

# Bankview Care Home Service

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Banknock  
Bonnybridge  
FK4 1TD

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Type of inspection: Unannounced  
Inspection completed on: 29 July 2016

**Service provided by:**  
Central Care Limited

**Service provider number:**  
SP2003002719

**Care service number:**  
CS2003011585

## About the service

Bankview is registered to provide care for up to 65 older people. The service provider is Central Care Ltd. Part of the Holmes Care Group.

It is located on the outskirts of Banknock, a village that is close to the main road links to Glasgow, Edinburgh and Stirling.

The care home provides accommodation in two main areas; 'the house' and 'the lodge'. Each area has its own lounge, dining areas and bathrooms. All bedrooms are single rooms with en-suite toilet.

There are gardens some with open views of surrounding countryside.

## What people told us

We spoke with six residents and received two completed questionnaires. Residents appeared contented with life at Bankview and indicated satisfaction with the service.

We spoke with four relatives and received 13 completed questionnaires. All were extremely positive about the quality of the service. Six questionnaires contained positive comments such as:

"Confident my mother is well cared for, receiving attention from outside services, staff are welcoming, the home environment is comfortable."

"Excellent care for my mother, staff are excellent and do their best."

"She is in the best place, generally a perfect solution for my relatives needs, staff could not be better."

"No concerns, staff know the residents, helpful and welcoming, first class caring home."

"Any concerns dealt with quickly."

"Staff very courteous, friendly, most long term and treat mum like one of the family. The care and food is 4 star."

## Self assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service submitted a self assessment as requested. This detailed the service's own assessment of its performance in relation to all four quality themes. This process helped to identify areas for improvement

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

## Findings from the inspection

We found the overall care of residents was good whilst recognising there were areas for improvement.

Most residents have cognitive impairment or dementia. However, the personal plan often did not record the type of dementia. Staff could be more pro-active in ensuring the type of dementia is diagnosed by prompting medical staff and ensuring more is known about the one year post diagnostic supports available locally.

Resident's legal status was well recorded with copies of Adults with Incapacity Certificates present. However, the associated treatment plan was not present. Again, staff could prompt medical staff to ensure this is provided.

Some residents with cognitive impairment or dementia can exhibit signs of stress and distress, determining the cause is sometimes difficult. The use of behaviour recording charts was not being carried out appropriately and this needed more development. For example when medications to alter behaviours are being changed close monitoring can help determine the benefit. Review dates for anti-psychotic medications should always be in place to ensure they are not used any longer than necessary. See recommendation 1.

We observed some very positive interactions with staff who showed warmth and compassion. Medications were monitored to some extent and there was good information about when to give "as required" medications.

Pain assessment charts were not in regular use. This should be developed. See recommendation 2.

The personal plans contained no information about capabilities and preferences for social activities. Life histories were sometimes very detailed and sometimes not. See recommendation 3.

Personal plans also needed review to ensure oral care, nutrition and anticipatory care planning was in place and in keeping with best practice. See recommendation 4.

Medication management was checked and found to be satisfactory. However, the use of homely remedies and returns of medications to pharmacy needed review.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 4

1. The service provider should ensure appropriate assessment of stress/distress of residents is carried out with resulting plans of care detailing strategies to help determine the cause and minimise occurrence. Medications to alter behaviours should be closely monitored with review dates in place.

National care standards for care homes for older people, Standard 6.1 Support arrangements.

2. The service provider should ensure pain assessment is carried out in accordance with best practice, this should be used to help determine pain levels and ensure appropriate management.

National care standards for care homes for older people, Standard 15.8 Keeping Well - medication.

3. The service provider should ensure social preferences are recorded and assessments made to ensure meaningful activities can be provided in keeping with individual capabilities. This should include support to keep up relationships and be a part of the community as far as possible.

National care standards for care homes for older people, Standard 6.1 Support arrangements and Standard 17 - Daily life.

4. The service provider should ensure personal plans and records improve to include:
- Oral care plan, records of oral care and strategies of how to manage refusal of oral care.
  - Nutritional care plans should develop to ensure step 5 of the MUST tool is followed and set out clearly the preferences and methods of food fortification to be used. Food monitoring charts should be reviewed regularly to ensure appropriate intake is being maintained.
  - Anticipatory care planning to record future wishes in the event of sudden deterioration of health.

