Miss Tina Boswell

Banbridge House

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Banbridge House is a care home which is registered to provide care to up to 19 people. The home specialises in the care of older people.

The home was managed by the provider who worked alongside other staff to provide hands on care to people.

The provider led by example to provide a service which was tailored to each person's individual needs and preferences. One visitor told us: "All the care is about what people want. You don't have to fit in with them, they fit in with you as far as I can see."

Although the provider monitored the service and planned improvements there was no formal quality assurance process in place. This could mean that planned improvements and changes were not implemented in a timely manner.

Summary of findings

There was an ethos in the home of enabling people to maintain independence. Risk assessments identified risks and the control measures in place to minimise risk. The balance between protection and freedom was well managed.

There was no set activity programme in the home and on the day of the inspection many people spent their time in front of the TV in the lounge whilst other people chatted and socialised. This meant that people who were not able to occupy themselves may receive limited social stimulation.

People told us they felt safe living at the home and with the staff who supported them. Comments included: "I feel safe and well cared for" and "I can't grumble about anything because they are always good to me."

People had access to health care professionals to meet their specific needs. Records seen showed that people were seen by appropriate health care professionals to meet their needs. The provider worked with other professionals to make sure people received the support they required to meet their changing needs. We saw how the home involved nurses when people became physically frail and ensured that appropriate equipment was in place. We saw the home had involved mental health professionals when making decisions about people's changing ability to make choices for themselves. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Everyone we spoke with was happy with the food provided in the home. One person said: "They certainly don't starve you. There's always plenty to eat." Another person told us: "They know what I like to eat and drink. The lunches are very good." A visitor told us they felt their relative was benefiting from regular meals. They said "They really like the breakfasts."

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We saw that bedroom doors were always kept closed when people were being supported with personal care.

Summary of findings

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

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

People told us they felt safe living at the home and with the staff who supported them. Comments included: "I feel safe and well cared for" and "I can't grumble about anything because they are always good to me."

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

Is the service effective?

Good

People living at Banbridge House received effective care because staff had a good knowledge of each person and how to meet their needs.

People were supported to have sufficient food and drink. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

People had access to specialist equipment to assist them to maintain their independence.

Is the service caring?

Good

People were supported by staff who were kind and caring. People told us staff were always patient and kind.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

If people had specific wishes about the care they would like to receive at the end of their lives these wishes were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Requires Improvement

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. However some improvements were needed to make sure people had opportunities to take part in social activities.

Summary of findings

All care and support provided was personal to the individual and took account of their needs and wishes. People told us they were able to make choices about all aspects of their day to day lives. However we saw that people who were not able to occupy themselves received limited social stimulation on the day of the inspection.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

Is the service well-led?

Some improvements were required to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the home took account of good practice guidelines.

The provider or a senior care worker was always on duty to make sure there were clear lines of accountability and responsibility within the home. There was also an on call system to offer further support in the case of an emergency or difficult situation.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement

Banbridge House

Detailed findings

Background to this inspection

This unannounced inspection was carried out by a lead inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out in September 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 11 people living at the home, three of whom were staying for a short respite break. During the day we spoke with everyone who lived at the home, three personal visitors and two health and social care professionals. We also spoke with two members of staff and the provider. We looked at a sample of records relating to the running of the home and to the care of individuals.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them. Comments included: "I feel safe and well cared for" and "I can't grumble about anything because they are always good to me."

Staff told us they had received training in safeguarding adults. The staff had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said: "I am absolutely certain that something would be done if I reported anything." A relative said they would not hesitate to report any concerns. They said they felt they would be listened to and action would be taken to address any issues raised. We noted that there was a poster on the notice board giving details about abuse and how to report it. This ensured people had easy access to the contact details of appropriate organisations to report issues to.

The provider and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One member of staff said: "We know people well and try to think about the decisions they would have made when they were more able. Families help us to make choices for some people, but given enough time and support most people can make choices for themselves." Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes.

One person required some restrictions to be in place to keep them safe. The home had made an application to the local authority to deprive this person of their liberty in line with the Deprivation Of Liberty Safeguards set out in the Mental Capacity Act 2005. Paperwork had been completed and discussions had taken place with appropriate professionals. Staff were aware of the application and the implications for this person's care. The provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted.

