

# Random inspection report

## Care homes for adults (18-65 years)

Name:	West Bank Care Home
Address:	21 Crow Tree Lane Bradford West Yorkshire BD8 0AN

The quality rating for this care home is:	one star adequate service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>							
Dawn Navesey	2	6	0	5	2	0	1	0

## Information about the care home

Name of care home:	West Bank Care Home
Address:	21 Crow Tree Lane Bradford West Yorkshire BD8 0AN
Telephone number:	01274547864
Fax number:	
Email address:	kimhjomeen@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Mr Sariff Jomeen
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	1	1
mental disorder, excluding learning disability or dementia	5	3

Conditions of registration:								
Date of last inspection								
Brief description of the care home								
<p>West Bank is a care home for adults who are recovering from a mental illness. A lounge and kitchen/dining room are situated on the ground floor. Two bathrooms and three single toilets are situated over the three floors. The home is close to public transport and some parking is available within the grounds. There is a large garden with a summerhouse, which can be used by people living in the home. The weekly fees are the local authority/health care trust rates. Some of the extras charged for include transport, clothing and personal expenses.</p>								

## What we found:

On 6th November 2009, we carried out a key inspection. At this inspection we gave the home a rating of 1 star and said they were providing people with an adequate service. We also made nine requirements and asked the home to provide us with a plan of how they were going to meet these requirements.

On the 26th May 2010 we returned to Westbank and carried out a random inspection to check on progress with the requirements we made.

The inspection process included looking at any information we have received about the home since the last key inspection in November 2009.

Our visit to Westbank was unannounced and carried out by two inspectors. We were at the home from 10:20 am until 4pm on 26th May 2010. We talked to 3 staff about their work and the training they have completed. We checked some of the records the home has to keep. We also observed staff as they carried out their duties. The provider was at the home for some of the time during our visit. We spoke with 5 people who use the service, their views are included within this report.

At the last key inspection we said that people must be involved more and consulted with their care and support plans so that they would be able to take control of the care they receive. The provider told us in his improvement plan that a meeting took place with people who use the service and care planning was discussed. He said people remembered being involved in the process. We looked at the record of this meeting and could see care planning was discussed and could see that care plans had been signed by people who use the service. Some people who live at the home said they go through their care plans with their key workers on a regular basis. One said, "I know what's in it and I sign it". Another said, "I have a meeting with my keyworker".

We looked at the care plan and risk assessment records for some people who live at the home. There were, however, a number of shortfalls with these. Most of the plans did not give the detail of how care needs are carried out. For example, how someone is to be helped with a wash or bath, how someone's mental health issues affect them and what action is to be taken to help them. The care plans were not person centred. They did not give information on people's preferred routines or how they wish to be supported. They gave little information about the person as an individual and what their wishes or future aspirations are.

Comments such as 'ensure that he receives the necessary support' do not give staff the information they need to provide good support and could lead to people's needs being overlooked. Risk assessments did not have management plans in place to tell staff how to prevent or minimise identified risks. They had not been reviewed for some time and it was not clear who had written them or if they were current. Again, this could lead to people's needs being missed. Some information in the plans was conflicting. For example, a care plan said that a person had a problem with stairs and then further into it said the person had no problem with the stairs. Despite this sort of confusing and conflicting information and the gaps in the care planning and risk management documentation, staff had some knowledge of people's needs and could describe the basic support people need.

They said they had received some training in care planning and carrying out risk assessments from the organisation's trainer. It was not clear if this person is qualified to teach and has up to date knowledge of the subject matter though.

Care plans and risk management plans must be improved. Overall care plans are not very clear, there is conflicting information and no clear plans on how to manage behaviours such as stealing and aggression. People who use the service must have detailed care plans and risk management plans, clearly outlining all their support needs and covering all aspects of personal, social and healthcare support. This will ensure they receive person centred support that meets their needs fully.

