

Bankview Care Home Service

Kilsyth Road
Banknock
Bonnybridge
FK4 1TD

Telephone: 01324 841090/01324 841996

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Central Care Limited

Service provider number:

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Service no:

CS2003011585

About the service

Bankview care home is registered to provide care and support for 65 older people. The service is provided by Central Care Ltd. which is part of the Homes Care Group. Sixty four people were resident in the home during the inspection.

Bankview is situated in extensive grounds on the outskirts of the village of Banknock with transport links to Edinburgh, Glasgow and Stirling nearby. Shops, social and leisure facilities are also nearby.

Accommodation in Bankview is set on one level and is provided in two separate wings. The House provides accommodation for 25 residents who share a large communal lounge and dining room. The Lodge provides accommodation for 40 residents in three separate areas each of which have their own lounge and dining rooms. All rooms are spacious and personalised to the tastes of residents and have ensuite toilet and wash hand basins. Communal bath and shower rooms are available nearby. Full ensuite facilities are available in a small number of private rooms.

Residents can enjoy the outdoor gardens accessible from each lounge in the home.

The service registered with the Care Inspectorate on 1 April 2011.

What people told us

We met with two residents during the inspection. One resident told us staff were very kind and they felt very well looked after. Another resident told us they enjoyed the food in the home. They were regularly asked their opinion of the food by the chef and asked to contribute to menu planning.

We met with six relatives during the inspection. Relatives told us they could not praise the staff highly enough. Relatives were kept up to date with relevant information and they felt confident their family members were well cared for.

One person told us they knew their relative was happy and contented because "his eyes light up and he smiles at carers".

Relatives felt involved and included in the home. Families were invited to social outings and Christmas dinner. Relatives said the home was "a community within a community".

Families generally felt there were enough staff on duty and staff were always around in lounges and dining rooms. Staff tried to involve residents in activities and there was always something going on.

Relatives who could not attend meetings were kept up to date with newsletters and flyers. The new manager was praised for the positive improvements she had made. The manager's open door policy was welcomed.

Staff monitored residents' eating and drinking but they also respected their independence.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staffing? | 4 - Good |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 4 - Good |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We found the atmosphere in Bankview was quiet, calm and welcoming.

We were pleased to observe warm and respectful interactions between staff and residents. We were satisfied that staff knew residents well. Staff responded promptly to people's need for support and appeared to take pleasure in their work. We observed staff and residents enjoying appropriate humour and affection. We were happy to note that staff spent any spare time on shift spending time with residents.

Families told us staff were kind, caring and compassionate towards their relatives. People told us they felt "at home" when visiting and made drinks and snacks for their family members as well as themselves.

Staff told us how they respected residents' privacy and dignity during care and support. Staff were knowledgeable about residents' likes, dislikes and preferences and supported residents to express their individuality through their choice of clothing, accessories and pastimes.

Residents and families said the food in the home was of a good quality and well presented. A variety of choices were available and alternative options were offered if requested. We noted the chef visited dining rooms at meal times to check residents were satisfied with their meals.

We found activities coordinators were knowledgeable about residents' choices, preferences and life histories. We were pleased to find they were motivated and creative, providing access to a wide range of activities both indoors and outdoors. Families were also invited to participate in activities. This included supporting residents to use resources in the local area and inviting the local nursery class and churches into the home. Although the majority of activities were provided for groups of residents, activities coordinators provided one to one support to residents who required this when they could. We suggested activities coordinators skills could be improved by undertaking relevant training. This could improve outcomes and wellbeing for residents.

We found residents' health benefitted from their care and support.

A team of committed nurses and senior carers led the health care and support of residents. Many of the nurses had worked in the home for a number of years and this consistency was a factor in the robust support residents received. We noted good practice in the administration and recording of medication. Regular audits were taking

place and improvements had been noted since the last inspection. We were pleased to find a weekly general practitioner surgery was being held at the home. This helped ensure any health care concerns were promptly addressed. We also noted residents had access to other relevant health care professionals as required.

