

AKD Care Limited

Bank House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bank House Residential Care Home is a residential care home providing personal care to up to 33 people. The service provides support to older people and people who were living with dementia. At the time of our inspection there were 23 people using the service.

People's experience of the service and what we found

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Deprivation of Liberty Safeguards (DoLS) were not in place for everyone who needed them.

Risks to people had not been fully identified and care plans lack information or contained conflicting information on how to keep people safe.

Medicines were not always well managed, and staff did not understand the difference between crushing a medicine to make it easier for a person to swallow and administering medicines covertly.

Audits were not always effective in identify concerns and driving improvements. Areas of the environment were in need of redecoration.

There were enough staff to meet people's needs and they received appropriate training. Staff knew how to safeguard people. However, new staff needed their safeguarding training prioritised in their induction. People's nutritional needs were met safely. The home was clean and tidy.

The registered manager learnt from incidents and took action to keep people safe.

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 June 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 inspection reports and timeline' link for Bank House Residential Care Home on our website at www.cqc.org.uk.

During the inspection we found there was a concern with the application of the Mental Capacity Act 2005 to protect people's rights so we widened the scope of the inspection to include effective.

Enforcement

We have identified breaches in relation to the management of risk, the safe management of medicines, supporting people's rights under the Mental Health Act 2005 and the governance of the service.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bank House Residential Care Home

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

Bank House Residential Care 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. Bank House Residential Care 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.

Notice of inspection

The 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 6 people who lived at the home to gather their views on the care they received. We spoke with the registered manager, 2 care workers and a housekeeper. We spent time observing care. We reviewed a range of records. This included 4 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. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- People's care plans did not fully identify people's needs or the equipment needed to keep people safe. For example, assessments to review people's risk of developing pressure areas or malnutrition had not been correctly completed or identify the specific pressure relieving equipment needed. In addition, some people did not have risk assessments in place for identified risks.
- Some risk assessments contained conflicting information, meaning staff could not be sure of the safest way to keep people safe.
- Where people required beds rails there were no routine assessments of the bedrails as required by health and safety to ensure they were safe for people.
- Environmental risks were not always identified. Some flooring was raised making it a trip hazard and unsafe for people.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- Some people required their medicine to be crushed to make it easier to swallow. The equipment used to crush the medicine was not able to be cleaned effectively meaning there was a risk of cross contamination of medicines. We raised this with the registered manager who immediately replaced the equipment.
- Staff were not always aware of people's needs in relation to their medicines. For example, one medication was required to be given 20 minutes before food. This was administered to a person immediately after they had eaten. As this medicine had not been administered in line with the prescription, there may be some effect how well this medicine worked.
- Where people had medicines prescribed to be taken as required, protocols were not always detailed enough to support the safe administration of medicines. Additionally, staff had not always recorded why a medicine had been administered. This meant it was not possible to see if the medicine had been administered appropriately or if it was effective.
- Some people had their medicine crushed and mixed with food to help them swallow it. While this had been agreed by the GP, staff had not checked with a pharmacist that this was acceptable and would not alter the way the medicine worked.

Systems had not been established to identify and mitigate risks for people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the

registered manager told us they had arranged for new flooring and were taking action on the other issues we highlighted.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- Staff had received training in how to keep people safe from harm. However, this had not been prioritised for new staff, so there was a delay in them getting information on how to recognise concerns and raise them within the home and with external agencies.
- The registered manager worked collaboratively with external agencies to keep people safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- There were enough staff to meet people's needs. A person told us, "The staff are good and kind to me." Another person told us, "I'm checked every two hours. If I ring the bell it's usually a quick response." The provider completed all checks necessary to ensure the staff employed were safe to work with people using the service.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and tidy. Staff had received training in keeping people safe from the risk of infection.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents in the home were identified and recorded. The registered manager reviewed all the incidents to see if change in people's care could keep them safe. Where needed people were referred to healthcare professionals to assess their needs and make changes to their care.

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 inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was not always working in line with the Mental Capacity Act.

- The registered manager had not fully understood the requirements of the MCA and had not applied for DoLS for everyone that needed them. When discussed with the registered manager they took immediate action to rectify the issue.

Systems had not been established to ensure people's rights under the Mental Capacity Act 2005 were respected. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were unable to make decisions for themselves, relatives, staff and healthcare professionals made decisions in their best interest. However, at times where there were people living with a cognitive impairment, staff had not fully considered their ability to make decisions for themselves. We raised this with the registered manager who confirmed after the inspection that people were now aware of their care.

