

RochCare (UK) Ltd

# Bank Hall Care Centre

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bank Hall Care Centre is a residential care home providing personal care for up to a maximum of 56 people. The service provides support to older people and people with dementia. At the time of our inspection, there were 36 people living in the home. Accommodation is provided in two interlinked buildings known as Bank Hall and Scarlett House.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider had an appropriate procedure for the recruitment of new staff. Minor shortfalls in the pre-employment checks were addressed immediately by the registered manager. Individual and environmental risks had been assessed and managed. People were protected from the risks associated with the spread of infection. The premises had a good standard of cleanliness throughout the building.

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's needs were assessed prior to them moving into the home. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings. People were supported to eat a nutritionally balanced diet and to maintain their health.

People were happy with the way the service was managed and staff told us they enjoyed working at the home. The registered manager and nominated individual carried out a series of audits and checks to monitor the quality of the service and help ensure people received safe and effective care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was good (published 16 June 2021). The last comprehensive inspection of the service was published 15 May 2018.

### Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines, staff and the home; the cleanliness of the home; record keeping; the quality of the food and staff training. A decision was made for us to inspect and examine those risks.

We found no evidence during the inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report. This report only covers our findings in relation to these key questions. For those key questions not inspected, we considered the ratings awarded at the last

inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bank Hall Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bank Hall Care Centre

## 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 Health and Social Care Act 2008.

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

One inspector and an expert by experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on the second day.

#### Service and service type

Bank Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bank Hall Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day.

### What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 6 people living in the home, 6 relatives, 7 care staff, the cook, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

We carried out a tour of the building and reviewed a range of records. This included 3 people's electronic care documentation, 3 staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

### After the inspection

The registered manager and nominated individual sent us information and additional documentation in response to the findings of the inspection.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and managed. Risk management strategies were included in people's electronic care plans and there was guidance for staff to follow to support people safely. We noted minor shortfalls in the risk assessments were addressed during the inspection, to ensure they were fully reflective of people's needs.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises were in the process of being redecorated and refurbished.
- The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. Personal emergency evacuation plans had been developed for all people living in the home.

### Using medicines safely

- People told us they were satisfied with the way staff managed their medicines. One person told us, "They are on the dot with medicines. They are very good with it."
- Medicines were managed by means of an electronic system. The system was reliant on an electronic device, which ran out of power following the administration of medicines on Scarlett House. Following the inspection, the nominated individual confirmed power packs had been purchased to help prevent a reoccurrence of this situation.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. Staff maintained appropriate records for the receipt, administration and disposal of medicines. However, we noted directions for the application of prescribed creams and protocols for the administration of medicines prescribed 'as necessary', were not always readily accessible to staff. The registered manager addressed these issues during the inspection.

### Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. People told us there were sufficient staff to meet their needs in a timely way. One person said, "There are always staff about, they are nice people. If I needed help, they would be there for me."
- The provider had an established recruitment process, however, we found minor shortfalls in the documentation and regulatory checks. Following the inspection, the registered manager confirmed the issues had been resolved.

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

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were happy with the care and support they received. One person told us, "Oh yes I feel safe, it's a lovely place to live." Relatives had no concerns about the safety of their family members.
- We observed sensitive and caring interactions between the staff and people living in the home throughout the inspection.
- The registered manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to other organisations and professionals.
- The registered manager had carried out a detailed analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. All areas of the home had a good standard of cleanliness including the kitchen.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in the home during the inspection.



# 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 our last comprehensive inspection, this key question was rated as good. At this inspection, the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional and hydration needs were met. People were satisfied with the food provided. One person told us, "The food is good. They ask us what we want and there's a choice of sweet."
- People's weight and nutritional intake was closely monitored in line with their assessed level of risk. Referrals had been made to healthcare professionals, as needed.
- We observed lunchtime on Bank Hall and Scarlett House on the first day of inspection and noted the dining experience was a pleasant and sociable occasion. We noted people were offered a choice of meals, which were prepared daily from fresh ingredients.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS. All conditions were met in relation to the approved DoLS authorisations.
- Where necessary, people's care plans were updated to include information about the conditions attached to their DoLS authorisation.

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 access healthcare services. Staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs. A visiting healthcare professional provided us with positive feedback about the service and confirmed staff made timely medical referrals.
- People's physical and mental health care needs were documented within their electronic care plan. This helped staff to recognise any signs of deteriorating health.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

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

- People were provided with an appropriate environment which met their needs.
- Since our last inspection, many areas had been redecorated and refurbished. The programme of improvements was ongoing at the time of our visit. The registered manager explained new adaptations were due to be added to Scarlett House to help support people with dementia.
- People were able to personalise their rooms with their own belongings.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- People's needs were assessed before they moved into the home. This helped to ensure the staff team had the resources and training to meet people's individual needs. The completed assessments covered all aspects of people's needs and preferences.
- People's diverse needs were detailed in their assessment and care plans. This included the support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Wherever possible, people were invited to visit the service prior to making the decision to move into the home.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff felt valued and supported and were complimentary about the way the home was managed and organised. One staff member told us, "I really enjoy working here, we have very good teamwork and [registered manager] is helpful and professional."
- The provider had established effective systems to monitor the quality of the service. The registered manager carried out a series of audits and checks, which covered the operation of the home. We saw action plans were drawn up to address any shortfalls.
- The registered manager was supported by the nominated individual who visited the home on a frequent basis and carried out a range of checks and audits.
- The registered manager used handover and staff meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were committed to delivering a person-centred service to help ensure positive outcomes for people. They had a good understanding of people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the life of the home and considered their equality characteristics.
- The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. To further promote this approach, the registered manager explained the frequency of residents' meetings was due to be increased to monthly.
- Following the inspection, the registered manager sent us details of a satisfaction survey, which was carried out in May 2022. The results had been collated and we noted the majority of people indicated they were

satisfied with all aspects of the service.

- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

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 nominated individual and the registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- Good relationships had been developed between the registered manager, staff and people who lived in the home as well as their family members.