People said they had access to their own bank books and money. They said they could spend their money as they wish. Care plans gave some basic details on how people manage their own money. We saw people being handed their allowance from staff. The person being handed the money signed to say they had received it. However, this was not counted out with them and the staff member, therefore it was not clear if the correct money transaction had been signed for. Procedures must be put in place to make sure financial transactions are safe for everyone involved in them. This will give people who use the service and staff who work in it protection from financial abuse and allegations of financial abuse.

Staff said people are encouraged to make choices and decisions about what they do. They said they encourage people to make choices in their every day lives such as what to do, where to spend their time and what to eat. During our visit, we saw people were offered basic choices on whether to play board games and what they wanted to drink. Staff said it could be difficult to motivate people sometimes. Staff did not offer any suggestions for interventions for people or say if they were working with other professionals to try and provide specialist support. It was clear that staff had only a basic knowledge of mental health issues, despite having received some recent training and despite the service being a specialist service for people with mental illness. This means that people's needs could be overlooked. There was no evidence of therapeutic activity or rehabilitation with people to assist them to manage their mental health.

Some recent consultation has taken place with people who live at the home about activity and recreation. People have said they would be interested in going to a gym, going swimming and playing snooker or pool. They are currently applying for leisure passes to enable them to use local facilities. The provider said he is looking into snooker clubs and pubs where pool can be played but had come across some difficulties in finding any. People who live at the home also said they would enjoy going on day trips to the coast and had been told this would happen when the weather improved. The provider said a mini bus would be hired for this. Some consideration should be given to the use of public transport for people. This could help to make events such as this more spontaneous for people. We looked at activity records and saw that most people organise their own leisure time, going out into the town, going to visit relatives, watching television and listening to music. Staff said they had introduced more board games for people and they seemed to be enjoying this. On the day of our visit, we saw staff playing games and generally spending time chatting with people. People who live at the home said they usually had enough to do but were looking forward to doing more. Staff said they could get extra staff in if they needed to go out, for example, shopping with people. However, there are usually only two staff on duty, who are both needed at the home. This could limit leisure opportunities for people and therefore staffing levels should be kept under review.

People said they were treated well by staff and that staff respected their privacy. Social interaction between staff and people who use the service was good. It was clear that staff and people who use the service get on well.

At our last visit to the home we said that up to date safeguarding training must be provided to all the staff team. The provider told us that all of the staff team have now been given this training and that he will be undertaking the local authority safeguarding training which will qualify him to teach this course to the staff. Staff were able to say what action they would take if they suspected abuse or had an allegation of abuse made to them. They were also able to describe the different types of abuse. During the visit we came across records that showed that someone who uses the service had been involved in an incident where property had been stolen from a member of the public and another where money had been given to a member of the public. These incidents had not been reported as safeguarding matters which means people are not properly protected.

We also saw that a complaints book has now been put in place. Three complaints had been recorded and acted upon. We advised the provider to keep complaints records loose leaf in order to comply with the Data Protection Act. He agreed to do this in future.

We looked at recruitment records for a new staff member. We saw that two written references and ISA (Independent Safeguarding Authority) First check had been obtained. The staff member also confirmed that they had a CRB (Criminal Records Bureau) check. The staff member said their interview had been thorough to make sure they were motivated to do this kind of work. An induction course had been arranged for them and they had also spent two days at the home prior to starting their job to get to know the routines and some of the basic support needs of people who live at the home.

At our last visit to the home we said there must be a staff training and development programme available that ensures staff fulfil the aims of the home and meet the changing needs of people living there. We saw the current, updated training plan showing who has done what training and what training is booked for people. Training topics include, essential training such as moving and handling, first aid, safeguarding adults and food hygiene. Other courses include, dementia care, falls awareness and diabetes. As previously mentioned in this report, some staff have completed some mental health training either while working at the home or in previous employment. However, as already mentioned, their knowledge was limited in how they put this into practice with people who live at the home.