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

People's individual needs were not always met by the adaption, design and decoration of the premises.

- There were a number of areas where wallpaper was either damaged or peeling and therefore needs attention. This applied both to bedrooms and lounges, specifically the quiet lounge. We raised these issues with the registered manager. After the inspection they confirmed they had taken immediate action to resolve these concerns.

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

- People's needs were not always assessed, care and support was not always delivered in line with current standards.
- The provider did use nationally recognised tools to assess people's needs. However, they were not correctly completed by staff and therefore did not reflect people's needs. People's assessment for their risk of developing pressure sores had not taken into account their medical conditions or body mass index (BMI). Continence assessments also contained incorrect information. This meant people's risk scores were inaccurate and therefore people not receive care which fully met their needs.

Staff support: induction, training, skills and experience

- The management team made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had received the training needed to provide safe support for people.
- Records showed staff had not received ongoing regular meetings with their supervisor in line with the provider's policy. However, staff told us the registered manager was supportive and they could raise any concerns with them outside of a formal meeting. We raised this with the registered manager. They took action to review what meetings had taken place and planned supervisions with all staff.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they were happy with the food offered to them. One person told us, "Everything is A1 including the food which is absolutely fantastic."
- Some people needed their food and drink monitored to ensure they were eating and drinking enough to stay well. People told us this happened. A person said, "I can feed myself mostly, but I can get help when I need it."
- People's ability to eat safely and maintain a healthy weight was assessed. Where needed, advice was sought from healthcare professionals on how people's diets needed to be adapted to support them.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- People told us they had access to healthcare professionals when needed. One person told us, "[Staff] also arrange for the GP to see me."

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. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The registered manager was aware of some of the concerns we highlighted during our inspection. They were new in post and lacked the confidence to make changes. However, they took immediate action once we discussed the concerns with them. We reminded them they were registered with CQC and were legally responsible for the quality of care provided and needed to take action when concerns were identified, either by themselves or with external agencies.
- The provider had not engaged with the registered manager in such a way that the issues the registered manager had identified were discussed and action plans put in place to make improvements. This meant that opportunities to make improvements in the home were missed and if left could result in poor care being delivered to people living in the home.
- The providers audits had not been effective in driving improvements in the home. For example, the IPC audit identified the same concerns over consecutive months and no action plan had been put in place to ensure action was taken.
- Staff had not followed best practice guidance in good record keeping. Care plans we looked at had tippex, crossing out and post it notes with extra information on them. Changes were not dated, and some care plans had the same risk assessment more than once. This meant staff could not always follow the care plans and it was not always possible to identify people's current needs.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve.
- The provider had not ensured the policies in the home supported safe person-based care. For example, the medicines policy did not differentiate between crushing a person's medicines because they found it difficult to swallow and hiding the medicines of people who lacked the capacity to refuse their medicines. This meant at times staff risked impinging on people's human rights.

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

- People and staff were not always involved in the running of the service and their protected characteristics

were not always well understood. The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.

- The provider had not asked people living at the home, relatives, staff or health and social care professionals their views on the care provided. This meant they had missed an opportunity to identify improvements in the home.
- The systems to record people's care did not ensure that care was person centred and met their needs. In addition, the failure to protect people's rights under the mental capacity act failed to ensure that people were fully involved in their care.

The provider failed to ensure systems to assess, monitor and improve the quality and safety of the service were in place and effective. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood the importance of keeping people and their relatives informed about accidents and incidents in the home. They gave people a full account of the concern and identified any areas where care could have been improved. This meant people and their relatives could trust the information provided to them.
- People living at the home and relatives told us that the registered manager and staff were kind and approachable, and the service was well managed. One person told us, "I see the manager a lot." Staff also spoke positively of the registered manager and felt they were improving the care provided in the home. One member of staff told us, "[Registered manager] is lovely, they are making things better."
- Staff also told us the registered manager was very supportive and they were able to go to them with any concerns.

Working in partnership with others

The provider worked in partnership with others.

- The registered manager worked collaboratively with health and social care professionals to ensure that people received care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not fully identified and care was not always planned to keep people safe. Medicines were not always managed safely.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that people's rights under the Mental Capacity Act 2005 were respected.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems to assess, monitor and improve the quality and safety of the service were in place and effective.