

Vitalbalance Limited

Bank Close House

Inspection report

Hasland Road
Hasland
Chesterfield
Derbyshire
S41 0RZ

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Tel: 01246208833

Website: www.devonshirecare.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bank Close House is a residential care home providing personal care for up to 27 people. The service provides support to people over 65 with dementia or physical needs. At the time of our inspection there were 14 people using the service.

The accommodation is set in two buildings connected by a glass walkway. There are two communal seating areas as well as two dining areas, several bathrooms and toilets throughout the building. Bedrooms are spaced out on the upper floor of the main building or in the extended building to the rear of the property.

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

The provider had made improvements however these had not yet been embedded. There was currently no registered manager. The provider had ensured a daily presence of a quality manager from the provider's other locations and business arrangements.

We saw that audits had been completed; however, in some instances they had not identified areas of improvements or checks to ensure a consistent approach. However, in other areas they had been used to make direct changes and monitor improvements.

Staff we spoke with felt their views were not always listened to, especially in relation to staffing and deployment. The provider had recognised this and was in the process of improving communication.

People's views had been considered for meal choices, however there was a lack of daily activity options for people to engage in. This had been impacted upon by the reallocation of staffing but was being addressed with a consistent number of staff being recruited.

Risk assessments had been completed and risk mitigations were in place. However, some information had not been detailed in all areas of the care plans, but the impact was minimal due to detailed handovers.

The home followed the required guidance in relation to COVID-19, however some areas of the home had not been maintained around equipment and people's bedrooms. These were addressed immediately during the inspection.

There was enough staff to support people's needs, however the staff had not always received the required training for their role or the details of completed training had not been recorded.

Medicines were managed safely. However, the stocks for boxed medicines had not been regulated as part of the audits, to cross reference with administration.

Relatives commented positively about the care, their relative received, reflecting kind and caring staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update; The last rating for this service was requires improvement (published 5 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We found some improvements had been made however, the changes had not always been embedded.

No areas of concern were identified in the other key questions. We therefore we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, Requires Improvement. This is based on the findings at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about infection control and management support. A decision was made for us to inspect and examine those risks.

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 see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bank Close House on our website at www.cqc.org.uk.

Follow up

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bank Close House

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 was carried out by three inspectors. An expert by experience carried out telephone calls to relatives after the onsite inspection. 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 Close House 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the 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 information gathered as part of monitoring activity that took place on 26 October 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection-

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three 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. We spoke with a health care

professional who regularly visited the service. We also spoke with the cook, domestic support, the quality manager and provider.

After the inspection

Our expert by experience contacted seven relatives to seek their views on the care the person using the service had received. The inspector spoke with five care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection the rating for this key question has remained 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

- Risk assessments overall were in place. However, where risk had been identified these had not always been cascaded to staff to ensure the risks were mitigated.
- One person required a low sugar diet due to their diabetes. The cook had not identified this need and we reviewed the food charts which showed the person was consuming sugary meals. This meant the information had not been shared to ensure the person received the correct diet.
- When people's needs had changed, only some parts of the care plan had been updated. This could lead to the incorrect care being given especially by agency staff or staff returning from leave.
- Mattresses which showed damage or stains had not been identified as being a risk factor which could impact on people's skin integrity or infection control. The provider took immediate action during the inspection to replace these.
- The fire evacuation plans were not always updated following the changes in people's care needs. For example, when a person was cared for in bed or when a person required two staff instead of one. This meant people may receive incorrect care from staff who do not know them, for example agency staff.

Using medicines safely

- Medicines were overall administered safely, and staff had received training and competency checks.
- We found that the stock for boxed medicines had not been audited and did not reflect the correct stock against the medicine which had been administered. This meant any errors would not have been identified or the person could run out of stock, as the amount had not been regulated.
- As and when required medicines had clear protocols and the topical creams were recorded with clear body maps identify the required application area.

Staffing and recruitment

- The provider had ensured the required levels of staff to support people's needs. We saw regular agency staff had been used when the provider's own staff were on holiday or absent.
- The provider had a process for ensuring staff were recruited safely. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Preventing and controlling infection

- The provider had ensured most areas had been considered in relation to following the guidance in

accordance with managing infections and COVID-19. However, some chair covers had split and a piece of moving and handling equipment needed cleaning.

