

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Bank House Care Home

Brandlesholme Road, Bury, BL8 1DJ

Tel: 01617644358

Date of Inspection: 29 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Bank House Care Home
Overview of the service	Bank House Care Home is registered to care for up to 43 people with either nursing or social care needs. The home is a large detached building and is situated just outside the centre of Bury Town Centre. It is readily accessible by car and public transport.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

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### What people told us and what we found

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We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service caring?
- Is the service effective?
- Is the service responsive to people's needs?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service and their relatives, speaking with the staff supporting them, and from looking at records.

Is the service safe?

The care records we looked at contained enough information to show how people were to be safely supported and cared for.

The care records showed that people's health was regularly assessed and monitored to ensure their health and welfare was protected.

The staff we spoke with showed they had a very good understanding of the needs of the people they were looking after.

People told us they felt safe and the staff we spoke with understood how to safeguard the people they supported.

Systems were in place to help ensure the manager and staff learnt from events such as accidents and complaints.

Is the service caring?

People looked relaxed and had a friendly rapport with the staff. The people we spoke with

were complimentary about the care provided. We were told, "I am happy with the care. They look after me very well and it is all very good" and "I like it here, it's all very good".

People's care records showed that their preferences, likes and dislikes had been clearly documented and their care and support had been provided in accordance with their wishes.

Is the service effective?

People were assessed by a senior member of staff from the home before they were admitted to ensure their individual needs could be met.

We visited one person in their bedroom to see how they were being looked after. They looked clean, comfortable and well cared for. They had pressure relieving equipment in place to aid comfort and help in the prevention and treatment of pressure ulcers.

To ensure that safe and effective care was provided, staff updated their skills and knowledge with regular training and updates.

Is the service responsive to people's needs?

Information in the care records showed the staff at the home involved other health and social care professionals in the care and support of the people who used the service.

Suitable arrangements were in place to ensure that information was passed on when a person was transferred to another service, such as a hospital.

The provider had a clear procedure in place with regards to responding to any complaints and concerns made.

Is the service well led?

We were made aware there had been no registered manager at the home since January 2014 and that the present manager had made an application to register with the Care Quality Commission (CQC).

There were a number of quality assurance systems in place to ensure people were cared for safely. Feedback was sought from people by means of annual questionnaires that asked for their views on how they felt they were being cared for, and if the facilities at the home were to their satisfaction.

Meetings were held regularly for staff, people who used the service and their relatives. These meetings gave people the opportunity to be kept informed of any developments within the service, and also to express their views, about the service and facilities provided.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

During the last inspection of 14 January 2014 we found that adequate systems to protect people who lacked the capacity to make decisions about their own care and support were not in place.

After the inspection we made a compliance action to ensure the provider had systems in place to protect people. Following the inspection the provider sent us an action plan telling us what steps they were going to take to make the necessary improvements. During this inspection we looked to see if the improvements had been made.

During the last inspection it was identified that not all staff had undertaken training in the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DOLS). This training should help staff understand that the MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. Also it should help staff understand that if a person is deprived of their liberty, they need special protection to make sure they are looked after properly and are kept safe. On this visit an inspection of the training plan showed that some staff had now received the training and that training had been arranged for the remainder of staff who either needed the initial training, or needed an update.

It was identified during the last inspection that some staff did not have a clear understanding of the MCA. A discussion with the manager, the nurse in charge and two care assistants showed they had a clear understanding of the MCA and the importance of determining if a person had the capacity to give consent to their care and treatment. The manager and the nurse in charge were also able to demonstrate they knew the procedure to follow in the event they needed to deprive a person of their liberty in order to ensure they received the care and treatment they needed.

During the last inspection it was identified that some of the care records were signed by family members, which indicated that decisions were made on the person's behalf. A discussion with staff showed they were aware that people cannot give consent on another person's behalf unless they have Lasting Power of Attorney (LPA) in relation to health and welfare. An inspection of one care record showed that a family member had signed the care records for their relative and there was evidence to show that the relative had the legal authority to do so.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We asked the manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people were assessed by a senior member of staff from the home before they were admitted to ensure their individual needs could be met. We looked at one of the assessments that had been undertaken. It was detailed and gave a lot of information about the person's assessed needs.

We were told that once a person was admitted to the home a care plan was put into place. A care plan details the individual care and support needs that a person may have and shows how those needs are to be met by the staff.

The care records identified if a person was at risk of harm from any hazard; such as from poor nutrition or restricted mobility. Staff wrote in the care record what action they would need to take to reduce any identified risk.

The care plans and risk assessments were reviewed regularly. A review is when a care plan is checked by staff so that any change in a person's condition can be identified and action taken if necessary.

We visited one person in their bedroom to see how they were being looked after. They looked clean, comfortable and well cared for. A special type of bed that helps staff position people more easily was in use and a specialised pressure relieving mattress was in place. This was to help prevent pressure ulcers and promote comfort.

