

Bankhouse Care Home Service

62-64 Abbey Green
Lesmahagow
Lanark
ML11 0EF

Telephone: 01555 894 875

Type of inspection:
Unannounced

Completed on:
15 December 2022

Service provided by:
MHA Auchlochan

Service provider number:
SP2008010194

Service no:
CS2008192920

About the service

Bankhouse is a care home is situated in the village of Lesmahagow and is operated by MHA (Methodist Housing Association) Auchlochan. The service is set on a main bus route and is close to a range of local amenities including local shops.

The service is registered to provide care for up to 49 older people. This includes two places for adults aged over 50 years and two respite places. There were 47 people living at Bankhouse at the time of our visit.

The service has a mix of accommodation available from en suite rooms to bedsit style accommodation with kitchen areas for people to make snacks and drinks.

There are communal areas within the building for residents to access as well as a dining area for meals. Lifts were available between floors and there is a secure courtyard garden available for residents to access the outdoors.

About the inspection

This was an unannounced inspection which took place on 13, 14 and 15 December. The inspection was carried out by two inspectors 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 15 people using the service and 11 of their relatives.
- Spoke with four care staff, two nurses, housekeeping staff, catering staff, maintenance staff and the administrator.
- Spoke with the manager and deputy manager.
- Observed practice and daily life
- Reviewed a range of documents
- Spoke with one visiting professional.

Key messages

- Staff were caring and responsive to people's needs.
- People had good connections with family and friends.
- The quality of the environment promoted positive outcomes for people living at Bankhouse.
- Activities on offer provided stimulation and social contact.
- Quality assurance systems required improvement.
- Information within care records required improvement.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff interacted with residents in a natural, caring and respectful manner, one resident commented that the care they received was 'first class'.

Staff were observed responding sensitively, providing support and reassurance on occasions when people were distressed. This contributed to people feeling safe and valued.

We saw that residents were well presented and could access the on-site hairdresser. These things helped promote people's dignity, sense of identity and wellbeing.

The home had good support from health partners, including weekly visits from the GP and regular support visits from the care home liaison nurse. This contributed to people getting the right advice and responsive support when they needed it. 'Any time she's unwell they get help for her right away' was a comment made by one relative.

We saw that clinical observations such as monitoring weight and skin integrity were used to identify and address any health risks at an early stage. Some records however were incomplete. See requirement 1 in the section 'how well is care and support planned'.

Whilst there was evidence that the service managed wounds well, we found some omissions in recording, for example, to indicate that wounds had healed. See requirement 1 in the section 'how well is care and support planned'.

We observed the dining experience. Tables were nicely set in advance of meals, with table coverings and condiments available for residents use, providing useful prompts to help orientate people with cognitive impairment. There was also a smaller dining area where people could have a quieter, more private experience.

Space in the dining room was limited and made it difficult for people who were transported by wheelchair to transfer to a chair at the table. Staff offered visual choices to support people to select what they wanted to eat. People who required assistance were supported to eat in an unhurried manner.

The service was good at helping people stay connected with friends and family. We spoke with relatives during our visit and feedback was positive about the quality of care provided. It was nice to see that visits could take place in the communal lounge.

We saw people engaging in a range of activities on offer, facilitated by the activity coordinator. For those able to participate, this provided stimulation and social contact. Staff participated where they could, however were often called away to respond to the buzzer. We observed that the volume of the buzzer was a source of distraction potentially impacting on activities and engagement with residents. This also has the potential to impact negatively on people who experience cognitive impairment.

We spoke with housekeeping and laundry staff who demonstrated a good knowledge of the Infection Prevention and Control (IPC) measures in place and worked hard to maintain a clean and safe environment for residents, visitors and staff.

We provided guidance to the manager on the continued use of chlorine products on toilets and sinks, in accordance with the the National Infection Prevention and Control Manual (NIPCM). The manager took action responsively to reintroduce this during our visit.

