

Bankfoot House Care Home Service

Beechgrove
Moffat
DG10 9RS

Telephone: 01683220073

Type of inspection:
Unannounced

Completed on:
11 May 2022

Service provided by:
Bankfoot House (Moffat) Ltd

Service provider number:
SP2003002525

Service no:
CS2003010779

About the service

Bankfoot House is a care home located in the town of Moffat in Dumfries and Galloway, with easy access to local amenities. The service is registered to provide care to a maximum of 25 older people. Inclusive in this number is a maximum of three places for adults aged 50 years and above.

The service provides accommodation over two floors; most bedrooms have en suite facilities. A lift provides access to the upper floor. There are communal areas within the building and access to gardens.

About the inspection

This was an unannounced inspection which took place on 5 and 6 May 2022, and feedback was provided on 11 May 2022.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- spoke with eight people using the service and four of their relatives;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- We observed kind and caring interactions between people living at the home and the staff.
- People's personal plans require to be reviewed and updated.
- The management of medication within the home requires to improve.
- When recruiting new employee's, the provider must ensure safety checks are completed.
- The manager should complete a service training needs analysis and ensure all staff are trained and competent in the required areas.
- An improved quality assurance system is required in order to support continuous improvement within the service.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

4 - Good

People's personal plans, which included health assessments and care plans, required to be reviewed and updated. Some of the assessments and evaluations of people's care had not been updated within the expected timescale. People's information was stored in various places; this included being transferred onto an electronic care plan system. Personal plans should be accessible and contain accurate information to direct staff on the care and support to be delivered to meet people's needs. (See area for improvement 1).

The management of medication required to improve within the home. Storage facilities required to be reviewed and improved, as did the process for returning surplus medication to the pharmacy. Medication was administered using a medication administration record (MAR). We reviewed a sample of these and found a number of anomalies which were shared with the manager. A medication audit was not in place; implementation of this would improve medication management and reduce risks to people. (See area for improvement 2).

The service had good links with the local health and social care services. The district nurse team visited the home on a daily basis. Visiting professionals spoke highly of the care and support the staff provided. Changes in people's health and wellbeing were referred to health and social care professionals, including the GP and community mental health team, in order to keep people physically and mentally well.

The meals served within the home were of a good quality, they were well presented, and looked appetising. Meal choices were available for people and different diets were catered for. Refreshments and snacks were available for people throughout the day. People could choose where they ate their meals and a large dining room was one of the options. This offered people a social aspect to their mealtime.

The service provider should improve the processes in place to protect people's belongings. We have repeated an area for improvement which was not met following a complaint upheld by the Care Inspectorate. (See area for improvement 3).

People who live at Bankfoot House and family members spoke positively about the service and the care and support which was received. They told us, 'It is a fantastic place and we have never looked back since my mum came to live here' and 'Cannot fault the place; we are well looked after and I would recommend it.'

The service recognised the importance of people maintaining meaningful contact with others important to them. Some people were able to stay connected with family and friends independently using mobile devices. When people were unable to visit the home, staff supported people to stay connected using iPad to FaceTime people important to them.

Relatives told us how the home shared information with them and spoke positively of how the home kept them up to date. The manager told us improvements were being made to the internet within the home and the telephone system. An improved telephone system should ensure calls to the home are answered or people have the ability to leave a message for staff to return their call.

People were supported to go out into the community with their family and friends. People had recommenced attending local clubs in the community. Social event within the home were taking place, local musicians were providing entertainment in the home during our visit. This had a positive impact on people's health and wellbeing.

The provider had measures in place to promote safe infection prevention and control practices (IPC) within the home. Staff had sufficient supplies of personal protective equipment (PPE) and cleaning resources.

During our visit, we found some areas of IPC could be improved upon. This included the cleaning of shared equipment, storage of items within communal bathrooms, and keeping areas clutter free. These were highlighted to the manager during our visit. We signposted the staff management team to the Care Home Infection Prevention and Control Manual (CH IPCM) and resources available to support the monitoring of IPC practices.

