

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

West Bank Care Home

21 Crow Tree Lane, Bradford, BD8 0AN

Tel: 01274487889

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Mr Sariff Jomeen
Overview of the service	West Bank Care Home is a privately owned care home for adults who are recovering from a mental illness. The home is registered to carry out the regulated activity accommodation for persons who require nursing or personal care. The home is registered to accommodate a maximum of ten people that use the services. There are eight bedrooms, one is a shared bedroom and one has an en-suite bedroom.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether West Bank Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Safety and suitability of premises
- Requirements relating to workers
- Staffing

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service.

What people told us and what we found

During the visit we had the opportunity to speak with three people who used the service. Everyone told us they were very happy with the care and support provided at West Bank. People who used the service said they were involved in discussions/decisions about their care needs and were kept informed about any changes. One said "I would not want to leave here I love it here."

Everyone said staff were approachable and supportive. People said the food was good and the home was warm and comfortable. People told us they could make choices and decisions about how they wanted to spend time at the home and staff encouraged them to be fully involved in making decisions about their care and treatment.

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

What we have told the provider to do

We have asked the provider to send us a report by 22 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person who used the service said, "I would not want to leave here I love it here, I have a care plan but I don't want to see it, that's my choice." Another person said, "I've seen my care plan and I signed it, I get involved in activities and we are going to Blackpool to see the lights." Another person said "I don't want to leave here, the staff are really good, I am well looked after here."

During the visit to the home people who used the service commented they were happy at the home and staff treated them well. People also said that the food was good and there was a good choice of food. People who used the service described how they were encouraged to take part in activities which included visits to day centres and going out on day trips.

During the inspection we reviewed two care plans of people who used the service. The care plans were clear and logically set out and this enabled specific information to be easily located. People's needs were assessed before admission and the information gained was used to develop the care plans. The care plans of people were detailed and addressed the necessary areas of care which included personal care, mental health assessments, health, medication, diet and pressure area care. The care plans were centred on the person's individual needs and included preferred daily routines, likes and dislikes, social interests and favourite activities. All of the care plans were up-to-date and there was clear evidence that people and/or their representatives were involved in the planning and reviewing of care needs.

The care plans clearly showed that people who used the services had access to other health professionals which included general practitioners, dentists, chiropodists, opticians and district nurses. We spoke with staff in relation to care records who acknowledged people's choices were always respected as detailed in the plans of care. There was evidence of involvement along of people who used the service in how their care was

planned. Care plans also clearly showed that consent and capacity was assessed and the people who used the service had signed their care plans.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw medicines were kept in a locked portable box next to a table in the downstairs office, this office was left unlocked. However access to this office was by another door at the top of the steps which was locked by a key code which only staff had access to. The provider told us the home did not have any controlled drugs on the premises and did not have the appropriate cabinet to store them.

We looked at nine medicine administration records (MAR). We saw the front sheet had a list of medication which was administered from a dosette box. The dosette box was filled by the pharmacist and had a list of the medicines on the back of the dosette box. We found this did not correspond with the tablets in the dosette box; there were more tablets in the dosette box. We talked to the manager/senior carer staff about this, who explained if any tablets were dispensed in its original packaging they would add them to the dosette box at the beginning of each week. This meant the staff were secondary dispensing the medication. This was unsafe practice because the staff who had administered the medication did not check the original packaging to make sure the dose was correct and so there were no specific directions they needed to follow.

We also saw one person had been given a tablet but the MAR had not been endorsed with who had administered the tablet. While on another occasion we saw the MAR sheet had been endorsed with a staff signature as a tablet being administered when in fact the tablet was still in the dosette box and had not been administered. This showed to us people who used the service were not protected against the risks associated with unsafe uses of medicines as information was not properly recorded.

The manager/senior carer told us they had received the appropriate training. The manager/senior carer staff told us that the medication was disposed of by the pharmacist and the provider dealt with this. We saw evidence of medication that had been returned to the pharmacist.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

West Bank Care Home is a four storey Victorian building situated within its own grounds. On our inspection in December 2012 we found the internal environment of the home floor, coverings and some furniture showed clear signs of wear and tear. Drawers on cupboards did not fit properly and there were handles missing from other drawer fronts. This made it difficult to open the drawers. In the 1st floor bathroom the vinyl floor covering had split at the joint which was in the centre of the floor. On the top floor in the hallway the carpet was worn and where the carpets had been joined together it had split due to wear and tear. On the day of this inspection in July 2013 we noticed the bathroom vinyl covering had been repaired, and the carpets had also been repaired. We noticed all the drawers now fitted into place and handles had been replaced. The bedrooms in use were tidy however the décor, which included carpets and wall coverings, were dated. The furniture in the rooms was practical but again dated.