There was an ethos in the home of enabling people to maintain independence. There were risk assessments which identified risks and the control measures in place to minimise risk. The balance between protection and freedom was well managed. One person liked to go into town without staff support and was able to do so. The risk assessment said that staff should check the person was suitably dressed and had information with them about the home and who to contact if the person became lost. One member of staff told us: "It is something they have always done and it would be awful to stop them going out. We try to make sure they have the contact details but at the end of the day it is their choice." During the inspection we saw that a member of staff reminded this person to take their contact details with them before they went out.

People who used the home for respite care had their needs assessed before their stay. Risk assessments had been put in place to make sure they could enjoy their break with minimum risk to themselves or others.

Staff intervened when one person who had been assessed as being at risk of falls went to use the stairs. The staff member was kind and explained the risks to the person before assisting them to use the lift. This showed how staff acted in accordance with people's needs to minimise risks.

There were sufficient numbers of staff on duty to keep people safe. We saw that people received care and support in a timely manner. One person said: "There's always someone here and they are always so happy to help." The provider altered staffing levels according to people's needs to make sure there were enough staff to keep people safe. Recently some people had been admitted to the home for respite stays and the provider told us, and duty rotas confirmed, they had increased night staffing levels in accordance with people's needs.

When we looked around the home we saw that all areas were clean and fresh. The building was maintained to a safe standard and regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. There were arrangements with another nearby care home to make sure that people could be made safe and comfortable if they were unable to use the building.

There were supplies of personal protective equipment such as disposable gloves and aprons to minimise the risks of

Good

Is the service safe?

the spread of infection. There were hand washing facilities including liquid soap and paper towels which enabled people who lived at the home and staff to maintain hand hygiene and reduce the risks of cross infection. The laundry was appropriate to the needs of the people who lived at the home. We saw clean and dirty laundry was stored separately to minimise the risks of cross infection. There were contracts in place to make sure that any clinical waste was safely disposed of.

All medicines in the home were securely stored and there were polices in place to make sure medicines were safely administered. We saw medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the home to know what medicines were on the premises. However the quantity of medicines that were received into the home from other sources, such as people who were staying for respite care, were not always recorded meaning there was no audit trail and no record of the quantity of medicines being stored at the home. This could mean that the provider was unable to check if medicines had been correctly administered to people. The provider informed us that staff completed in house training and were supervised to ensure they were competent before being able to give out medicines.

Good

Is the service effective?

Our findings

People living at Banbridge House received effective care because staff had a good knowledge of each person and how to meet their needs. One person told us: "They know how I like things and they seem very happy to help me."

There was a very stable staff team at the home who had an excellent knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. Staff told us they were happy with the opportunities for on-going training and the provider worked alongside other staff to make sure staff had the skills to support people. A number of staff at the home had completed National Vocational Qualifications (NVQs) in care and there was a programme to make sure mandatory training was kept up to date. This ensured staff had up to date knowledge of current good practice.

People had access to health care professionals to meet their specific needs. Records we read showed that people were seen by appropriate professionals to meet their needs. One health care professional we spoke with said: "The place has turned around recently. If they have a problem they call us. They take our advice and I have no concerns." This demonstrated the staff were involving outside professionals to make sure people's needs were met. We saw that one person had recently had a fall and the home had alerted the district nursing team who were dressing and monitoring a wound. During the inspection one person asked the provider about when they could see a chiropodist and was told that a chiropodist would be visiting the following week.

Staff worked with other professionals to make sure people received the support they required to meet their changing needs. Staff involved nurses when people became physically frail and ensured that appropriate equipment was in place. We saw staff had involved mental health professionals when making decisions about people's changing ability to make choices for themselves. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act to ensure any decisions were made in the person's best interests.

We read the care records for a person who was assessed as being at high risk of pressure damage to their skin. There was a risk assessment which outlined the equipment and care required by this person to minimise the risks. We saw the person had the identified pressure relieving equipment in place and they were being seen regularly by the local district nursing team. The person did not have any pressure damage to their skin which showed that the care regime in place was effective in meeting their needs.

Everyone we spoke with was happy with the food provided in the home. One person said: "They certainly don't starve you. There's always plenty to eat." Another person told us: "They know what I like to eat and drink. The lunches are very good." A visitor told us they felt their relative was benefiting from regular meals. They said "They really like the breakfasts."

One person at the home had lost a significant amount of weight. Staff told us, and the person's care records showed, that appropriate professionals had been contacted to make sure the person received effective treatment. The person had been seen by a dietician and staff were following advice given. This included providing high calorie foods and food supplements. The member of staff cooking on the day of the inspection was able to explain to us how they fortified meals for this person to make sure they had a high calorie diet.

