

Mr Sariff Jomeen

# West Bank Care Home

## Inspection report

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West Yorkshire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

West Bank is a residential care home for people with mental health needs. It provides personal care for up to 10 people in one adapted building. At the time of the inspection six people were living in the service.

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

People felt safe and secure living in the home. Risks to people's health and safety were assessed and mitigated and staff understood the people they were supporting. There were enough staff around to ensure people received the required care and support. Medicines were managed in a safe and proper way. The home was kept clean and tidy.

People said they received good care. We made a recommendation that the service developed long term care planning to focus on meeting people's goals and outcomes. People's had access to a choice of fresh food and the service liaised with health professionals over people's health and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were kind and caring and treated them well. People were listened to, their privacy respected, and independence and freedom promoted.

People said they felt listened to and able to speak with staff or the management team over any concerns. People had access to a range of activities and social opportunities in the community.

The service had made a number of improvements since the last inspection. A range of audits and checks were in place and these had been effective in driving improvement. People's views and choices were valued and used to make changes to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (6 December 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

## Follow

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

See our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are within our well-led findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are within our well-led findings below.

**Good** ●

# West Bank Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector. West Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was not required to have a manager registered with the Care Quality Commission as the provider was a single individual.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including a care worker, the care manager and a manager from another home owned by the provider. We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure safeguarding incidents were consistently reported to CQC and there was a lack of oversight of financial records where staff assisting people with money. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were safe and protected from abuse. People said they felt safe and secure living in the home and said staff treated them well. Staff had received training in safeguarding and understood how to identify and report concerns. Where safeguarding incidents had occurred, we saw these had been correctly reported to the local authority and CQC and action taken to help prevent a re-occurrence.
- People were protected from financial abuse. Clear, accurate financial records were in place which were subject to regular review and audit. People had financial care plans in place, but these needed to contain more information about how staff should support people to manage their money in line with their choices and ambitions over the longer term. We raised this with the care manager who agreed to address this.

Using medicines safely

At our last inspection the provider had failed to ensure clear guidance was in place to support staff to give 'as required' medicines safely. There was a lack of robust audit and oversight of the medicines management system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received their medicines safely. Medicines were administered by trained staff who had their competency to give medicines regularly assessed. Medicine Administration Records (MAR) were well completed and all medicines could be accounted for giving us confidence people received their medicines as prescribed.
- Medicines were subject to regular checks and audits by the management team. We saw these were effective in ensuring a well organised and safely managed medicines system.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Clear risk assessments were in place

which provided guidance to staff on how to reduce risks to people. These were updated following incidents or changes in people's needs.

- The service ensured people were safe whilst supporting positive risk taking to maintain freedom and independence. Staff were knowledgeable about the people they supported giving us assurances that risk assessments were followed.
- The premises were safely managed and suitable for its intended purpose. It was appropriately maintained with checks taking place on key systems such as the gas, electrical and fire systems.

#### Staffing and recruitment

- We found there were enough staff deployed to ensure people received prompt care and support. People said staff were visible and available when they needed them, and we observed this to be the case during the inspection.
- The service had not employed any staff since the last inspection, so we did not review how new staff were recruited because at the previous inspection we had no concerns.

#### Preventing and controlling infection

- We observed the service was kept in a clean and hygienic condition. Staff had access to appropriate personal protective equipment and a domestic assistant was employed to keep the home clean. The service had achieved a score of 98% in an infection control audit conducted by the local authority in 2019 demonstrating good infection control practices were followed.

#### Learning lessons when things go wrong

- A system was in place to log, investigate and learn from incidents that occurred. A low number of incidents had occurred with no concerning themes or trends. When things had gone wrong, people's care had been reviewed and new plans of care put in place to help prevent a re-occurrence of any incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's care needs were assessed prior to using the service. These assessments were used to generate a range of care plans which demonstrated people's needs had been assessed.
- People told us they received good outcomes from the service. However, care records showed there was a lack of long-term planning with people to develop goals and objectives.

We recommend the service seeks appropriate guidance in order to help people plan appropriate goals and objectives.

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

- Most aspects of the building were appropriately adapted to meet people's individual needs. We saw there were plans to convert one of the bathrooms to a shower room over the next few months to provide people with more comfortable showering facilities.
- There were appropriate amounts of communal space available for people to spend time alone or with others. People could access the kitchen area and make their own drinks and help prepare food to promote their independence.

