

HC-One Limited

Bankwood Care Home

Inspection report

Duffield Bank
Duffield
Derby
Derbyshire
DE56 4BG

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Ratings

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

Summary of findings

Overall summary

About the service

Bankwood Care Home is a care home that can provide personal and nursing care to up to 40 people. At the time of the inspection they were providing support to 35 people, some of whom were living with dementia.

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

People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable care. The provider and management team sought to learn from any accidents or incidents involving people. The service was clean and followed infection control principles.

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.

People's needs were assessed appropriately, the service worked with other health professionals to ensure people's needs were met effectively. People were supported to maintain a balanced diet.

Staff were caring and treated people with dignity and respect. People's confidentiality was protected, and their information was stored safely.

People who used the service and their family members knew how to report concerns, they told us they had confidence any concerns would be listened to by the service.

People and staff told us that the management team was approachable, and the service was well led. The registered manager had good oversight of the service and completed regular audits in order to drive improvements.

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

Rating at last inspection

Good (report published 19 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bankwood 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection consisted of one inspector.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced and took place on 6 August 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service, one relative and a visiting healthcare professional. The registered manager was on holiday, however, we gathered information from, the area quality director, deputy manager and seven staff. We viewed the care records for six people, records for the management of medicines, records of accidents, incidents and complaints, together with audits and quality assurance reports. Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. Information on how to recognise abuse and report concerns was clearly displayed around the home.
- The provider's procedures gave staff guidance and steps on how to keep people safe.
- One person said, "I feel very safe here. I have nothing to worry about." A relative we spoke with told us, "I am very confident about people's safety here. I come every day and have never had a concern."

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce the identified risks.
- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including their skin integrity, nutrition, mobility, falls, behaviours and specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. The care plans were comprehensive and individualised to meet the person's needs. However, some care plans would benefit from further detail for example, detailing the sling configuration to be used for individuals when using a hoist.
- The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Equipment was managed in a way that supported people to stay safe. For example, regular maintenance checks took place of equipment, such as hoists and lifts.
- A personal emergency evacuation plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. Staff told us they understood them.

Using medicines safely

- Medicines, including controlled drugs were managed safely and people received their medicines as prescribed. Only those appropriately trained, administered medicines to people. People confirmed they got their medicine at regular times. One person said, "I always get my tablets on time." We observed staff giving people their medicine and checking whether people needed any 'as required' medicine such as pain relief.

- Protocols were in place for medicines that were to be taken as and when needed (PRN).
- There were safe arrangements to receive, store and dispose of medicines.
- We identified some issues such as, some inconsistency in the recording of the amount of PRN paracetamol given. The temperature of the medicines room was taken regularly, however, some creamed medicines were kept in people's bedrooms where temperatures were not recorded. These issues did not pose significant risk to people, however, the quality director and deputy manager committed to address them immediately through individual supervision, contacting the pharmacy for advice and removing creams from bedrooms.

Staffing and recruitment

- People continued to be supported by staff who had been safely recruited. ● A relative told us there were enough staff. They said, "There always seems enough staff. We don't have to wait for anything." One person told us, "Day or night there is always somebody for me if I need them."
- Records showed that sufficient staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted with their care needs and to undertake a range of everyday activities.
- There were contingency plans to cover emergency shortfalls, such as sickness.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The service was clean and tidy and had dedicated housekeeping and laundry staff
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.
- Where malodour had become present in one bedroom the provider had responded quickly to organise replacement floor covering.

Learning lessons when things go wrong

- Incidents, accidents and safeguarding's were seen as a way to improve practice and action was taken in a timely way when improvements had been identified. Learning was shared across the whole organisation and locally with the staff team through daily multi departmental meetings, shift handovers and staff meetings.

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

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

- People's needs and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- Information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support; induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs were met. People were provided with a nutritious and balanced diet. People were provided with a choice of meals and drink. Additionally, a range of snacks and drinks were available for people to help themselves to in the lounge, throughout the day.
- People were positive about the food on offer. One person told us, "It's really lovely food and we do have a choice." Another person said, "I get a lovely breakfast and I can have it in my room if I want."
- People enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of what and where to eat.
- People engaged in conversation with each other and with the staff who were serving or assisting people. A

number of people chose to have wine with their meal and were regularly toasting each other.

- The catering staff were aware of any professional guidance, people's likes and dislikes as well as any medical requirements or allergies.

Staff providing consistent, effective, timely care within and across organisations

- Staff told us they worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals who visited the home as appropriate. Detailed records were kept.
- One visiting professional told us, "I have no concerns with the level of care provided. The staff do a good job here."