Some quality assurance systems that related to IPC needed to be improved to be effective. Observations of staff practice in relation to IPC should be reinstated to ensure expected standards are being maintained.

We saw that staff had good access to PPE and used this appropriately. Alcohol based hand rub was available for use at various intervals.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service benefited from an approachable and visible management team, with the deputy manager included on the rota each week. This provided opportunity, to review documents, support staff and observe practice.

Managers were observed to be accessible to residents, staff and visitors. An open door policy was described by staff who told us they felt able to raise any issues or concerns with management. This contributed to staff feeling valued.

Quality assurance systems should support improvement and provide a structure to promote good practice and drive change. A range of systems and tools were in use at the home. Quality tools we looked at such as audits identified areas for improvement, however in some it was not clear what action, if any, had been taken to make the improvements needed. See requirement 1.

We saw that managers had an overview of clinical observations, falls and accidents and incidents. This enabled them to analyse this information and identify any patterns, trends and potential improvement interventions.

We sampled the managers improvement plan used to manage improvements priorities that had been identified. A traffic light approach helped keep track of the progress that was being made. We could see that this was regularly updated.

The daily flash meeting provided an opportunity for all departments to come together to highlight any concerns and exchange information. We saw that the service had in place 'resident of the day,' however this was not being used to its full potential. Resident of the day records we sampled were incomplete and opportunity for valuable input from other departments was being missed.

It was not clear how food and fluid monitoring was being audited and what action would be taken where targets were not being met.

We followed up on areas for improvement that had been made at the last inspection and from complaints we had investigated and upheld. Some of these had not been met and have been incorporated into requirements we have made. See requirement 1 and also the requirement we made under the section 'how well is care and support planned'.

Requirements

1. By 25 January 2023, the provider must ensure that quality assurance is and well led and effective and supports improvements.

To do this the provider must, at a minimum:

- a) ensure that quality assurance systems and tools are used effectively to facilitate improvements that support good outcomes for people.
- b) develop a system to provide an overview of all staff training.
- c) carry out a training needs analysis to ensure that the training staff receive reflects the care needs of people being supported.
- c) carry out more regular review of the mealtime experience to observe staff practice and identify any improvements required.
- d) include these activities in the service improvement plan and outline how progress will be monitored and measured.

This is in order to comply with Regulation 4(1)(a)(Welfare of users), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We received positive feedback from both residents and their relatives about staff at the service. Some relatives commented that they felt staff cared about them too. "All the staff are like family to us now, they never walk by." was a comment made by one relative. Another commented 'The staff are great. I can't fault them'.

Family members said that communication with the service was good and staff kept them up to date with any changes in their relatives health. One relative told us "I have been very impressed with how nursing staff have kept in touch and kept me informed."

Champion roles can help support the care team and enhance outcomes for people in receipt of care and are an opportunity for staff to develop their skills and competence. A number of staff were identified as champions at the home. However, when we spoke with staff they were not always clear who the champions were. We suggested that the provider assess the impact that champion role were having on people's experience and staff competence.

Since our last visit there had been a change to the way medication was being administered. The responsibility for the administration of medication had come back to the nurses, and medication was being dispensed from drug trolleys. We heard that this had been in response to errors that had occurred. This meant that the nurses, who were the shift leaders were largely tied up with medication administration for much of the morning. We spoke with the manager about potential options for care staff to take on opportunities for leadership experience including more formal leadership roles.

The management team did not have a reliable system to provide an overview of training that staff had completed. We could not conclude that staff had received the training they needed to carry out their role competently or that training reflected the range of care needs of people being supported. The system that provided information on training compliance rates indicated that training compliance as low. We were advised that this was not an accurate reflection of training completed. See requirement 1 in the section 'how good is our leadership'.

When we spoke with staff about the training that they received all said that this helped them in their role. Some staff had recently received training to be able to deliver moving and handling training to staff. This helped increase the capacity for on site, face to face training.