Staff support: induction, training, skills and experience

- People praised the staff who supported them and said they had the right skills and experience to care for them effectively. Staff turnover was very low with all staff being at the service for more than a year. This helped staff build up a detailed knowledge of the needs of the people they were supporting.
- Staff received a range of appropriate training and support such as supervision and appraisal. The staff we spoke with were knowledgeable and said they felt well supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. People said they enjoyed the food in the home. They had access to a choice of food each day at the times they wanted it, with menu's based on people's likes and preferences.
- People's nutritional needs were assessed with care plans in place detailing the support they required. People's weight was regularly monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support



- People were supported to maintain good health. The service encouraged people to keep active and engage in physical activity.
- People's healthcare needs were assessed including oral health needs and the service supported people to access a range of healthcare services to help keep them healthy. For example, people had regular medicine reviews and were supported to attend the dentist.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Everyone who used the service had capacity to make decisions relating to their care and support. We saw evidence people had consented to their care and support arrangements including the administration of medicines.
- We observed staff gave people choices and control over their daily lives asking them for consent before assisting with any care and support related tasks. Staff helped people plan their day based on their likes and preferences.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected and well treated. Everyone we spoke with said staff were kind and friendly. We observed this to be the case during the inspection, with staff showing a genuine interest in people's wellbeing and talking to them about their interests and plans for the day. Staff we spoke with demonstrated good, caring values.
- Staff had developed strong relationships with people. Staff turnover was low with people receiving care from a consistent team of care workers. Information on people's past lives, interests and preferences had been sought to aid staff better understand the people they were supporting.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Information on people's diverse needs was gathered as part of the pre-assessment process. Staff were aware of any specific needs and we were given examples of how staff supported people to maintain their faith.

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

- People said they had choice and control over their daily lives. We saw staff planning their work around what people wanted to do each day, for example trips out into the local community. People had monthly review meetings with their key worker to help shape and develop their plans of care.

Respecting and promoting people's privacy, dignity and independence

- People looked clean and well cared for, and we saw staff helped people to maintain a clean living environment. People were given privacy when they needed it.
- People's independence was promoted. Staff encouraged people to do as much as they could for themselves, including assisting with cooking, cleaning and independence in the community. Care planning promoted people's independence, although a more structured approach to setting and reviewing goals would assist in people's development.

# Is the service responsive?

## Our findings

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

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

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

- People's care needs were assessed and a range of clear and person-centred care plans put in place to guide staff. This included information on how to help manage people's mental health needs. People had regular reviews of their care and support with their key worker and they were involved in the creation and review of their care plans.
- People consistently said they received good care and support from staff. They said their care needs were met. Staff we spoke with were familiar with people's care and support giving us assurance plans were followed.

Meeting people's communication needs

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

- The service was meeting the AIS. People's communication needs were assessed on admission and on regular intervals with clear information recorded on how staff should support people.
- The care manager told us documentation could be made in different formats if required such as large print. Easy read information such as the menu and complaints procedure were on display throughout the home to help assist people.

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

- People were supported to take part in appropriate activities and had good social opportunities. People said staff regularly engaged with them and offered them activities. People regularly went out into the local community and on planned trips such as to York. We saw people had been supported to develop relationships with people in another service run by the same provider.
- We observed staff had time to sit and talk with people, providing companionship. On the day of the inspection some people went out for lunch with staff. There was a focus through care planning on planning activities and one to one time to reduce distress behaviour.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and manage complaints. Information was on display informing people of how to complain. Everyone we spoke with said they were happy and had no cause for complaints. Records of complaints showed a low number had been received and these had been responded to

appropriately.

#### End of life care and support

- The service was not currently providing any end of life care and support. Basic information on end of life needs was gathered on admission, however the service would benefit from recording more detailed information about people's likes and preferences. The care manager agreed to develop this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive and person centred culture within the service with staff dedicated to ensuring people received good care and support and promoted people's independence. People provided good feedback about the home and staff enjoyed working at the service and said they felt well supported.
- Where incidents had occurred within the service, appropriate action had been taken to recognise the issues and improve the service. Staff and management were open and honest with us during the inspection and people who used the service were kept informed about how the service was operating and any challenges it was facing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection audit and monitoring systems were not sufficiently robust to ensure regulatory requirements were met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well organised, and the management and staff were clear about their roles. The service met regulatory requirements. A range of audits and checks were undertaken to help ensure the service performed to the required standard. These helped continuous improvement of the service.
- A service improvement plan was in place and this had provided a structured approach to improvement of the service over the last 12 months with further improvements to the environment planned in the near future.

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

- People were engaged and involved in the service through various mechanisms including monthly key worker reviews, resident meetings and annual surveys. We saw people's comments were acted on for example in the provision of activities, food and care provision.

- Staff said they felt engaged with the management team. Staff meetings were regularly held, and they were an opportunity to discuss any care quality concerns and obtain staff feedback.

#### Working in partnership with others

- The service worked closely with another home run by the same provider. This provided social opportunities for people who used the service and helped management share learning and best practice between the homes. Local health professionals had visited the home to provide training to staff. The home did not currently attend provider forums run by the local authority. We spoke with the care manager about the benefits of this.