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

- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to. The home had a veranda overlooking the local countryside for those who wanted to spend time outdoors.
- The design of the premises enabled staff to safely meet people's needs and promoted people's independence. This included good accessibility for people who used self-propelled electric wheelchairs.
- Signage was clear which enabled people to navigate independently to facilities such as toilets and personalised visual clues such as photographs were outside people's rooms.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family involvement.
- DoLS authorisations were in place or had been applied for when people required them. No one had any conditions associated with their DoLS authorisations.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. Staff knew who had a DoLS authorisation in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us they felt staff were caring and that they were listened to. Comments included; "They [staff] are all lovely, nothing is too much trouble." "The staff Are all very nice and we can have a laugh together." A relative told us, "All the staff seem very good. I see they are busy and work hard but they always smile and make time for people."
- Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals; The provider ensured staff received training in dignity and respect; person centred care and equality and diversity to aid their understanding.
- The managers and staff were clear that discrimination would not be tolerated and were confident any human rights or equality needs people had would be met.
- The atmosphere in the service was warm and friendly with staff observed to give individual attention to people when needed.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. People were clearly relaxed and comfortable in the company of staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. When people required support, staff did so respectfully and discreetly.
- Staff spoke about people kindly and demonstrated commitment to treating people respectfully. One staff member said, "Treating people with kindness and compassion is at the heart of everything I do here."
- People's information was stored securely, staff had good knowledge of data protection principles.
- People were supported to remain as independent as possible. One staff member told us, "I never assume to do something for someone. It's important to promote independence no matter how small the task may be."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decisions about their care. We observed several instances of people discussing their support and staff responding as directed by the person.

- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were encouraged to maintain friendships and contact with their families. Family members and friends were able to visit whenever they wanted. One relative said, "I can come at any time and am always made welcome."
- Staff had built up relationships with family members and we saw positive interactions between them. Relatives told us relevant information was shared and discussed.
- We saw people, their relatives and any other visitors to the home had the opportunity to express their views. An electronic feedback system called; 'have your say' was in the main reception area along with a paper-based system titled, 'your thoughts count'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff involved people and their relatives where appropriate in the support. They gathered information from a variety of sources to ensure that the support plans implemented were based on people's individual needs and preferences.
- One person told us, "The staff inform me of everything, nothing comes as a surprise." A relative said, "I have been involved in the care planning from the start."
- Staff responded to people's needs and sourced external input from other professionals to ensure their needs could be met. For example, we saw staff had referred people to the GP for medicines reviews

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or use of pictures.
- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses or hearing aids and how they needed to be maintained.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to maintain contact with friends and family.
- The service did not have a dedicated activity co-ordinator. Staff provided interactive group and one to one activities which people enjoyed.
- People told us, "I like doing crafts," and, "I like it when I go out to different places." On the day of our inspection an entertainer came. We saw people clapping and happily singing along.
- The home had an initiative titled; 'Stop at three for tea'. This ensured that all staff, regardless of their job function, sat and chatted to someone whilst having a cup of tea at 3pm.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- Some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training.
- The service had received and displayed an end of life quality award, given by Macmillan cancer support.

Improving care quality in response to complaints or concerns

- A complaints procedure was available, and people knew how to access this. The providers approach to complaints was, 'complaints are a gift'. People were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- One person said, "If I was unhappy I would speak to the manager or any member of staff but I'm happy with everything." A relative told us, "I have no concerns at all but if I did I'm confident it would be dealt with quickly."
- Records confirmed that any concerns or complaints reported had been investigated, responded to and action taken to prevent reoccurrence.

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 the last inspection this key question was rated as good. At this inspection 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.

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

- Appropriate quality assurance systems were in place, various members of the management team conducted a number of audits to ensure quality of care and health and safety standards remained high.
- There was a clear staffing structure in place, the registered manager and deputy manager operated a system whereby neither was on holiday at the same time to ensure staff always had access to managerial support.
- The deputy and area quality managers had good knowledge of their regulatory responsibilities, CQC had received required notifications from the service since their last inspection.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.
- When there had been reportable incidents, the registered manager had liaised with the local authority. Action was taken to prevent similar occurrences, and these were shared with staff and used as a learning opportunity.

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

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The deputy manager was visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they had an open-door policy and could go and speak to them at any time. One staff member told us, "I believe the team is very good and supportive of one another. The manager is always there when needed."
- Staff told us morale was predominantly good as they had a strong team who worked for the benefit of people using the service.

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 deputy manager demonstrated an open and transparent approach to their role. Staff confirmed the registered manager also worked in this way and said they always encouraged staff to reflect on their practice and learn lessons where these were needed.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- People and their relatives spoke positively about their relationship and communication with the management team and the overall management of the service. One person told us, "The manager is always very nice." A relative said, "I am happy with the service and care [person] receives here. We have official relative and resident meetings but we can approach the manager or staff at any time."
- Staff felt their work efforts were appreciated by the management team. A staff member said, "We are not forgotten about. I always feel valued and part of the team."
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. One staff member told us, "I have regular supervisions and an annual appraisal. It's open so I know I can express myself."

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.
- One visiting healthcare professional told us, "The staff provide good care here. The communication is always good, I have no concerns at all."