National care standards for care homes for older people, Standard 6.1 Support arrangements.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

We walked around all communal areas and sampled some of the bedrooms. We found all areas were clean and well maintained.

Maintenance records were in place and up to date.

An audit had been carried out using the "How dementia friendly is your care home?" Kings Fund assessment. An action plan was in place with points identified for improvement.

We noted a commode and two shower chairs were badly rusted and in need of replacement. The laundry chute was unlocked. The manager agreed to have this dealt with immediately.

Some staff practices needed to improve for example to ensure toiletries were put away and only used by individuals. The practice of tying the yellow waste bag to the linen trolley should cease as this is poor infection control. Odours were detected in the communal toilet off the main lounge in Village Way. See recommendation 1.

Access to the garden was limited by a slope and no handrails had been fitted to improve independent access. See recommendation 2

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. The service provider should ensure improvement to infection control and safety as follows:

- Replacement of rusted shower and commode chairs.
- Laundry chute always locked.
- Toiletries put away not stored communally.
- Yellow waste bag in suitable container not tied to laundry trolley.
- Communal toilet use reduced and en-suites used whenever possible to help reduce odours in Village Way-lounge toilet.

National care standards for care homes for older people, Standard 4.3 Your environment.

2. The service provider should seek to improve independent access to the garden and ensure safety by considering the installation of handrails and eliminating door lips if possible.

National care standards for care homes for older people, Standard 4.1 Your environment.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

There was a stable staff group at Bankview. Staffing numbers were in keeping with the dependency of residents.

Staff recruitment records were satisfactory. A basic induction process was in place and this was due to be developed. A more competency based framework was due to be introduced for nurses and this should also be considered for care staff.

Staff supervisions were being carried out but not at the frequency expected by the provider. This could offer opportunity for staff to reflect and build on better practice. Staff observations were also due to be introduced. This was a recommendation on the previous inspection report and is repeated. See recommendation 1.

An electronic on-line learning system was being used. This covered important topics such as adult protection, dementia, infection control and so on.

Some staff had started promoting excellence training on dementia. One staff member was a dementia ambassador. This could be extended to ensure all staff complete this training. The development of leadership roles to improve clinical practice could also be beneficial. For example oral care, palliative care champions and so on.

Moving and assisting training was carried out face to face to cover practical aspects. However, new staff did not always complete this prior to working with residents and 16 staff were overdue completion of moving and assisting on-line training and refresher. This was a requirement of the previous inspection report and is therefore repeated. See requirement 1.

## Requirements

### Number of requirements: 1

1. The provider must ensure that staff are competent to carry out safe moving and assisting techniques. Staff must have appropriate training and updates.

This is in order to comply with SSI 2011/ 210 Regulation 15 a)b)) Staffing.

## Recommendations

### Number of recommendations: 1

1. The service provider should ensure staff continue to develop in order to meet best practice care for people with dementia. The following should develop:

- Supervision sessions are carried out linked to job role.
- Staff observations are carried out to ensure appropriate interaction and practice.
- Clinical leads or champions are allocated to ensure practice improves in oral care, nutrition, palliative care and continence promotion.
- Awareness is raised of dementia standards in Scotland.

National care standards for care homes for older people, Standard 5 - management and staffing arrangements.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

A new quality assurance system had been introduced by the provider and this was in the process of implementation.

This included a range of internal audits which identified actions to be taken.

External audits were also carried out. For example by Boots pharmacy.

The Regional manager checked progress of the home approximately every few months.

A relatives survey was completed in May with overall positive results. A staff survey was also undertaken. A small amount of feedback was obtained from visiting professionals. Gaining feedback from people with dementia could be improved. We could not see use of adapted materials although we were told this had been used in the past. See recommendation 1.

A philosophy of care was displayed but did not match with another document setting out a similar statement. An agreed statement can be helpful to ensure common values. To ensure these values are embedded checks could be done through staff supervision and meetings to ensure actions and practices are all in keeping with this aim.

