The Bancroft Residential Home Limited

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## Inspection report

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Tel: 01406362734

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The Bancroft Residential Home Limited is registered to provide accommodation for up to 32 older people requiring nursing or personal care, including people living with dementia.

We inspected the home on 12 July 2016. The inspection was unannounced. There were 30 people living in the home on the day of our inspection.

There were two registered managers who shared responsibility for the running of the home. A manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for 19 people living in the home and was waiting for these to be assessed by the local authority.

We found some areas in which improvement was needed to ensure people were provided with safe, effective care and that the provider's regulatory responsibilities were met in full.

We found that the management of people's medicines was not conducted safely in line with good practice and national guidance. We also found that audit and quality monitoring systems were not consistently effective and that the provider had failed to notify us of a significant issue relating to the safety and welfare of someone living in the home.

In other areas, the provider was meeting people's needs effectively.

Staff knew how to recognise signs of potential abuse and how to report any concerns. Staff also had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

Staff worked closely with local healthcare services to ensure people had access to specialist support whenever this was required. People's risk assessments were reviewed and updated to take account of changes in their needs.

There was a rich variety of activities and events on offer, organised and facilitated by an award-winning activities co-ordinator. People were provided with food and drink of good quality.

There was a warm and welcoming atmosphere in the home and staff provided kind, person-centred care.

There were sufficient staff to meet people's care needs and staff worked together in a friendly and supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications.

The registered managers demonstrated an open and responsive management style and provided strong, values-led leadership to the staff team.

The registered managers maintained a high profile presence in the home and encouraged people and their relatives to come directly to them with concerns. Any formal complaints were well-managed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Medicines were not managed safely in line with good practice and national guidance.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

The provider had safe systems for the recruitment of new staff.

### Is the service effective?

**Good**

The service was effective.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality.

### Is the service caring?

**Good**

The service was caring.

Staff knew people as individuals and provided person-centred care in a warm and friendly way.

People were treated with dignity and respect.

### Is the service responsive?

**Good**

The service was responsive.

There was a rich programme of activities and events on offer to provide people with stimulation and occupation.

People and their relatives were actively involved in the preparation and review of their individual care plan.

The registered managers encouraged people to raise any concerns and formal complaints were well-managed.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The provider had failed to notify CQC of a significant issue concerning a person living in the home.

Audit and quality monitoring systems were not consistently effective.

The registered managers maintained a high profile presence within the home and provided strong, values-led leadership to the staff team.

Staff worked together in a friendly and supportive way.

# The Bancroft Residential Home Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited The Bancroft Residential Home Limited on 12 July 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, four visiting family members, both registered managers, three members of the care staff team, the activities coordinator and the chef. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including two people's care records and staff training and supervision records. We also looked at information relating to the administration of medicines

and the auditing and monitoring of service provision.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they felt safe living in The Bancroft and that staff treated them well. One person told us, "I feel safe. If I was worried, I'd talk to any of the staff." Another person said, "They always peep in at night." One person's relative said, "[My relative] is very safe. They really look after her."

However, when we reviewed the arrangements for the storage, administration and disposal of medicines we found that these were not managed consistently in line with good practice and national guidance, presenting an increased risk to people's safety. Some people's 'as required' medicines (prescription medicines supplied for someone's occasional use) were not listed on their medicine administration record, making it difficult to ascertain whether each person had received this medicine or not. When we looked in the controlled drugs cabinet we found one person's prescription medicine labelled as '[Name]'s old Paracetamol – Staff.' We were unable to establish why the provider considered it appropriate for prescription medicine supplied for the exclusive use of someone living in the home to be used in this way. Nor why it was being stored in the cabinet reserved for controlled drugs. To ensure medicines were kept at the correct temperature and were safe for people to take, the provider had issued guidance that senior staff should check the temperature of the medicines fridge on a daily basis. However, when we reviewed the record of temperature checks, we found multiple instances when there was no evidence that this had been done. The provider's guidance also required staff to ensure the recorded fridge temperature was in the range 2-8 degrees Celsius. However, we found many occasions when staff had recorded the maximum fridge temperature as being above 8 degrees. There was no evidence that any member of staff had taken follow up action or brought the apparent problem with the medicines fridge to the attention of the registered managers.

Although there was no evidence that people had come to any harm, these shortfalls in the management of medicines increased the risk to people's safety. We discussed our concerns with the registered managers who readily acknowledged the issues we had identified and told us they would take action to ensure the required improvements were made as a matter of priority.

Staff were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, if required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skin care and nutrition. We saw that each person's care record detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of malnutrition. Specialist advice had been sought and a number of preventive measures put in place to address the issues of concern. People's risk assessments were also reviewed and revised on a regular basis. For example, following a recent deterioration in their mobility, one person's moving and handling risk assessment had been updated to

ensure staff always used a hoist when supporting the person to transfer in and out of bed. The provider had also assessed the risks to each person if there was a fire, or if the building needed to be evacuated.