Areas for improvement

1. To ensure people receive the care and support required to meet their needs, the service provider should review and update information within people's personal plans. This includes reviewing health assessments and updating people's care plans where required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. The provider should ensure medication management is improved within the home. This includes, but is not limited to:

- a) review and update the medication policy and procedure following best practice guidance;
- b) review the storage facilities for medication within the home;
- c) develop and implement a medication audit which also includes an audit of medication administration records; and
- d) consider how medication can be administered in a more person-centred way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. To ensure good outcomes for people experiencing care, the service should ensure all clothing items are identifiable to each person supported. To assist with the process, clothing inventory and clothing destruction inventories should be put in place to ensure personal clothing items are recorded within individual support plans.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The service provider of Bankfoot House is Bankfoot House (Moffat) Ltd, which is a 'not for profit' organisation. The management of the care home is undertaken by a board of local voluntary directors. There is one registered manager and two further staff members who have managerial responsibilities. These three staff members manage the day-to-day running of the home.

There had been changes within the management board and the staff management team since the last inspection. The staff management team were new to their positions and were developing their roles and responsibilities. The staff management team fully engaged with the inspection process and commenced implementing changes at the time of the inspection in order to improve the service and people's experiences.

The service provider required to improve their quality assurance systems. We were not able to view a quality assurance policy during the inspection. A number of procedures within the home were not being monitored or audited. The systems that were in place were not identifying all actions required and were not driving improvements in all areas within the home. (See requirement 1).

Policies and procedures which were in place required to be reviewed and updated where necessary. These should follow current legislation and best practice in order to support staff within their role.

There were delays and omissions in the required notifications to the Care Inspectorate. The staff management team required to increase their knowledge of information which required to be reported and escalated. This is important because it helps us understand the quality assurance and governance systems that are in place to keep people safe. (See area for improvement 1).

The staff management team had not accessed the framework we were inspecting against. We referred the manager to, 'A quality framework for care homes for adults and older people, for use in self-evaluation, scrutiny, and improvement support', February 2022. This will also provide links to scrutiny improvement and support toolbox for best practice.

Requirements

1. By 17 October 2022, you, the service provider, must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) assessment of the service's performance through effective audit;
- b) develop action plans which include specific and measurable actions designed to lead to continuous improvements;
- c) detailed timescales for completion/review; and
- d) alignment of systems to good-practice guidance.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The service provider should improve their oversight, recording and reporting systems to ensure these comply with legal responsibilities. The management team should submit relevant notifications to the Care Inspectorate in line with notification guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I use a service which is well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The staff team were made up of experienced staff who had worked at the home for a considerable time, and some staff who had commenced at the home within the last year.

We thought the staff were kind, caring, and very attentive towards the residents. Staff were courteous and friendly, and interactions were positive. This resulted in people being comfortable in each other's company.

The service provider required to improve their recruitment practice. Recruitment records of newly appointed staff demonstrated that some staff had commenced employment prior to all the necessary checks being in place. Key elements of safe recruitment had not been followed, which included obtaining references and completing the 'Protection of Vulnerable Group Scheme' membership (PVG). Lack of appropriate checks may put people at risk. (See requirement 1).

New employees had not completed a full induction when they commenced employment with the service. From speaking with staff and reviewing documentation, we identified that staff completed 'shadow shift' where they would work alongside a colleague for a period of time. There were no records to evidence staff had completed the required training or had the necessary skills and knowledge to undertake their role.

Staff training needs should be reviewed and a plan put in place to ensure all staff have completed all training required. It was positive to hear some training was being planned and we observed the staff notice board with pending dates for training. However, a lack of staff training records and management oversight of practice and competencies meant staff may not have the necessary training required or possess the correct skills and knowledge to meet people's needs. (See area for improvement 1).

