

Inspection Report on

Bankhouse Care Home

Bank House Nursing Home Llangynidr Road Beaufort Ebbw Vale NP23 5EY

Date Inspection Completed

26/02/2025



About Bankhouse Care Home

| Type of care provided | Care Home Service |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Adults With Nursing |
| Registered Provider | Bankhouse Care Ltd |
| Registered places | 54 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 12 November 2024 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are treated with dignity and respect by caring staff members who know them well. Significant overall improvements made by the service provider over the past 12-months have benefited people's health and wellbeing. Improved personal plans are robust and include what is most important to people. Emotional and physical health needs are outlined in a comprehensive way. Care is delivered in-line with people's needs to promote their wellbeing. An improved activities programme has had a positive impact on people and helps to keep them stimulated. The environment has undergone extensive renovation and is now more homely and welcoming.

A permanent manager has offered stability to the service. The manager has embedded enhanced quality assurance processes which has given them better oversight of the day-to-day running of the service. Staff members offered positive feedback about the manager and told us they feel confident approaching them with any concerns. The Responsible Individual (RI) continues to improve their oversight of the service and carries out their regulatory duties diligently. People are supported by an appropriate number of staff, and the use of agency staff has reduced meaning there is better continuity of care.

Well-being

People have control over their daily lives. A comprehensive Statement of Purpose (SoP) outlines what support is available to people to help them achieve wellbeing. A significantly improved activities programme means people have a choice of meaningful activities to take part in. This keeps them stimulated and helps them to continue to learn and develop. Dedicated activities co-ordinators encourage people to engage in daily activities. This includes one-to-one sessions for people who spend most of their time in bed, ensuring they are included in fun activities and not isolated. At the time of our inspection, we observed people enjoying themed quizzes and joining in sing-alongs. This had a noticeable positive impact on people's wellbeing. People told us staff encourage them to do the things that make them happy. One person told us "They [staff] tell me it's my home, I can do what I want."

People are treated with dignity and respect by caring staff members. Staff take the time to have meaningful interactions with people and make good use of tactile support. At the time of our inspection, we observed genuine and positive interactions between staff members and people, which had a positive impact on people's moods. Staff clearly know people well and use tailored care delivery depending on the person's individual needs. We received positive feedback about staff from people. One person described staff as "Nice", whilst another person told us "They take good care of me. They always help me." Another person told us "All of the staff are lovely. Every one of them."

People live in an environment that suits their needs. An ongoing renovation programme has significantly improved the environment and made it more homely and welcoming. Communal areas are spacious, and bedrooms are personalised. A 'pub' area is nicely decorated and used to host communal activities. Visitors can also use this space as a quieter setting when visiting their loved ones.

People get the right care and support, as early as possible, to maintain their physical and emotional wellbeing. Significantly improved personal plans outline people's individual needs and risks. The service takes a multidisciplinary approach to care and support. Clinicians and other relevant professionals are closely involved in people's care to help keep them as healthy as possible. People at risk of weight loss are regularly weighed and their weights are closely monitored. Relevant adaptions and mobility aids help people mobilise around the home. This helps promote their independence for as long as possible.

Care and Support

The service provider has demonstrated significantly improved care and support in all areas. This has resulted in improved health and wellbeing of people living at the home. Personal plans are written using an electronic management system. People have personal plans completed on admission to ensure staff have the information needed to provide appropriate care and support immediately. Personal plans are reviewed in a timely way and updated when needs and risks change. Personal plans are written using positive language and are person-centred in nature. This means they are written from the person's perspective and includes what is important to them. Detailed social histories provide important information about people's lives, including how they lived before entering the care setting. This provides staff with useful information to enable them to interact in a meaningful way. At the time of our inspection, we observed staff chatting to people using person-centred information contained in their personal plans. This demonstrates staff are familiar with these plans and know people well.

People are supported to maintain good health. Well maintained daily records indicate care is delivered in-line with people's individual care needs. This includes any pressure relief, personal care, and nutritional requirements. A 'hostess' staff member ensures people have fresh fluids nearby at all times. People who use a call-bell have these within reach so they can call for assistance if needed. People unable to call for help independently have sensor equipment in use which alerts staff if they are out of bed. At the time of our inspection, we observed call-alarms and sensor equipment alarms being responded to quickly.