People received nutritious and well-presented food. We observed the main meal of the day. People received ample portions and appeared to enjoy the food. People's specific dietary needs and wishes such as vegetarian meals and meals suitable for people with diabetes were accommodated. One person said they did not want a hot meal when it was served to them. Staff offered various options to this person until they made a choice.

Mealtimes were managed sensitively for people who had difficulties with eating. Two people were assisted to eat their meal away from the main dining room to promote their privacy and dignity. Staff showed patience and understanding when supporting them. They were assisted to eat in an unhurried manner with staff chatting and encouraging their independence.

Some areas of the home were in need of refurbishment and redecoration and did not provide a pleasant and homely environment for people. The provider explained that there was a plan to refurbish some communal areas and

Good

Is the service effective?

individual bedrooms. A decorator had been booked to start work the week after the inspection. When asked what they felt the home could do better one member of staff said: "The home needs decorating but I think the care is good."

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids to support their mobility. One health care professional said the home were quick to request equipment to meet people's specific needs.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. When staff talked with us about individuals in the home they displayed an excellent knowledge of each person. Staff spoke about people in a compassionate way that demonstrated empathy for the person and their difficulties.

Throughout our visit we saw that people were able to make choices about how and where they spent their time. One person told us: "You make your own choices here." One visitor we spoke with told us: "They always seem to involve me. The fact they are happy and comfortable means they are well looked after."

People told us they were able to make choices about all aspects of their care. People said they were able to make choices about what time they got up, when they went to bed and how they spent their day. On the day of the inspection one person was being cared for in bed. Staff told us the person was quite frail and was often tired and liked to spend the day in bed. The care records for this person said they enjoyed listening to classical music. When we visited this person they appeared very warm and comfortable and there was classical music playing quietly in the background. They told us: "I have everything I need and I'm very comfortable." Staff told us they made sure they saw anyone who was spending time in their room at least hourly to check they were comfortable. However there were no records of these visits and no evidence of any care that had been provided at each visit. The provider informed us that in response to this observation they would implement a chart for staff to complete at each visit. This would ensure people's care and support when in their rooms could be monitored.

We saw and heard kind and caring interactions between staff and people who lived at the home. We observed one person getting ready to go out and staff very kindly advised them to take a coat as it looked like rain. We saw staff assisting people in an unhurried manner and reminding them about what they were doing. When one person looked confused a staff member said: "Hello your drink is in the lounge." They then gave them their arm to hold and assisted them to the lounge. The person looked relaxed and happy with the staff member.

People said staff were kind and patient. One person said: "They don't get cross with me even though I am cranky. They are good here". Another person told us: "They are all patient and brilliant." One health care professional said: "I've never seen anything unkind."

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Throughout the day we saw that people had unrestricted access to their personal rooms and some people chose to spend part of the day in their room. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We saw that bedroom doors were always kept closed when people were being supported with personal care.

We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. We saw that staff respected people's privacy and always knocked on bedroom doors before entering. People were able to see visitors in communal areas or the privacy of their personal room. There was a treatment room where people could be seen by visiting health care professionals in private.

People were involved in decisions about the running of the home as well as their own care. We saw minutes of meetings for people who lived at the home and saw people had an opportunity to comment about the home. We saw people were asked about activities and trips they would like to take part in and food they would like to see on the menu. The provider informed us they would be involving people in making choices about the redecoration of some rooms.

Care records contained some information about the way people would like to be cared for at the end of their lives. There was information which showed the provider had discussed with people if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in discussions to make sure people received appropriate care at the end of their lives.

Requires Improvement

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. However there was no set activity programme which could mean that people who were unable to occupy themselves received limited social stimulation.

People who wished to move to the home had their needs assessed by the provider to ensure the home was able to meet their needs and expectations. The provider told us how they considered the needs of other people who lived at the home before offering a place to someone. We heard how the provider had decided not to offer a place to someone they had recently assessed. They told us that although the home would be able to meet their needs, they felt the high level of physical support the person required could mean staff did not have as much time to spend with other people.

During the inspection we read three people's care records. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Where people lacked the capacity to make a decision for themselves the provider involved other professionals and family members in writing and reviewing plans of care. One visiting relative said they had been involved in writing the initial care plan. Another visitor told us: "My relative can't always make their needs known. They have lived here many years and they know them really well but they still ask my opinion about what I think they would like."