We found residents had anticipatory care plans to ensure their palliative and end of life care choices were respected. We suggested that the development of advanced care plans could support residents to maintain and increase their quality of life for as long as possible.

We found residents' personal plans were reviewed on a regular basis and contained a good range of values led, individual care plans that detailed how residents care and support needs should be met.

We were surprised to find that when residents' abilities to eat and drink safely had deteriorated they had not always been assessed by a speech and language therapist before being offered a pureed diet. Eating and drinking is integral to having a good quality of life for most people and we were concerned that this practice could have a detrimental impact on outcomes for residents. We asked the manager to ensure assessment and guidance is sought from relevant professionals before changes are made.

Staff told us that whilst they made the appropriate referrals, consultation with health care professionals often took place over the telephone. We suggested written records should be kept to record advice and guidance received.

How good is our leadership?

3 - Adequate

I should be able to expect my service will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

We noted that the manager had been in post for just over a year. Relatives, staff and health and social work colleagues told us the manager had been responsible for a number of improvements.

We were disappointed to find no evidence of quality assurance processes or systems in the service. Relatives meetings were being held although infrequently but we could find no further evidence to identify how residents and relatives were consulted about improvements that could be made to the service.

We noted that audits were being undertaken including wound care audits, care plan audits and meal time audits, however we did not evidence that action plans had been developed to address the required improvements. This meant we were unclear as to whether corrective actions had taken place.

We found environmental audits were being carried out covering the interior and exterior of the home but we were concerned to find there was no capture of the views of residents, relatives or other stakeholders.

We concluded that although audits were taking place, the findings were not sufficiently analysed to identify required improvements and take corrective action. Key processes that should have been included in the audit system, for example, staff supervision and service reviews, were missed and incidents and accidents were not analysed to identify trends to reduce the risk of similar incidents reoccurring **(see Requirement 1)**.

We noted a service development plan was in place to address strategic objectives. We asked the manager to further develop the plan to include findings from audits and feedback from resident and relative consultation.

Requirements

1. The service must, by 31 December 2018, develop and implement a quality assurance system that takes account of the views of residents and relevant stakeholders and enables areas for improvement to be identified and rectified timeously.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19 which states " I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and to comply with Regulation 4 - Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

How good is our staff team?

4 - Good

We were satisfied that staffing levels and the mix of staff met the needs of residents. We found staff worked well together. We observed that staff were motivated and passionate about providing good care and support for residents.

Staff told us that, on the whole, they feel the level of staffing is fine. We felt this was due to the commitment of staff and noted staff spent any spare time interacting with residents or engaging in meaningful activities. Staff identified that mornings and evenings were busy times but they had more time to spend with residents after lunch.

Staff told us morale was good amongst the team. Managers, nurses and senior carers were said to be approachable and staff felt listened to.

We found the systems used to deploy staff in each area provided residents with a number of consistent staff and the flexibility to provide sufficient staff in periods of staff absence or leave. We noted the use of agency staff had reduced considerably.

We found the manager had increased the amount of training available for staff and we were happy that there was a wide range of learning and development opportunities available for staff. We noted that the majority of staff had completed an appropriate qualification and a plan was in place to ensure all staff were qualified within required timescales.

We were pleased to find senior carers had the opportunity to undertake training to enable them to carry out some clinical tasks. This could further increase staff consistency.

We noted that staff were not receiving regular supervision and some staff had not received supervision for a year, however the manager had commenced supervision with staff and had developed a supervision and appraisal plan. Furthermore staff meetings were not taking place on a regular basis and this meant key opportunities for staff to receive information and develop skills, improve their knowledge and reflect on their practice were being missed.

How good is our setting?

4 - Good

We found the setting promoted people's' independence to a good level.

We heard a number of improvements had been made to the environment since the last inspection. We found the manager was committed to making the environment more dementia friendly.

Families told us they were happy with the improvements to the environment. Residents' bedrooms had been decorated and personalised with their own furniture and belongings. This helped orientate people to their environment and provide a sense of security and belonging.