Improved medication management mean people are administered their medication safely and in-line with their prescription to promote their emotional and physical wellbeing. The medication clinical room has been refurbished, and medication is stored in a safe and organised way. The way medication is booked-in and handled is more robust. This includes controlled medicines. Regular medication counts help identify any missed medications. Prompt action is taken if an error is made. Nursing staff are in the process of undergoing competency checks to ensure they are administering medication correctly and safely. Agency nursing staff receive an induction into the home's medication management system so they are familiar with internal procedures before administering medication.

People are safe from harm, neglect, and abuse. Staff members are safely recruited and undergo an enhanced Disclosure and Barring Services check (DBS) before commencing their employment. Staff members are trained in safeguarding to ensure they understand their safeguarding responsibilities and know what to do in the event of a safeguarding incident. Staff are regularly asked if they have any safeguarding concerns. If an incident of a safeguarding nature does occur, appropriate safeguarding protocols are followed. People told us they feel safe and did not raise any concerns about living at the home.

Environment

The home has undergone an extensive renovation programme which has significantly improved the environment. All areas of the home have been repainted, and new flooring has been laid. Some new furnishings have been purchased. This has had a positive impact on the atmosphere and has made the environment more welcoming and homely.

The design, size, and layout of the property is as described in the SoP. Facilities and equipment are provided based on people's individual needs, including hoists, wheelchairs, and accessible baths. People's bedrooms are spacious and nicely decorated according to their own tastes. We observed personal trinkets, photographs, and artwork on display in bedrooms. Communal areas are nicely decorated and provide homely spaces for people to socialise. The conservatory is immaculately decorated and includes a 'pub' area where group activities are held. Dining room tables are laid for mealtimes and menus are displayed to inform people of their meal choices.

The service is safe and secure. Visitors are asked to present identification and to sign-in on arrival. Some areas of the home require a code to get in or out to help keep people safe. The service provider employs a maintenance team to oversee health and safety. Regular internal checks help keep the home safe and free from hazards. A domestic team are employed to keep the home clean and tidy. Personal protective equipment (PPE) is available for staff to use to help stop the spread of any infections. On the day of our inspection, we observed staff members using PPE correctly.

Leadership and Management

People are provided with accurate information about the service. The SoP informs people about what opportunities are available to them and how the service is provided. Robust policies and procedures underpin a well-run service.

The home has benefited from the employment of a permanent manager. The home's manager is clearly dedicated to their role and has put much effort into improving the service which is now smoother and more effectively run. Improved quality assurance processes provide the manager with good oversight of the day-to-day running of the service provided. This has helped people achieve more positive outcomes and better wellbeing. We received complimentary feedback about the manager. One staff member told us "[The manager] has made great changes," whilst another staff member described the manager as "Lovely." Another staff member told us "Things are so much better since we've had a solid manager. I can go to them with any concerns. I'm personally a lot happier now."

The RI continues to improve their oversight. The RI has a regular presence at the home and regularly speaks to people, their families, and staff. Feedback from people drives necessary improvements. For example, changes were recently made to the home's menu following feedback collated by the RI. The RI undertakes their regulatory duties in a timely and diligent manner. Comprehensive Quality of Care reports analyse where the home is doing well and what improvements are still needed. Robust improvement plans are included and updated.

People are supported by care workers who have the appropriate skill, competence, and experience to fulfil their roles. The service provider employs an appropriate number of staff to safely and effectively care for people in a timely way. Care workers are safely recruited and undergo an induction programme. This also includes agency staff. Staff training and supervision compliance statistics continue to improve. The use of agency staff has decreased, meaning continuity of care is better. The home is continuing to recruit additional permanent staff members to reduce the use of agency staff further. We received positive feedback from staff members who told us they are happy in their roles. One staff member told us they are "Much happier in their role" and has "Seen huge improvement" at the home during the last 12-months. All staff we spoke to said they have no concerns and would feel comfortable raising any concerns they did have with management.

| Summary of Non-Compliance | | | |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Status | What each means | | |
| New | This non-compliance was identified at this inspection. | | |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. | | |
| Not Achieved | Compliance was tested at this inspection and was not achieved. | | |
| Achieved | Compliance was tested at this inspection and was achieved. | | |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

| Priority Action Notice(s) | | | |
|---------------------------|---------------------------------------------------------------------------------------------------|----------|--|
| Regulation | Summary | Status | |
| N/A | No non-compliance of this type was identified at this inspection | N/A | |
| 58 | Poor medication management has significantly impacted people and continues to put people at risk. | Achieved | |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 13 | The service provider has not acted in an open and transparent way with individuals and their representatives when things have gone wrong. | Achieved |

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