Staff were aware of people's care plans and risk assessments and provided care in line with these assessments. One person had a risk assessment in place regarding their mobility. The assessment said the person should be encouraged to use the lift rather than the stairs. During the day we saw staff encouraging this person to use the lift when they wished to go up to their room.

We saw everyone at the home was treated as an individual and they were supported in a manner that took account of their personalities and likes. One person said: "They alter what they do day by day to fit in with my whims and wishes. They are very kind and never complain."

People told us staff worked around their chosen routines to ensure they were able to continue with their lifestyle choices. One person who was staying for respite care told us the staff had asked them about how they wished to be supported and what they liked to do. They said: "They even asked me how I like my tea. Ever since, every cup of tea has been just as I like it." Another person had a particular morning routine which they liked to carry out. Staff told us: "We just work around each person. If people have always lived a certain way we have to respect that."

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People continued to be involved in the local community and the home took part in community activities and encouraged people to use local facilities such as the park, cafes and shops. There was a visiting hairdresser but one person liked to visit the hairdresser they had been to for a number of years and staff supported this person to do so.

Care staff who worked at the home were also responsible for providing activities and meaningful occupation for people. There was no set activity programme in the home and on the day of the inspection many people spent their time in front of the TV in the lounge whilst other people chatted and socialised. This meant that people who were not able to occupy themselves may receive limited social stimulation. Staff said in the good weather they liked to take people out to the sea front and the town. One person said: "It can be a bit boring at times." A visitor said: "Often when I come in there is a game or a quiz going on."

The provider worked in the home and provided hands on care and was therefore familiar with everyone who lived there and their visitors. People we asked said they would not hesitate to speak with the provider if they had any concerns. All were confident they would not have to make a formal complaint to make sure any dissatisfaction was sorted out. One person said: "Oh I'd just talk to the boss and everything would be sorted in a jiffy." No formal complaints had been received since the last inspection which showed that the provider responded to concerns and promptly addressed any concerns as they arose.

Requires Improvement

Is the service well-led?

Our findings

There were no formal quality assurances systems in place to guide practice, plan improvements or implement changes.

The provider worked in the home and gave a clear sense of direction about the care and support given. Everyone we asked said the provider was open and approachable. People said they would not hesitate to discuss any issues or concerns with them. One person said: "She's always available to chat with." Personal and professional visitors said they were always made welcome in the home and felt there was a very open culture. Throughout the inspection we saw people were very comfortable with the provider and they had an excellent knowledge of everyone the home provided care to.

If the provider was not in the home there was always a senior member of staff on duty to make sure there were clear lines of accountability and responsibility. Either the provider or a nominated senior carer provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

The home was managed by the provider who worked alongside other staff to provide hands on care to people. The provider led by example to provide a service which was tailored to each person's individual needs and wishes. Throughout the day we observed the provider chatting to people and responding to their individual requests for advice or support. One visitor told us: "All the care is about what people want. You don't have to fit in with them, they fit in with you as far as I can see."

Working alongside staff the provider was able to continually monitor the quality of the care and plan improvements. We saw the provider had observed that some staff were hurrying people with their meals. The minutes of a recent staff meeting showed that this had been raised as an area for improvement. We also saw the provider had reviewed care plans and there was a note on the notice board in the treatment room telling staff which care plans needed to be up dated. The provider was able to tell us about their refurbishment plans for the home and the timescales they hoped work would be completed by. Although the provider monitored the service and planned improvements there was no formal quality assurance process in place. This could mean that the service was not monitored to ensure good care was provided and planned improvements and changes may not be implemented in a timely manner.

All accidents in the home were recorded and all accident records were seen by the provider. We saw that appropriate action had been taken following an accident to minimise further risks. We saw after one person had a fall they had received appropriate immediate attention and their falls risk assessment had been up dated. This ensured people received care that took account of their up to date needs and any significant changes in their physical abilities.

There were open and transparent methods of communication within the home. In addition to day to day contact with people who lived at the home the provider held regular meetings for people and for staff. Staff told us meetings at the home were an opportunity to share information and ideas. Staff received on the job supervision and there were formal appraisals in place to give feedback on performance and identify and plan any areas for professional development. Staff told us that everyone worked as a team and communication was good. One visitor said: "I'm always made welcome and they keep me up to date with anything that is going on."

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required. One person at the home had regular support from community nurses and the home worked with the nursing team to meet this person's needs. We also saw the home had worked in partnership with local professionals to ensure someone's safety and to make an application for a Deprivation of Liberty Safeguards authorisation.