- The provider was unable to facilitate visiting within the home due to an outbreak. Relatives shared with us that contact had been limited and other options of communication had not been explored. Essential care givers had not been considered by the provider which would have enabled relatives to continue to visit during an outbreak. The provider agreed to address this area to facilitate these visitors.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. There was a good supply of PPE located around the home for easy access.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was meeting shielding and social distancing rules.
- At the time of the inspection the provider was unable to accept any admission due to an outbreak. However, we reviewed the process and were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- The provider had reviewed the risks when people had fallen or had an incident. We saw referrals had been made to health care professionals and equipment has been used to alert staff when people had fallen so, they could respond swiftly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- Relatives told us they felt their family member was safe, one said, "The building is well secured and [name] is cared for. I know the staff have a laugh and a joke with them to."
- Staff were able to explain what actions they would take if they had any concerns and felt confident, they would be addressed.

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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection the provider had failed to ensure that systems were in place to maintain quality and improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, continued improvements were required to embed ongoing quality checks and improvements.

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

- There was governance oversight, however, some aspects were not fully embedded to ensure sustained quality and improvement. There was currently no registered manager, however the provider had ensured a manager from their other locations or quality team was present and supporting on a daily basis.
- We saw some discrepancies in the care plans across the different areas of care needs. However, there had been no impact on the people as there was a comprehensive handover and small staff team. The provider agreed to review the care plans to ensure a consistent approach.
- Audits had been completed to reflect different areas of the home; however, we reviewed the audit which considered the integrity of the mattresses. We found two mattresses which required cleaning or replacement which had not been identified however the majority were clean.
 - Regular medicine audits had been completed; however, they did not contain any checks relating to the stock levels. This meant there was a lack of oversight linked to the administration records for medicines.
 - Other audits were used to make improvements. For example, we saw the fly screens had been replaced and cleaned in the kitchen. Following daily walk arounds peoples bedding had been replaced where it was identified it was not up to standard.
- Some rooms had been identified as having a malodour, these rooms had been deep cleaned and in some instances the carpets replaced with an easier to clean flooring.

Continuous learning and improving care

- The provider had not always ensured staff had received and completed their training. We reviewed the providers training matrix and found gaps in the training.
- For example, fire safety nine out of 16 staff had not completed this training and for practical moving and handling six out of the 16 had not received this training. It was identified this was a recording issue and the

required training had been completed, however the departing registered manager had not updated the training matrix. The provider recognised this as an oversight and provided assurances for any further training and competencies to be recorded.

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

- Staff we spoke with felt that the provider did not always listen to their views around staffing and requirements for the home. We also noted although staff had received some short meetings, known as 'flash meetings' there had not been regular meetings to enable staff to express their views. We discussed this with the provider, and they acknowledged communication could be improved, and they had implemented support networks to address this.
- People were not always supported to receive choices about their daily activities. We observed a lack of stimulation which was supported by comments from staff. One staff said, "Staff do try to fit in activities however short, even though there is an activities coordinator they are always on care duties due to staff requirements." Planned improvements were in place to address this area.
- Concerns had been raised with us about the quality and choice of meals. We saw the provider had carried out surveys with people after their meals and new menu additions had been added following feedback.

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

- Relatives commented on the environment. Some noted it as an old building in need of repair, however reflected improvements were happening. Others shared comments like, "It's a homely atmosphere, it feels friendly and like a family. If any of the people are walking about staff always have time to talk to them and check, they are okay."
- Relatives we spoke with told us staff were kind and caring. One relative said, "[Name] is always well presented, clean and tidy. The staff have the patience of a saint with them. They know [name's] quirks and foibles."

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 had sent us notifications which related to events at the service, to enable us to monitor the actions being taken.
- We saw the last rating had been displayed in the home and on the providers website.
- Relatives felt any concerns they had were addressed and responded to.

Working in partnership with others

- The provider and staff had established working partnerships with other professionals such as GP's, district nurses and speech and language therapists to support people to access healthcare when needed.
- One health care professional we spoke with said, "Staff are always engaging with the people and we find they follow our instructions. Peoples wounds are healing."
- The service had acted promptly when there had been concerns about people's health and the relevant health professional had been contacted to seek advice and support.