taster days' whereby the catering company would provide people food tasters and receive feedback as to whether this should be added to the menu. People that attended the meeting were observed sharing any concerns they had and reassurance was provided regarding the products used in the food provided. People who had specific dietary requirements for example, diabetic, vegetarian or foods based on cultural preferences were catered for.

People received support from a service that worked collaboratively with other healthcare professionals to effectively meet people's needs. The registered manager told us and comments from a healthcare professional confirmed, they sought guidance and support from external agencies to deliver support to those living at Bank House. One person told us, "If I need to go to an appointment the staff will support me. I just have to tell them." A staff member said, "Yes I have, we take [people] out as some people don't want to go on their own. Some appointments require our assistance with them." Records confirmed people were supported to attend or receive visits from G.P, dentist, optician and mental health officers. At the time of the inspection an optician visited the service and was supporting people to have their eyes tested.

Good

Is the service caring?

Our findings

One person told us, "I'm honest with the staff, if I don't like something they won't do it. I respect them and they respect me." Another person said, "Half a dozen are great. There's a lot of agency who can't really make conversation." A third person told us, "[Staff] are alright and tend to get on with it. Some are better than others." During the inspection we observed staff speaking with people in a compassionate and caring manner. Staff were observed being respectful towards people and staff were sharing jokes with people.

People had their privacy and dignity maintained. Staff were aware of the importance of awaiting permission to enter people's flats once permission had been given. One person told us, "They [staff members] always knock and wait to come in. They help me to get dressed and will make sure they shut the curtains and the doors." Staff were aware of the importance of maintaining people's privacy and dignity. During the inspection we observed staff knocking on people's flat doors, awaiting permission prior to entering.

People were encouraged to share their views of the care and support they received through regular house meetings, questionnaires and general day to day discussions. Care plans clearly identified people's preferences in relation to their care and support needs and referenced how people would like to be supported and when. People were consistently encouraged to make decisions and had their decisions respected. Staff confirmed they supported people to make day-to-day decisions about their care through general conversations and interactions. At the time of the inspection we observed people in the communal lounge being supported to share their views of the catering company that provided the evening meal at Bank House.

Staff were aware of the importance of supporting people to maintain their independence wherever possible. One person told us, "Somethings staff help me to do. Other things they say I can do myself." A staff member told us, "I encourage people to do what they're able to do, what they can't do we'll help them. I ask the person if they want to do it for themselves, give them the choice." Throughout the inspection we observed staff encouraging people to do things for themselves but on standby to offer support and guidance. People's care plans highlighted the level of support needs and this was then reflected in the care and support provided.

People were treated equally and had their diversity respected by staff. One person told us, "I celebrate the sunset. Staff are very respectful of that. I'm very grateful to them. Staff will sit and chat with me about my life." Staff were aware of the importance of supporting people to maintain their cultural needs, with one staff saying, "[The service] is very multicultural, people here are from Africa, Portugal and the West Indies. We have different faiths and religions. We have a versatile menu and we share peoples likes and dislikes with the kitchen. They now include African and West Indian foods."

Confidential information was kept securely with only authorised personnel having access to records. The service had a key fob system that only authorised personnel could access the main office. Staff received guidance on confidentiality through their comprehensive induction process.

Good

Is the service responsive?

Our findings

People's received care and support that was person centred. We received mixed views of people's care plans, with one person saying, "I do have a care plan but my needs aren't understood." However, another person said, "[The care plan] says what support I need with personal care, hygiene and what [staff members] need to do to support me at night." A third person said, "I've seen my care plan and there is one in my flat. It's been updated." Care plans were sufficiently detailed to ensure people's needs were met.

People's care files included copies of initial needs assessment forms, completed prior to people commencing the start of service. These included details of people's backgrounds, daily life, cultural needs and the tasks they required support with. A copy of the local authority assessment for each person was also kept, and records showed that people's care plans reflected these identified needs. Guidance for staff on how to support people was recorded in their 'simple care plan'. Details of the duties that were required to be undertaken at each visit were clearly defined so that staff knew how to support them. Staff confirmed they found people's care plans essential in ensuring they could respond to people's needs in a way they wished. Staff told us they would report any observational changes to people's needs to the registered manager and senior staff to ensure care plans were updated to reflect people's changing needs.