During our inspection visit we saw the provider employed sufficient staff to meet people's care and support needs. One person told us, "They keep a good check on me when I am in my room." Talking about the staff's speed of response to calls bells, another person said, "They come pretty quick when I ring." Comparing staffing resources at The Bancroft with a home they had worked in previously, one member of staff said, "Staffing levels here are brilliant. It gives us more time with the residents. We don't feel under pressure to rush along." The registered managers told us they kept staffing levels under regular review and had recently deployed an extra member of care staff on the morning shift in response to changes in people's needs at that time of day.

The provider had safe recruitment processes in place. We reviewed the recruitment records of two members of staff and saw that pre-employment security checks had been completed to ensure that they were suitable to work with the people using the service. The provider also took up a minimum of two references, to include the previous employer. We noted that one member of staff appeared to have started work before the necessary references and security checks had been completed. When we raised this with one of the registered managers she was able to assure us that this had not happened and that an incorrect start date had been entered on the person's file. The registered manager undertook to review the relevant procedures to avoid a similar administrative error occurring in future.

Good

# Is the service effective?

## Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "They certainly know what to do." Another person told us, "I couldn't get better care anywhere else." One person's relative said, "They're well trained here. In fact there is some [training] going on today." Commenting on the quality of care and support provided to people living in The Bancroft, a local healthcare professional told us, "This is one of the homes I would recommend. There are others I wouldn't."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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. Staff demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "Everyone has a right to choice. For instance, people choose to get up when they want to get up, not when we are ready to get them up." Confirming the approach of staff in this area, one person said, "They ask, they don't just tell you [what they are going to do]."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for 19 people living in the home, to enable them to receive the care and support they needed whilst ensuring that their legal rights were protected.

The registered managers and other senior staff also made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, one person's bed had been fitted with safety rails to reduce the risk of them getting out of bed at night and injuring themselves. We saw that this decision had been taken in the person's best interests by one of the registered managers following a discussion with relatives. Although we had no concerns about the way in which this or other similar decisions had been taken, we noted that the form used by the provider to record best interest decisions needed amendment to make it clearer who had made the decision. The registered managers accepted our feedback and told us they would review and redesign the form as a matter of priority.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "It prepared me well. In previous places I was thrown in at the deep end. But here, it was nice to ease myself in." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and a number of newly recruited staff were working to complete the programme.

The provider maintained a detailed record of staff training requirements and arranged a variety of internal

and external training courses including food hygiene, pressure ulcer prevention and dementia awareness. One member of staff said, "The training is good. There are sometimes two training sessions a month." Reflecting on their recent fire safety training, this staff member told us, "It was particularly helpful as I had never worked in a care home before. We worked through various scenarios with the fire officers." Several members of staff had been supported to study for nationally recognised qualifications and some of the certificates they had obtained were on display in the home.

Staff received one-to-one supervision and an annual appraisal from the registered managers and other senior staff. Staff told us that they found the supervision and appraisal processes helpful to them in their work. One member of staff said, "My supervisor had no issues of concern and asked me if I wanted any more training." Another staff member said, "I had my appraisal a few weeks ago. It gives you a chance to think about what you really want from the job."

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. For example, care staff had identified one person as being at risk of developing skin damage. Specialist advice had been obtained and a range of measures implemented to address the issue of concern. Describing their relationship with the care staff team, one local healthcare professional told us, "They are very proactive in getting in touch with us. They are very welcoming and follow our advice." One relative said, "They're quick to call the doctor when [my relative] has needed them."

People told us that they enjoyed the food provided in the home. One person said, "The food is all homemade and I enjoy it. It's nice and hot when it comes too." People were offered a range of hot and cold choices at breakfast. There was also a variety of choices available at teatime, including homemade cakes. For lunch people usually had a choice of two main course options and the chef told us that kitchen staff were always happy to make an alternative. For example, "If it's sausage day some people don't like it, so we have chicken [as an alternative]. We try to accommodate people as much as possible." Kitchen staff had a good knowledge of people's individual preferences and used this to guide them in their menu planning and meal preparation. One relative told us, "The cook has been to me a few times to ask [my relative's] likes and dislikes." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a reduced sugar diet. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking and a range of drinks was available throughout the day to help prevent dehydration and other health risks. One relative told us, "[My relative] gets plenty of drinks as they are prone to urine infections."

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us that staff were caring. One person told us, "They're really lovely. No complaints at all!" One person's relative said, "They go beyond caring. So attentive."