The staff we spoke to said they felt they had enough staff to meet people's basic needs properly. However, when asked what the service could do better one said, 'More person centred, spend more time with people talking and listening'. Rotas showed that there are two staff on duty throughout the day, up to 9pm and two staff sleeping in to deal with any emergencies at night. Staff said the provider of the service visits every day, '2 or 3 times' and can be called at any time to offer support or cover, for example, if staff need to accompany someone to an appointment. These occasions are not documented on the rota so it is difficult to say how much time the provider spends at the home, monitoring and supervising staff.

People who use the service said they liked the staff and got on well with them. They also said there were enough staff for them and they could always get a member of staff if

they needed them. They said that staff did not go out much with them but would play games with them and do things round the house.

There has not been a registered manager of the home for a number of years. The provider of the service is in day to day control of the home. However, the provider told us that they are in the process of making an application to the CQC for one of the senior care staff to become the registered manager. This will make sure there is someone accountable for the running of the home.

When we looked at the home's quality assurance file, we saw that the electrical wiring certificate was dated 2002 or 2003 (difficult to read). Electrical wiring must be checked for safety every five years, therefore this was out of date and has put people at risk. The provider said it had been checked since then but was not able to locate the certificate. With this in mind, we issued an immediate requirement notice to produce the certificate within 48 hours. The provider was unable to do this or unable to confirm that the electrical wiring safety test had taken place since 2002 or 2003, but telephoned us to say the work for the electrical wiring safety testing would be completed on 2nd June 2010. Systems must be put in place to make sure essential safety tests are carried out at the intervals they are required. This will ensure the safety of people who live and work at the home.

### **What the care home does well:**

People who live at the home said staff treat them well and they get on with them. Social interaction between staff and people who live at the home is good.

### **What they could do better:**

The requirements we made at our last inspection have all been met. However, we have made a number of new requirements at this inspection visit.

People who use the service must have detailed care plans and risk management plans, clearly outlining all their support needs and covering all aspects of personal, social and healthcare support. This will help to make sure they receive person centred support that meets their needs fully.

All safeguarding incidents must be reported to the local authority for investigation. This will mean that people who use the service are properly protected.

Procedures must be put in place to make sure financial transactions are safe for everyone involved in them. This will give people who use the service and staff who work in it protection from financial abuse and allegations of financial abuse.

Training on mental health issues must be provided to all staff. This must be delivered by someone who is qualified to teach and has up to date knowledge of the subject matter. This will help to make sure that people's needs are fully met.

Systems must be put in place to make sure essential safety tests, such as the electrical wiring, are carried out at the intervals they are required. This will ensure the safety of people who live and work at the home.

We also recommend that staffing levels should be kept under review to make sure people's social needs are fully met and people are supported in their personal development.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
1	42	15	<p>A copy of the current electrical wiring certificate must be forwarded to the CQC within 48 hours.</p> <p>This will ensure the home is a safe place for people to live and work.</p>	03/06/2010

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	6	15	<p>People who use the service must have detailed care plans and risk management plans, clearly outlining all their support needs and covering all aspects of personal, social and healthcare support.</p> <p>This will ensure that they receive person centred support that meets their needs fully.</p>	31/08/2010
2	23	13	<p>Procedures must be put in place to make sure financial transactions are safe for everyone involved in them.</p> <p>This will give people who use the service and staff who work in it protection from financial abuse and allegations of financial abuse.</p>	30/06/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
3	23	15	All safeguarding incidents must be reported to the local authority for investigation.  This will mean that people who use the service are properly protected.	30/06/2010
4	35	18	Training on mental health issues must be provided to all staff. This must be delivered by someone who is qualified to teach and has up to date knowledge of the subject matter.  This will help to make sure that people's needs are fully met.	31/08/2010
5	42	13	Systems must be put in place to make sure essential safety tests are carried out at the intervals they are required.  This will ensure the safety of people who live and work at the home.	30/06/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	18	Staffing levels should be kept under review to make sure people's social needs are fully met and people are supported in their personal development.

## Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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