One person told us, "The staff come in due time, if they're late they'll let me know. It takes between two to ten minutes for staff to answer my call bell. Sometimes they come quickly, I'm ok with ten minutes as I know I'm not the only one they must attend to." The call bell system in place was linked to staff mobile phones, if they were unable to answer swiftly they would call the speaker system which would enable them to speak directly to people in their flats. We reviewed the call bell logs and found there were occasions whereby people waited more than 4 minutes for their calls to be answered. The registered manager informed us that if call bells are not physically responded to swiftly, staff would then contact people through their mobile phones and the speaker system to ascertain what support they required and if it was urgent. We were satisfied with the registered managers response.

One person told us, "If I want to go out on activities I would ask and they'd [staff members] take me, like going to the park. But I don't really want to go." Another person said, "I don't really do the activities, but if one's on, I'll come down." A healthcare professional told us, "The [registered manager] puts on lots of activities, to the seaside and invites other schemes over to Bank House which is great." A staff member told us, "We do take people shopping, to the seaside and for meals out." The service also supported people to access the local community and have house parties. At the time of the inspection a relative was providing weekly card making sessions in the communal dining room. The session was well attended and people were engaged and appeared to enjoy interacting with one another whilst participating in the activity.

People were aware of the provider's complaints policy. One person told us, "I would speak to the carer, then the senior carer and then the registered manager [if I had a complaint]. I would follow the chain of command and if nothing was done about it, I would do it officially." In the last 12 months the service had received eight complaints. For example one complaint regarding meal choices available, had been investigated and action taken to increase the meals available. Records showed the complaints were fully

investigated, monitored and action taken in a timely manner to reach a positive resolution.

People had been asked their preferences in relation to any end of life care. Where people had chosen to participate in these discussions they had a completed a document detailing their wishes and preferences as well as agreed arrangements. People who had declined to discuss end of life preferences, were aware they could revisit this as and when they wished.

Good

Is the service well-led?

Our findings

People and staff told us they found the registered manager approachable, responsive and passionate about the service. During the inspection we observed people and staff seeking guidance and support from the registered manager and appeared at ease in his presence. One person told us, "I respect [registered manager]. My spirit just holds him. If there was anything I need, I could ask him." A healthcare professional said, "[Registered managers'] very honest and thorough. He will say if people require less support than planned. Feedbacks very good and is open and transparent. It's a pleasure working with him." A staff member said, "He's [registered manager] very supportive. He understands the need to boost staff morale. If I raise a concern he deals with it straight away. I would say, generally he's good, I can't find fault." Another staff member said, "He [registered manager] helps us to progress and always gives us motivation to keep going."

Throughout the inspection we observed people, staff and visitors speaking with the registered manager, and appeared at ease in his company. People were observed seeking guidance and support which was readily given.
The culture of the service was warm and welcoming. People were encouraged to spend time in the communal areas getting to know their peers. Staff were aware of the provider's values of the service and received training on the ethos of the organisation and how to put this into practice.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People's views of the service were sought to drive improvement. Records confirmed quality assurance questionnaires were sent to people and their relatives annually in relation to all aspects of the service. We reviewed the records for the 2018 survey and found the majority of responses were positive. For example, positive comments included, 'I love the communal areas' and 'management approachable and easy to get on with'. We also identified some comments that highlighted areas of dissatisfaction, these included for example, 'Not enough staff to facilitate outings' and 'The care staff are not always available'. Issues identified during the surveys were shared with management and action had been taken to address people's concerns in a timely manner. Staff views were regularly sought through supervisions and staff meetings. Records confirmed staff meetings and group supervisions gave staff an opportunity and were encouraged to discuss matters of concern and areas that could improve the service, staff also confirmed their views were listened to and where appropriate action taken.

The registered manager undertook regular audits to monitor the oversight of the service. Audits included for example, medicines, health and safety, care plans, staff personnel files and safeguarding. Audits identified any actions to be taken and then led into the service improvement plan. We reviewed the service improvement plan and identified 36 of the actions had been completed and a time limit set for the additional actions which were in progress.

The registered manager encouraged and sought partnership working to enhance people's experience of

living at Bank House. A healthcare professional told us the registered manager was open to partnership working and took the guidance given and implemented it into the delivery of care. The registered manager told us they were keen to develop further relationships with similar schemes in the near future and an event was being planned this year, which was to be held at Bank House.