Corridors in the house had been decorated and with the increased levels of lighting throughout the home this improve residents ability to find their way around the home and reduced the risk of falls. We suggested additional wall lights in corridors would further improve safety for residents.

We noted work had been undertaken to provide stimulating and bright seating areas in the corridors in the house. These areas gave residents opportunities to rest and enjoy the environment.

The layout of the house, in particular, makes it difficult for residents to find their way around the home independently. We suggested the use of dementia friendly signage to aid way finding for residents.

We noted the bathrooms in the home had been brightly decorated with themed murals that made the space inviting. The manager told us shower rooms will be similarly upgraded in the near future.

How well is our care and support planned?

4 - Good

We found that assessment and care planning reflected people's needs and wishes to a good level.

We found residents' personal plans were detailed and values led. Individual care plans were thorough and detailed and residents' health care needs were well assessed, planned and reviewed. The personal plans were developed and reviewed by nursing staff and we suggested the personal plans would benefit from the input of care staff who spend most time with residents on a daily basis and have the opportunity to recognise people's changing needs.

Monitoring and recording of residents' daily care needs, for example, food and fluid charts, were being completed by care staff. We found these charts were well recorded and were reviewed by nursing staff. This practice ensured any changes in residents' health could be quickly identified and dealt with.

Residents and families should be involved in developing their personal plans and these should reflect residents' choices, important routines and focus on outcomes for people. We asked the manager to address this issue as a matter of priority.

We were disappointed to find that personal plans did not address residents' social or emotional care and support needs and outcomes had not been identified or agreed. We asked the manager to address this issue and also ensure proactive strategies are developed to reduce the impact of stress and distress that may be experienced by residents.

We noted residents were not having statutory six monthly reviews of the personal plans. We found that when reviews had taken place we could not identify who had been invited to the review. We suggested relevant professionals should be invited along with families. We found the review tool used by the home was potentially very good but was not being used to its potential.

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

Requirements

Requirement 1

In meeting this requirement residents will receive all as required prescribed medications as advised by their GP.

In order to achieve this the provider must:

- Have clear individualised protocols in place to give staff the guidance required to determine when as required prescribed medications are required
- Record the administration/application of all as required prescribed medications
- Review the need for as required prescribed medications
- Ensure that all staff are competent in the administration/application of as required medications
- Evaluate the effectiveness of this process by including feedback from residents and their relatives.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (SSI 2011/210) Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare and safety of service users

This requirement was made on 2 November 2017.

Action taken on previous requirement

We noted all aspects of the requirement had been met.

Met - within timescales

Requirement 2

In meeting this requirement people receiving care and support can be confident that the service has an effective quality assurance system that continually reviews, evaluates and improves the their experience.

In order to achieve this the provider must:

- Identify an appropriate quality assurance system and use this effectively
- Undertake reviews and evaluations of the care and support residents experience
- Ensure that there is an improvement plan detailing areas that need improvement. This should include but will not be limited to the following areas:
 - I. The administration of all as required medications
 - ii. The experience of residents experiencing stress and distress
 - iii. The meal time experiences of all residents
- Ensure that records are maintained detailing the actions taken and evaluations of them
- Evaluate this process by including seeking feedback from residents and relatives about the effectiveness of any improvement activity undertaken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (SSI 2011/210) Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare and safety of service users

Timescale: by 31 December 2017

This requirement was made on 2 November 2017.

Action taken on previous requirement

Appropriate actions regarding the administration of as required medications had been taken.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

1. To improve the experience of residents living in the House it is recommended that the manager implements her plans to make the environment more dementia friendly.

This area for improvement was made on 2 November 2017.

Action taken since then

A number of improvements have been made to improve the environment for people living with dementia. Work continues towards creating a dementia friendly environment.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health benefits from their care and support | 4 - Good |

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|---|--------------|
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| 3.3 Staffing levels and mix meet people's needs, with staff working well together | 4 - Good |
| How good is our setting? | 4 - Good |
| 4.2 The setting promotes and enables people's independence | 4 - Good |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and care planning reflects people's planning needs and wishes | 4 - Good |

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