We noted a number of areas of work which had not been carried forward to full completion. For example work commenced on oral assessments but full oral care records were not in place. A number of recommendations and a requirement from our last report had not been fully progressed. A significant number of six-monthly reviews had not been carried out. This is required by legislation to ensure personal plans stay up to date and residents have representation to ensure their health and welfare needs are being met.

These areas need closer monitoring and the service could benefit from a service improvement plan to ensure areas of work are completed and the service improves further. See recommendation 2.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service provider should continue to develop methods of gaining feedback and demonstrating actions taken by:
  - a) taking account of the need for adapted materials for people with dementia. For example using picture cards or questionnaires with pictures.
  - b) inviting comments and suggestions more widely.
  - c) displaying publically actions taken to common issues raised.
  - d) ensuring staff fully enact the philosophy of care.

National care standards for care homes for older people, Standard 11 - expressing your views.

2. The service provider should ensure a system of continuous quality improvement is in place. A service improvement plan should be considered to ensure actions from audits, recommendations from regulatory visits and best practice are acted upon and the service improves.

National care standards for care homes for older people, Standard 5 - management and staffing arrangements.

**Grade:** 4 - good

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

Staff, the provider and management team must ensure that all staff understand and adhere to appropriate codes of practice at all times. This includes a demonstrable understanding of their responsibility for safeguarding vulnerable people.

To achieve this learning and development opportunities for staff must be provided, this should include: -Person centred care values; -Responsibilities under relevant codes of practice (SSSC, NMC);-Stressed and distressed reactions; -Observation of staff practice by the management team to ensure that improvements in care practice are made.

**This requirement was made on 31 August 2015.**

### Action taken on previous requirement

We were satisfied this requirement was met as outcomes for residents were good. Further work is needed to ensure appropriate assessment for stress/distress. See recommendation 1 in Quality Of Care and Support.

**Met - outwith timescales**

## Requirement 2

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to do this the provider must: -Ensure that medicines are administered as instructed by the prescriber; -Regularly review any trigger to documented distressed reactions; -Demonstrate that staff follow policy and best practice about medication administration records and documentation; -Ensure that staff receive training and refresher training appropriate to the work they perform; -Ensure that managers are involved in the audit of medication records.

**This requirement was made on 31 August 2015.**

### Action taken on previous requirement

We were satisfied with medication management systems in place. A recommendation has been made with regards to stress/distress. See recommendation 1 in Quality Of Care and Support.

**Met - outwith timescales**

## Requirement 3

The provider must demonstrate policy and practice comply with the Manual Handling Operations Regulations (1992) as amended (2002).

**This requirement was made on 31 August 2015.**

### Action taken on previous requirement

We did not observe practice that was in breach of these regulations. However, further work is needed to ensure all staff are up to date with moving and handling practice. See requirement 1 in Quality Of Staffing.

**Met - outwith timescales**

## Requirement 4

The provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques in order to protect service users and staff. All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices.

**This requirement was made on 31 August 2015.**

**Action taken on previous requirement**

We did not see sufficient action taken with regards to this requirement. This requirement has been reworded and repeated based on the evidence seen at this inspection. See requirement 1 in Quality Of Staffing

**Not met**

**Requirement 5**

The provider must ensure that the continence needs of all service users are met at all times.

In order to achieve this, the provider must ensure: - Assessments are accurately completed and used to inform individualised continence care plans. - Care plans identify the positive interventions required to promote continence for residents. - Systems are in place to monitor and analyse episodes of incontinence to assist in planning future support. - On going review and evaluation of individual residents' needs. - Effective systems are in place for monitoring continence product supplies and deliveries so that no resident is low on supply or required to use products prescribed for other people. - That an adequate supply and range of personal protective equipment is available to staff at all times. - All staff receive training in continence care and management which is appropriate to their role and responsibility.

**This requirement was made on 31 August 2015.**

**Action taken on previous requirement**

We were satisfied that this requirement was met. However, further development was needed to ensure staff practices were in keeping with continence promotion. The manager was directed to the Care Inspectorate resource "promoting continence for people with dementia".