We felt that staff would benefit from more advanced training to improve their dementia care skills and knowledge and signposted the manager to some dementia resources.

We discussed some practice issues that we observed during mealtimes and suggested that more regular auditing of the mealtime experience could help to promote good practice. We asked the manager to review staff deployment as there were occasions when there were no care staff in the dining room to supervise residents.

How good is our setting?

4 - Good

We found a number of important strengths which, taken together, clearly outweighed areas for improvement. We concluded that the service was performing at a good standard against this key question.

Since our last inspection the environment had been upgraded with new carpets providing a homely feel. All areas had been painted and the home was bright and clean. People benefitted from the improvements made to the environment.

The building maintenance was kept to a high standard with periodic safety checks in place and well managed as expected. We were pleased to conclude that an area for improvement that we made at a previous inspection in relation to the environment had been met.

We discussed the benefit of having a contrasting colour on handrails to support people with sensory and cognitive impairment and asked the manager to look at this. We saw signage that helped to orientate people. We noted that in some areas sensor lighting was being used. We discussed the potential for falls and for people to become confused where this is in place.

The manager advised that residents living in this area would always be supported by staff in relation to their mobility. We signposted the manager to the 'King's Fund Tool' to help the service review how well it was supporting people with cognitive impairment and identify any improvements that could be made to promote good outcomes.

We heard about plans to create a bar area on the lower floor and a pool table would be provided for residents use. There were also plans to improve the laundry and we made some suggestions about the potential layout to further promote effective IPC management.

Most residents benefitted from en suite facilities for bathing, promoting dignity and independence. A communal bathroom was available for residents who didn't have these facilities in their room. It was unfortunate that the only bath in the home was still out of use due to IPC concerns identified during a visit from the collaborative team. We asked the manager to explore options for this to be reinstated to promote people's choice.

The garden was not in use during our visit due to the inclement weather, however we could see that this had been well cared for and provided a safe, enclosed space for residents and visitors to enjoy.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We sampled a range of residents records, including care plans and records that related to wound management, food and fluid monitoring and pressure care. Care plans we sampled contained detailed information about the support people needed to promote positive outcomes. We however noted occasions where there had been a delay in updating people's care plan in response to changes in health and increased risks that had been identified in other monitoring tools. See requirement 1.

There were a small number of people, who because of eating, drinking and swallowing problems received texture modified foods and thickened liquids. We found conflicting information when we looked at associated care documents and spoke with staff. It is essential that the most up to date, accurate information is recorded in all care records to reduce the potential for errors to be made. See requirement 1.

We sampled food and fluid monitoring and found that this was being completed retrospectively. This means that information may not be as reliable as it would be if recorded at the time, or near to the event. We saw that fluid charts were not always being totalled or signed off by staff. There were gaps in recording the amount of food people had taken, making it difficult to audit this effectively. See requirement 1.

We found some gaps in recording that positional change had taken place in charts we looked at. This had been an area for improvement we made at the last inspection. See requirement 1.

When we looked at medication records we found instances where 'as required' medication had been given and the outcome had not been recorded. We also noted instances where pain relief given had not been fully effective. There were no follow up notes to indicate what action was then taken or what this meant for the individual at that time. Gaps in records can compromise an effective review of the efficacy of medication prescribed to be given when required. We had previously made an area for improvement in relation to 'as required medication'. See requirement 1.

The service had continued to use the National Early Warning System (NEWS) that had been introduced during Covid-19. However, on sampling we found gaps in recording which indicated that this assessment was not being carried out consistently. See requirement 1.

The provider should ensure that life history information is available in all residents care plans as these give a sense of the person and can support staff engagement with people who have cognitive impairment.

Requirements

1. By 25 January 2023, the provider must ensure that people's care plans, risk assessments, medication records, monitoring tools and all other associated documents contain accurate and up to date information that reflect people's needs and promotes positive outcomes.