Support was available for the staff team. Team meetings gave staff the opportunity to meet with the management board and colleagues. Team meetings were used to share information with staff and also gave staff the opportunity to raise questions or concerns. Individual supervision meetings had commenced with the new management team which enabled staff to meet with a line manager on a one-to-one basis.

Requirements

1. By 15 August 2022, you, the service provider, must review recruitment record of new employee's and complete the necessary safety checks required in line with safe recruitment practice.

This is to comply with Regulation 9(1) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.23).

Areas for improvement

1. To ensure the staff team have the correct skill and knowledge required to meet the needs of people, the service provider should complete a training needs analysis for the staff team. A training plan should then be implemented, prioritising mandatory training and update training for staff where required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed areas for improvement.

The care home is situated a short distance from the town centre of Moffat. The town is easily accessible for people where they can attend community events and visit local amenities.

The home is a converted and extended house over two floors. An extension had been added to the rear of the building and a lift is in place to access the top floor. Bedrooms were single occupancy and all except for one were en suite. Communal areas offered people the opportunity to meet others and provided space for people to spend time out of their bedrooms.

People could enjoy spacious communal areas throughout the building, including a large dining/lounge room with natural light from a large bay windows with views across the countryside.

The layout of the building gave staff and residents a degree of flexibility for activities, quiet time, and social gatherings. The extension to the building was added in a way which created a small private garden area in the centre of the home which people could access independently to spend time outside in the fresh air.

There was a large well-tended garden to the front of the building, seating areas were available within the garden as well as a garden room to relax in.

People's bedrooms were clean and tidy. The bedrooms we visited were large in size and some contained people's home furnishings. Personal belongings decorated people's rooms to make them personalised. Furniture was positioned within bedrooms in a way which enabled people to enjoy the view of the countryside and outside space.

The home was an old building which was homely and comfortable. Some areas within the building and furnishings would benefit from being upgraded.

Records for the ongoing maintenance of the environment and equipment were not organised. The staff management team were not able to evidence at the time requested that all necessary environmental and equipment checks had been completed. In the absence of required checks, the service is not able to put remedial plans in place and may put people at risk. (See requirement 1 under 'How good is our leadership?').

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

People had personal plans in place which set out how their health and care needs would be met. These required to be reviewed and updated. Once updated, they should be evaluated on a more regular basis to ensure the information contained within plans is correct and supports positive outcomes for people (see area for improvement under Key Question 1 'How well do we support people's wellbeing').

People's personal plans should include anticipatory care plans. These should help people make informed choices about how and where they wish to be cared for in the future. (See area for improvement 1).

During the pandemic, care reviews had not been completed. These should now be planned and include residents and, where appropriate, family members or their representative. Involving others in reviews can be done via the telephone or using virtual technology where people are not able to attend in person. Review meetings should allow the opportunity to evaluate if people's needs and what is important to them is being met. Also, reviewing that their health and wellbeing is benefitting from the care and support being provided. (See area for improvement 2).

Areas for improvement

1. The service provider should ensure that residents, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

2. People should have the opportunity to review their care and support at least six monthly, or earlier if required. The service provider should coordinate review meetings with residents and where appropriate, include family members or their representative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

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

Areas for improvement

Previous area for improvement 1

To ensure good outcomes for people experiencing care, the service should ensure all clothing items are identifiable to each person supported. To assist with the process, clothing inventory and clothing destruction inventories should be put in place to ensure personal clothing items are recorded within individual support plans.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 1 September 2021.

Action taken since then

The manager had developed a document for recording people's personal belongings. This had not been implemented.

This area for improvement had not been met.

Previous area for improvement 2

To ensure good outcomes for people experiencing care, the service should ensure they adhere to their own complaint handling policy. There should be accurate records of all concerns/complaints with records of all follow up actions.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 1 September 2021.

Action taken since then

Complaint procedure had been followed to address subsequent complaint received.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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