**Met - outwith timescales**

**Requirement 6**

The provider must ensure that audits are completed consistently at the home and are used to continually improve standards of care and outcomes for people who use the service.

**This requirement was made on 31 August 2015.**

**Action taken on previous requirement**

We saw a number of audits in place. However, we also saw a number of areas which needed further development to meet best practice. A service improvement plan is recommended to ensure a more robust system of continuous improvement is put in place. See recommendation 2 in Quality Of Management and Leadership.

**Met - outwith timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

We expect that services support people using services to regularly communicate their views and opinions using a variety of methods to meet the communication needs of individuals. Services should regularly seek views and feedback from residents, relatives and stakeholders using methods appropriate to individuals' needs. Importantly, services should evidence that this feedback has informed decisions about the service, care provision or development.

**This recommendation was made on 31 August 2015.**

#### Action taken on previous recommendation

There was no change seen since the last inspection. A further recommendation has been made. See recommendation 1 in Quality Of Management and Leadership.

#### Recommendation 2

The action taken in response to the involvement of residents and their relatives in assessing and improving the quality of the service should be evidenced clearly.

**This recommendation was made on 31 August 2015.**

#### Action taken on previous recommendation

There was no change seen since the last inspection. A further recommendation has been made. See recommendation 1 in Quality Of Management and Leadership.

#### Recommendation 3

The provider should ensure that all staff access training with regards to nutrition for older people and people with a cognitive impairment. This training must include an element of reflective learning with regards to how improvements can be made and sustained at Bankview. Observations of meal times should be completed by the management team to ensure that good practice is followed with regards to food and hydration.

**This recommendation was made on 31 August 2015.**

#### Action taken on previous recommendation

We could not see step five of the MUST tool in use. Improvement could be made to the monitoring of food charts to ensure appropriate meals and snacks are provided for residents losing weight. This is commented on in Quality Of Care and Support and included in recommendation 4.

#### Recommendation 4

Personal plans should continue to be audited on a regular basis to check that the information being recorded gives a consistent account of residents' needs and how these are to be met.

**This recommendation was made on 31 August 2015.**

**Action taken on previous recommendation**

While we saw that some personal plans had been audited, there was not evidence that all plans had been audited and checked for accuracy since the last inspection. Therefore this recommendation has not been met. See recommendation 2 in Quality Of Management and Leadership.

**Recommendation 5**

Pain assessment tools should be used according to good practice guidance to regularly inform assessments at Bankview.

**This recommendation was made on 31 August 2015.**

**Action taken on previous recommendation**

We found that a pain assessment tool was in use at the service however, we were unable to see evidence that this had been used to regularly inform assessments at Bankview. Therefore this recommendation has not been met. See recommendation 2 in Quality Of Care and Support..

**Recommendation 6**

Residents' personal plans should detail the way that 'as required' medicines used to treat anxiety or agitation are managed to inform and reflect good practice.

**This recommendation was made on 31 August 2015.**

**Action taken on previous recommendation**

"As required" protocols were in place and most gave good details of when to administer and strategies that could be used first to ensure limited use. This recommendation is met.

**Recommendation 7**

The management team should carry out observations of staff practice to allow them to provide detailed feedback about the performance of staff in their roles within the home. This should also include feedback from residents and relatives where possible.

**This recommendation was made on 31 August 2015.**

**Action taken on previous recommendation**

We were unable to see evidence of records of observations taking place or of the feedback provided to staff in response. There was no evidence that feedback from residents or relatives had been included in the feedback given to staff. Therefore this recommendation had not been met. See recommendation 1 in Quality Of Staffing.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
6 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
31 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
25 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 3 - Adequate
8 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 3 - Adequate
6 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good Not assessed 3 - Adequate
17 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 3 - Adequate Not assessed
9 Jan 2013	Unannounced	Care and support Environment
		3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
28 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
7 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
29 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
19 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
28 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 2 - Weak 2 - Weak 2 - Weak
15 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
3 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 2 - Weak
6 May 2009	Unannounced	Care and support Environment	2 - Weak Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	2 - Weak
4 Dec 2008	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
7 May 2008	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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