To do this the provider must, at a minimum:

- a) ensure all care plans contain the most up to date information to guide staff.
- b) ensure care plans and associated documents are consistently updated in a timely manner following changes in health and indicate how health will be monitored.
- c) ensure that the effectiveness of 'as required' medication is documented at each administration and recorded in a manner that is evaluative, supports effective review and supports staff decision making.
- d) ensure monitoring tools including NEWS, positional change charts and food and fluid monitoring records are accurate, up to date and complete and used to inform the care provided.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 5 (1), 2 and 3 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 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:

'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)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order that people receive care which is suitable for them, the provider must ensure that care plans reflect their individual needs and preferences.

By 30 June 2021 the provider must ensure:

That care plans contain key information about individual choices, preferences and how needs will be met. This should include COVID-19 and anticipatory care plans reflecting decisions about end of life care.

This is to ensure that care and support is consistent with 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)

and

"My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)

This is also in order to comply with Regulation 4 (1) (a)

"A provider must make proper provision for the health, welfare and safety of service users" The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 3 March 2021.

Action taken on previous requirement

Most of the care plans we sampled had information about people's wishes in the event of deterioration in their health and at end of life.

We found instances where care plans had not been updated where health needs had changed such as following weight loss or where there was an increased risk of pressure damage to skin.

We saw that information was not always accurate across all care records and had the potential to cause confusion.

We will repeat this requirement and re write it to incorporate some areas for improvement that had not been met.

Not met

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 manager should ensure that people's personal plans detail how their health and wellbeing will be assessed and monitored.

This should include details of the person's baseline observations, how often these should be repeated and the actions staff should take if the person's condition deteriorates.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 9 March 2021.

Action taken since then

This area for improvement had been made following a complaint that was upheld following investigation by the Care Inspectorate.

We found instances where care plans had not been updated following changes in peoples health. Tools used to monitor health were not being completed consistently.

This area for improvement has not been met. We will incorporate this into a requirement we have made.

Previous area for improvement 2

To ensure good outcomes for people experiencing care, the manager should ensure that the provider's NEWS policy is effectively implemented in the care service. Staff should receive training in the use of the assessment tool and their skills and competency should be evaluated by a qualified person.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 9 March 2021.

Action taken since then

This area for improvement had been made following a complaint that was upheld following investigation by the Care Inspectorate.

Since the last inspection the provider had delivered training to staff on the use of the National Early Warning Score tool (NEWS). We found however that the assessment tool was not being completed consistently in line with the policy.

This area for improvement has not been met and we have incorporated it into a requirements we have made.

Previous area for improvement 3

This area for improvement had been made following a complaint that was upheld by the Care Inspectorate. To ensure that family members and representatives, where appropriate, are kept updated on their relative living in the home, the current recording system should be reviewed to ensure contact is fully recorded and staff are prompted to maintain this contact.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 21 June 2021.

Action taken since then

This area for improvement had been made following a complaint that was upheld following investigation by the Care Inspectorate.

Family members we spoke with told us that the service was good at keeping them updated with any changes in their relatives health. We also saw documented evidence that contact had taken place with relatives where appropriate.

This area for improvement has been met.

Previous area for improvement 4

In order to keep people safe and address any health needs they have, the provider must ensure that repositioning charts and as required medication notes are completed accurately.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required."

This area for improvement was made on 30 March 2021.

Action taken since then

We found some gaps in recording in the positional change charts we sampled.

The outcome from as required medication given was not always documented.

This area for improvement has not been met and has been incorporated into a requirement we have made.

Previous area for improvement 5

The provider should give consideration to undertaking some refurbishment work at the home to ensure premises are adequately maintained.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

This area for improvement was made on 3 March 2021.

Action taken since then

We found that the environment was well maintained, with significant cosmetic upgrading having taken place since the last inspection.

This area for improvement has 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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	3 - Adequate
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
3.2 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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