

The Bancroft Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Bancroft Residential Home is a residential care home providing accommodation and personal care to up to 32 older people and people living with dementia. At the time of our inspection there were 22 people using the service.

The Bancroft residential Home accommodates people in one adapted building.

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

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.

There were enough staff to meet people's needs and they received the training and support needed to provide safe care. The provider completed appropriate recruitment checks which ensured staff were safe to work with vulnerable people.

Risks to people were identified and care was planned to keep people safe. Where needed equipment was in place to support people to move safely around the home. Risks related to medicines were identified and staff worked in line with good practice guidance to minimise the risk of medicine errors.

Staff had received training in keeping people safe from abuse and were confident in raising concerns. Incidents in the home were identified and action taken to reduce the risk of similar incidents reoccurring.

There was an open person-centred culture in the home. The provider and deputy manager spent time talking with people daily and were accommodating to meet people's individual needs.

Audits were in place to monitor the quality and safety in the home and action was taken if any concerns were identified. The provider gathered the views of people using the service and used them to drive improvements in care.

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 this service was good (published 5 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Bancroft Residential Home on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Bancroft Residential Home 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. The Bancroft Residential Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, they were also the provider of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the home to gather their views on the care they received. We spoke with the provider, who was also the registered manager, deputy manager, 2 care workers, the activities coordinator and a housekeeper. We spent time observing care. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 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.

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they were safe and happy at the home. One person said, "The staff are very good, I'm treated well and very satisfied."
- Staff had received training in how to keep people safe from abuse. They understood the signs to look out for and the different types of abuse. They were confident to raise concerns with the registered manager.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care plans identified risks to people while receiving care and described the action staff needed to take to minimise risks. For example, where needed people had pressure relieving equipment in place such as special mattresses and were supported to reposition regularly.
- People told us staff monitored them to ensure they were safe from risks. One person told us, "I spend most of the time in my room, but I do get checked regularly and get plenty to drink."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs. Staff had received all the training needed to ensure they could care for people safely.
- People told us there were enough staff to meet their needs in a timely manner. One person said, "The staff are very friendly and there's not too much turnover. I need some help with dressing and showering and it's done well. Call bell response is quite good, there can be a wait at busy times, but it doesn't cause me any problems."

- The provider operated safe recruitment processes. Staff told us they had to complete a Disclosure and Barring Service checks before starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. People told us they received their medicines in a timely fashion each day.
- Staff followed the provider's policies to ensure medicines were stored and administered safely. Where there were discrepancies in medicine administration instructions this was followed up promptly with the pharmacist.
- Staff received training in how to administer medicines safely. They had their competencies assessed annually to ensure they continued to work safely in line with provider's policies.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Systems were in place to ensure the home was cleaned effectively. Staff had received training in how to work to minimise the risk of infection. For example, by using protective equipment such as gloves and aprons and changing it after each person they supported.

Visiting in care homes

- People were supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider reviewed people's care plans and arranged for health professionals to assess people's needs when incidents happened in the home. For example, following a fall a person was reviewed by community nurses and a falls risk assessment was completed.
- The provider reviewed incidents over time to see if there were any patterns in how or when incidents occurred. This allowed them to be flexible if more staff were needed at certain times of the day to keep people safe.

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 we rated this key question good. The rating for this key question 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.

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

- There was a positive and open culture at the service. Everyone spoke highly of the care they received. People knew who the provider and deputy manager were and said they saw them regularly. One person told us, "It's well run and friendly, there's the personal touch. I do see [Provider] but I don't have any complaints."
- There was lovely atmosphere in the home which was calm and friendly. Interactions between staff and the people they supported were good and we saw staff were attentive to people's needs.
- The provider understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. People told us they were happy with the management of the home, and no one had any areas which required improvement.
- There was a suite of audits in place which monitored the health and safety of the home and the quality of care received. For example, gas electric and fire safety checks were completed in line with national guidance.
- The provider had understood their regulatory responsibilities and had notified us about incidents in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. For example, a gentlemen's club had started for male residents as there were only a small number of them residing at the home.
- People living at the home had daily contact with the provider. People told us they were happy to talk to the provider or deputy manager if they had any concerns. One person said, "I see [Provider], They are nice. I don't get any surveys but I'm quite happy to talk to [Provider], they do a good job. There's nothing they could improve."
- The provider had collected feedback from relatives and professionals when they visited. They used this feedback to improve the quality of care provided to people.

For example, they had looked at different places people had suggested visiting.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The provider worked in partnership with others. Staff worked professionally with others to ensure they had the information needed support people. There were letters from professionals praising the staff's knowledge of people. For example, one healthcare professional had written to the home as they had wanted to let them know they were impressed by their care, kindness, patience, consideration and special accommodations they had provided people to meet their needs.