A prominent sign in the reception area of the home read, 'Bless our home with love and laughter' and throughout our inspection visit we saw that staff supported people in a kind and friendly way. For example, in the early afternoon we watched two members of staff patiently assist someone to return to their room after lunch, gently encouraging them throughout. On another occasion, we saw a member of staff taking time to introduce someone who had just moved into the home to the other people sitting on their table at lunchtime. Clearly trying to put the new person at their ease we listened as the staff member said, "Right ladies, this is [name]. That makes two [people with the same name] on the table. Let me introduce you to these lovely ladies!" Reflecting on the helpful approach of staff, one person told us that a member of the care staff team had gone out of their way to help them turn up their trousers. The registered managers also told us that when someone moved into The Bancroft they placed a card and a bouquet of flowers in their room, to welcome them to the home. The chef maintained a list of people's birthdays and told us, "We always do a cake for someone's birthday and sometimes a buffet tea."

Describing the provider's commitment to helping people retain choice and control over their lives, one of the registered managers told us, "The people who live here are like family to us. It's their home and our workplace is secondary to that. They can have whatever they want. Nothing is set in stone." This philosophy was clearly understood by staff and reflected in the way they supported people. For example one staff member told us, "We always ask people if they are ready to get up and if they're not then we come back in half an hour. And if they want to go to bed at midnight they don't go to bed until midnight." Commenting on the person-centred approach of staff, one person told us, "I can have a lie in if I want. We do what we like here." Another person said, "They never tell me what to do. It's marvellous!"

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One staff member said, "We are working in their home. They don't need it to be broadcast that they are going to the loo and we always take people back to their room if they need to get changed." Confirming this approach, one person told us, "They keep it very private when we need help." Another person's relative said, "They always close [my relative's] curtains when she needs a bit of help." We also saw that the provider ensured people's personal care records were stored securely and computers were password protected to maintain confidentiality.

The registered managers were aware of local advocacy services and one of them told us that they had recently offered to secure the support of an advocate for one person, to assist them in making an important decision. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although the person had declined the offer, the registered managers said they would not hesitate to contact the service again if someone living in the home needed this type of support in future. They also said they would update the information booklet given to people

when they first moved into the home to provide details of advocacy services available locally.

Good

# Is the service responsive?

## Our findings

If someone was thinking of moving into The Bancroft, one of the registered managers, together with a senior member of the care team, normally visited them to carry out a pre-admission assessment. Commenting on their approach, one of the registered managers said, "We usually try to do [assessments] in pairs. It's more thorough." The registered managers also told us how important it was to make sure that they could meet a person's needs. One of the registered managers said, "It's certainly not about money. We turned down one referral yesterday as we felt we couldn't meet the person's needs." Once it was agreed that someone would move into the home, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal preferences and care requirements.

We reviewed people's care plans and saw that they addressed a wide range of needs including personal care, medicines and mobility. Plans were written in the first person and captured each person's preferences and requirements to a high level of detail. For example we saw that one person's care plan stated, "I require one carer to assist me to get washed morning and night. I will choose my own clothes and will require time and patience please." We saw that the care plans were understood and followed by staff. For example, one person's care plan stated, "I would like to attend the Church of England service in the home. Please inform me when they are here." Staff confirmed that the person did indeed attend the regular church service in the home, reflecting the clear wish set out in their care plan. One staff member told us, "The care plans are very useful [and] pretty accurate [in comparison to other places I have worked]." Staff reviewed and updated people's care plans on a regular basis, involving people and their relatives in the process. One relative told us, "I get a lot of updates and [we] have reviews." Another relative said, "They involve both [me and my relative] and talk anything through."

Staff clearly knew and respected people as individuals. One relatively new member of staff told us, "One night I closed a person's curtains without asking. They said they didn't like their curtains closed. I treat people as I would want to be treated myself and I'd never make that mistake again." Describing their relationship with one person they supported, another staff member said, "They like to listen to music when they are having personal care so I always make sure I put the radio on." Commenting on the responsive approach of staff, one person told us, "They remember what we want and how we like things." One person's relative said "They know [my relative] very well and all their little quirks."

The provider employed an activities coordinator who worked four or five days each week, including weekends. Reflecting his work in the home, the activities organiser was a recent winner of the East Midlands Care Activity Organiser of the Year award. In discussion with the people who lived in the home, the activities coordinator had prepared a varied programme of activities including musical sing-alongs, arts and crafts and trips to the regular Friday market in the village. On the morning of our inspection, we saw people and their relatives enjoying the monthly coffee morning. The dining room had been prepared especially for the event with fine china cups and saucers, cake stands with homemade cakes and scones, a free raffle and background music. The activities coordinator also organised a programme of special events and outings including visits from local singers, a ukulele orchestra, line dancing and visits to local garden centres and

other attractions. On the afternoon of our visit, a professional entertainer sang to people in the lounge. There was a great deal of audience participation and the event was clearly enjoyed by many of those who attended. We also saw that preparations were in hand for the home's first 'Beer Festival'. The activities organiser had secured the support of a local brewery and told us that he hoped it would become a regular event. People told us that they valued the rich variety of activities on offer. One person said, "I like my music, so I like the entertainers they get in." A visiting relative told us, "[The activities organiser] is very good at what he does. So much goes on. He takes them out to the Friday market if they want to go."