We noticed that several portable items had up-to-date portable appliance test (PAT) stickers. A planned maintenance schedule was available which ensured that servicing and repairs were being undertaken in a timely manner. The immediate surroundings outside the home and the walkways around the premises were generally tidy. Dry stone walling material had been moved from adjacent to the main entrance door and was neatly stacked in the gardens of the home. (This was stone which had covered the main gas pipe feed from the driveway into the home on the August 2011 inspection.)

On the December 2012 we inspected the cellar area, a fire extinguisher in a cradle which was attached to the wall was obscured by a broken chair. The top of the fire extinguisher was covered by diffusers meant for strip lights. In the event of a fire it would be difficult to access this fire extinguisher. On the day of this inspection we noticed this area was free of obstructions and the fire extinguisher was clearly visible.

On the December 2012 inspection we saw the kitchen was located in the cellar area of the home and the dining room was located directly above the kitchen on the ground floor. This was connected by a small lift shaft so that meals could be transferred from the kitchen to the dining room. In the event of a fire in the kitchen this shaft could act like a chimney and any fire could quickly spread between the two floors. It was not possible to ascertain if

there were sufficient fire prevention measures in place to prevent fire spreading from the kitchen to the rest of the house via the dining room. This matter was referred to the Fire Safety Officer of the West Yorkshire Fire Service. On the day of this inspection we saw this matter had now been rectified to a suitable standard and the Fire Safety Officer had previously reported to the Care Quality Commission this was now considered safe.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

One care worker we spoke with said, "we were not allowed to start work here until the Criminal Records Bureau (CRB) and reference checks came back, I really enjoy working here the residents and staff are brilliant." The care staff we spoke with confirmed their employers had carried out all the relevant checks before employment commenced and the recruitment process was very thorough.

Appropriate checks were undertaken before staff began work. We reviewed two staff files which showed they had carried out the relevant checks before they employed staff. We saw evidence of job applications, curriculum vitae (CV) interview notes, enhanced CRB checks, two written references and proof of identify. The provider's representative and manage/senior carer were both aware of the recent changes from CRB checks to the Disclosure and Barring Service (DBS). They told us they always obtained two references and carried out a full DBS disclosure on new staff before they started work.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the December 2012 inspection we were told two staff were scheduled to be on duty at the home at all times and this usually included one senior carer and one junior carer. The home employed six full time members of staff and a part time cleaner who covered eight days over a 28 day period. On the day of this inspection we saw two further staff had been recruited, and the cleaner now covered 16 days over a 28 day period, but two staff had been off on maternity leave although one was due back to work in mid July but had worked some KIT days whilst on maternity leave. This shows there will be extra staff to cover the shifts from this date.

On the December 2012 inspection we were told staff duties included caring, cooking, ironing and cleaning duties which were undertaken by the care staff during the day. The manager/senior carer and management advisor of the home described how during the night there were no waking carers on duty. But a carer was scheduled to provide cover between 9pm and 8am. The carer slept on the top floor and people who used the services could alert the carers if assistance was needed by using a buzzer system. On the day of this inspection there was one carer who provided cover between 9pm and 8am and carried out checks to two people who used the service at midnight, 3am and 6am. Plus provided assistance if the call bell was pressed. We saw evidence these checks had been completed on a nightly basis. The provider may wish to note that the person who provided cover at night had worked 42 days without a day off and had covered one shift of 8 am to 9pm in between their rostered shifts of 9pm to 8am.

A check of the care plans showed two people who used the service required interventions at midnight, 3am and 6am. In the care records reviewed for people who used the service, all had sleeping assessments in place and staff described how many of the long-term people who used the service did not require assistance during the night. The care records reviewed showed that a 'Night Checklist' was signed by the carer which also included checks of the security of the home. We saw evidence of the night checklist which had been signed by the carer.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The registered person failed to protect service users against risks associated with unsafe use and management of medicines by unsafe administration and inappropriate safe keeping of medication. Regulation 13.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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