During our inspection we observed how staff interacted with the people who used the service. People looked relaxed and had a friendly rapport with the staff. We saw that people looked clean and well cared for. A discussion with the nurse in charge and two care assistants showed they had a very good understanding of the needs of the people they were looking after.

People we spoke with told us they were happy with the care they received and they were well looked after. They told us, "I am happy with the care. They look after me very well and it is all very good" and "I like it here, it's all very good". Relatives we spoke with made the

following comments, "She has come on leaps and bounds since being here. The staff are really good" and "The staff know what they are doing, they are very nice and very kind. He is always nicely presented".

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment or when they moved between different services. This was because the provider worked in cooperation with others.

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**Reasons for our judgement**

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We looked to see how the staff at the home worked in cooperation with other health and social care professionals to ensure that the people who used the service received appropriate care and treatment.

An inspection of care records showed that people had access to other health and social care professionals, such as opticians, dentists, chiropodists, social workers, community and specialist nurses. During our inspection we saw that a community nurse was in attendance and a physiotherapist had been attending to one of the people who used the service.

We asked the manager to tell us how, in the event of a person being transferred to hospital or to another care service, information about the person was passed on. We were told that there was no specific transfer document in place but they were in the process of developing one. It was explained that people's medication records were photocopied along with their personal information and a summary of their care needs. This information was then sent with the person to the receiving service.

We were told that if a person was to be transferred to another care home, information would be given to the receiving care home when they visited to undertake their own assessment.

We asked the manager to tell us what arrangements were in place when people needed escorting to hospital in an emergency. We were told that if family members were not able to escort people, a staff member would escort the person to hospital, day or night, and stay with them until they had been admitted or discharged back to the service.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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During the last inspection of 14 January 2014 we found that adequate systems were not in place to help ensure people were protected from abuse.

After the inspection we made a compliance action to ensure the provider had systems in place to protect people. Following the inspection the provider sent us an action plan telling us what steps they were going to take to make the necessary improvements. During this inspection we looked to see if the improvements had been made.

During the last inspection it was identified that some staff had not received the essential training necessary to safely care for people. This was in relation to moving and handling and training in the protection of vulnerable adults. Inspection of the training plan showed that all staff had undertaken training in moving and handling. Training in the protection of vulnerable adults had been arranged for the staff who either needed the initial training, or needed an update.

We saw the documents that guide staff about the management of safeguarding allegations were easily accessible. They gave clear guidance to staff on what constituted abuse, and guidance on how to proceed when safeguarding allegations were made.

People we spoke with told us they felt safe. Comments made included; "I have no worries, they are very kind" and "They are kind and caring, all of them".

We asked two of the care staff to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred. What we were told confirmed there was a good understanding of what action would need to be taken.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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During the last inspection of 14 January 2014 we found the systems in place to protect people against the risk of unsafe or inappropriate care were not good enough. There was very little auditing/checking of the facilities and services that were being provided. After our inspection we made a compliance action to ensure the provider had systems in place to protect people.

Following our inspection the provider sent us an action plan telling us what steps they were going to take to make the necessary improvements. During this inspection we looked to see if the improvements had been made.

We were made aware there had been no registered manager at the home since January 2014 and that the present manager had made an application to register with the Care Quality Commission (CQC). It is a condition of registration that the provider must ensure a manager with the necessary skills and experience is employed by the home and is registered with the CQC.

Staff we spoke with were complimentary about the new manager. They told us they felt the manager was approachable and supportive.

During this inspection we asked the manager to tell us what systems had been put into place for monitoring the quality of the service provided. The manager told us that as they had only been in post for three weeks the auditing of practice was at an early stage. We were told that priority was being given to areas of practice such as the medication system. We were shown the weekly audits that had been undertaken on the medication system. We saw that where improvements were needed, the action required was identified, along with a timescale for completion.

We saw evidence to show that a meeting had recently been held for people who used the service. The manager told us it was their intention to hold these meetings every three months. A relative told us they had attended the last meeting and found it very useful. The manager told us that a weekly 'surgery' was held every Thursday. This was to enable

people to meet with the manager to discuss anything they wished to. We were told that people rarely made use of the facility as there was an 'open door policy' at the home and that people spoke with the manager whenever they felt they needed to. Relatives we spoke with told us they felt comfortable about approaching the manager to discuss any issues.

The provider sought feedback from people who used the service and their relatives through questionnaires. The most recent ones had been sent out in May 2014. We did not look at the responses during this inspection.

The manager told us that staff meetings were to be held every month. We saw the notes of the two staff meetings that had been held since the manager took up their post. We were told that staff meetings were held to give staff the opportunity to be kept informed, and also express their views, about the service and facilities provided.

We saw that records in relation to any accidents or incidents were completed and where necessary notified to the CQC.

We were shown the risk assessments that were in place in relation to areas such as fire safety. We also saw that the fire log book was completed accurately and was up to date.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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