The activities organiser also demonstrated his awareness of the need to spend time with people who were being cared for in bed and did not have the opportunity to participate in communal activities. During our inspection visit, we saw him spending time with one person in their bedroom, listening to their favourite old time music hall songs and chatting about life in that era.

Staff supported people to maintain their personal interests and hobbies. For example, one person told us, "I like reading my book and watching my TV." Staff supported other people to pursue their interests in painting and photography and to remain active in their church. Priests of various denominations also visited the home regularly to provide spiritual support to people who were unable to attend local services.

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. The registered managers told us that formal complaints were rare as, "We have an open door policy and see people and their relatives all the time. It's important to us to resolve things before they escalate. We don't want anyone to be unhappy." Confirming this approach, one relative told us, "I've not had to complain. [The registered managers] sort out any little things." The provider kept a record of any formal complaints that had been received and we could see that these had been handled effectively to the satisfaction of complainants.

Requires Improvement

# Is the service well-led?

## Our findings

There was a warm and welcoming atmosphere in The Bancroft and everyone we spoke with told us how highly they thought of the home. One person said, "I couldn't have a better place. I can't fault it." Another person's relative told us, "I wouldn't want [my relative] anywhere else." I'd give them 10 out of 10." A local healthcare professional said, "This is a good home. I always recommend it."

The provider maintained a log of any incidents or events within the home which had been notified to CQC or other agencies. However, in preparing for our inspection visit we noted that in the previous 12 months there had been one case involving a person using the service which been considered by the local authority under its adult safeguarding procedures but which the provider had not notified to CQC. The registered managers apologised for this oversight and said they would ensure all notifications were submitted as required in future.

The provider had a number of audits in place to monitor the quality of the care provided to people. However, these were not consistently effective. For example, monthly medication audits were conducted by the provider but the audit tool used did not cover the medicines fridge and the repeated breaches of the provider's guidance on maximum fridge temperatures had not been picked up prior to our inspection. Other audits were more effective. For example, we saw that colour coded equipment had been introduced in response to a recent infection control audit.

The registered managers worked well together and were clearly both well-known to everyone connected to the home. One person told us, "We see them all the time. They're so friendly." A visiting relative said, "They are in amongst them all the time and easy to talk to." Reflecting this feedback, throughout our inspection visit we saw that both registered managers regularly spent time out of their office, engaging with people and their visitors and providing support to staff if required. One of the registered managers said, "I am always happy to help out. I would rather take someone to the loo myself than [cause a delay] by looking for a carer. One staff member told us, "Two nights ago, it was very busy [at supper time] and [one of the registered managers] gave me a hand to dish out the soup, which I appreciated. I have also seen [the other registered manager] cleaning the floor."

Throughout our visit, both registered managers demonstrated an open and responsive leadership style. They were also quick to acknowledge and take responsibility for the shortfalls we identified in areas including medicines management and CQC notifications. Both registered managers provided strong, values-led leadership to the staff team which set the cultural tone within the home. For example, invited by our inspector to share any achievements of which they were particularly proud, one of the registered managers said, "Our greatest achievement is to see a smile on people's faces." One member of staff told us, "They are both good bosses. I'd be listened to if I raised any issues." Another staff member said, "[The registered managers] are very approachable and very supportive. When [my relative] was poorly, they helped me out."

We saw that staff worked together in a friendly and supportive way. One recently appointed member of staff said, "The atmosphere is really friendly and we work together as a team. I found it easy to settle in." There

were regular team meetings and daily logs and shift handover meetings were also used by the provider to ensure effective communication between staff. Staff told us they enjoyed working in the home and felt appreciated by the provider. One member of staff said, "I love it!"

The provider undertook regular surveys of people and their relatives to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. Nevertheless, both registered managers told us they had reviewed the survey returns carefully to identify any areas for improvement. For example, work was in hand to further enhance menu planning in the home, reflecting feedback from people and their relatives. People's satisfaction with the service provided at the Bancroft was also reflected in the many thank you cards on display in the reception area of the home. Following the recent death of their loved one, one relative had written to say, "Thank you for all the love and care that you gave to [our relative]. During the 18 months she was with you, you gave her her life back. And her smile. We shall thank you forever for that."