

Bankfoot House Care Home Service

Beechgrove
Moffat
DG10 9RS

Telephone: 01683220073

Type of inspection:
Unannounced

Completed on:
23 March 2023

Service provided by:
Bankfoot House (Moffat) Ltd

Service provider number:
SP2003002525

Service no:
CS2003010779

About the service

Bankfoot House (Moffat) Ltd 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 toilet and sink facilities. Each floor includes shared bathing/shower room. A lift provides access to the upper floor. There are communal areas within the home and access to gardens. Parking is available at the front of the building.

At the time of the inspection there were 24 people living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 23 March 2023 between 09:00 and 18:00 hours. 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 seven people using the service and one relative visiting the service;
- spoke with seven staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- Staff displayed positive interactions with people.
- People's personal plans should be reviewed and updated to reflect their needs.
- The management of medication within the home needs to improve.
- When recruiting new employees, the provider must ensure safety checks are completed and satisfactory prior to employment.
- The manager should ensure all staff are trained and competent in the required areas to perform their role.
- An improved quality assurance system is required in order to support continuous improvement within the service.
- We reviewed two requirements; progress had been made; however, areas of these were outstanding in relation to safe recruitment and quality assurance.
- We reviewed seven areas for improvement; two of these had been met and five continued to be outstanding.

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 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

We have continued to evaluate as good for this key question, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. We have reported on our findings under the following sections:

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

One area for improvement had been met in relation to people's clothing and personal belongings.

However, care plans and the management of medication continue to be areas for improvement. The provider should continue to review and update information within people's care plans. This is to ensure people's needs are known and direct staff appropriately to support people safely to meet their outcomes. (See area for improvement 1.)

The management of medication should further develop to meet best practice guidance. A medication audit would improve the oversight of medication management within the home and reduce risk to people. (See area for improvement 2.)

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).

How good is our leadership?**3 - Adequate**

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

We have reported on our findings under the following sections:

'What the service has done to meet any requirements made at or since the last inspection' and
'What the service has done to meet any areas for improvement made at or since the last inspection'.

There had been improvements made in relation to quality assurance. However, concerns remained about the lack of oversight within the home. We have restated a requirement with a new timescale of 30 June 2023. (See requirement 1.)

One area for improvement had been met in relation to recording and reporting to the Care Inspectorate electronic system to ensure these comply with legal responsibilities.

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).

The timescale of this requirement has been extended to 30 June 2023.

How good is our staff team?

3 - Adequate

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

We have reported on our findings under the following sections:

'What the service has done to meet any requirements made at or since the last inspection' and
'What the service has done to meet any areas for improvement made at or since the last inspection'.

Concerns remain about safe recruitment practice. We have restated a requirement with a new timescale of 30 June 2023. (See requirement 1.)

We have restated one area for improvement which had not been met in relation to staff training. (See area for improvement 1.)

Requirements

1. By 15 August 2022, 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).

The timescale of this requirement has been extended to 30 June 2023.

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 well is our care and support planned?**3 - Adequate**

We continued to evaluate of adequate where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We have reported on our findings under the following sections:

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

We have restated two areas for improvement which had not been met in relation to anticipatory care planning and people's care and support reviews. (See area for improvement 1 and 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 17 October 2022, 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 requirement was made on 11 May 2022.

Action taken on previous requirement

Although there had been positive action taken, further improvements are required to ensure the service drives change and meets standards.

Changes had been made to the management structure which had a positive impact on the service. A full-time manager was appointed in December 2022; time is essential to allow the impact of this to be evident for the service.

Auditing frameworks had been developed and identified staff responsibilities and timescales. Some areas within the service were being monitored; for example, a cleaning schedule was in place and the audit had been completed regularly. However, a lack of audits evidenced that issues within the service were not being identified and addressed; for example, in relation to not following safe recruitment and personal planning.

It was good to see the service continued to send an annual quality assurance questionnaire to residents, staff, relatives and visiting professionals to provide feedback on performance. This information had been evaluated to identify themes. The service plans to feedback to people, identifying actions as a result of the questionnaire.

The quality assurance approaches taken are not sufficiently detailed to demonstrate the impact of any planned improvement; for example, where areas are identified which could be improved, records must show these have been followed up and the impact this had on people's experiences.

Some weekly audits had not been carried out to meet timescales; for example, the general housekeeping audit stopped for around 4 weeks before re-commencing.

A new quality assurance policy and procedure had been developed. This required updating to reflect current standards. This should include how quality assurance is going to be monitored within the service. This will support the service to meet the health, safety and wellbeing needs of people supported by the service.

Not met

Requirement 2

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

This requirement was made on 11 May 2022.

Action taken on previous requirement

We completed a virtual meeting with the manager in August 2022 to review the progress being made to meet this requirement. The manager had provided risk assessments where recruitment information had been outstanding at that time.

Staff files were well presented and contained an index of information. Files contained a checklist which could be updated to include the start date of the staff member. Where information was outstanding on the checklist, there was no evidence of oversight or action being taken to address the gaps; for example, it was not clear if staff had made a Scottish Social Services Council (SSSC) application for registration. We asked the manager to review this.

We found key information was still not completed within the expected timescale following safe recruitment guidance. Examples included; the correct amount of references, the Protecting Vulnerable Groups (PVG) certificate being issued, and lack of interview records.

The service required to review their recruitment policy and procedure to ensure this evidenced best practice. Induction records for new employees required to be reviewed and updated. Induction records we viewed were signed off as completed in one day. We suggested making the process more manageable, covering a longer period of time. This would ensure staff had the required training, skills, and knowledge to complete their role. A lack of appropriate checks and safe recruitment practice may put people at risk.

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 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 area for improvement was made on 11 May 2022.

Action taken since then

The service had introduced an electronic care planning system for all people supported. Staff used this system to record daily care and support provided.

We found important and relevant information recorded within personal plans. However, there were significant gaps within some people's plans. There was a lack of oversight to show information being evaluated and assessed therefore did not always reflect people's current or changing needs.

In the plans we looked at, health assessments and care plan information had not been updated for several months. Some areas of practice needed adjustment to meet best practice guidance more fully. Examples included; ensuring mobility and movement is reviewed following a fall and weight monitoring not completed to inform monitoring of nutritional needs. Although there were good aspects of practice, there were also aspects which could be improved. It is crucial that staff link day-to-day information along with effective clinical oversight to ensure emerging risks are identified.

Plans should be evaluated on a regular basis to ensure the information is correct and supports positive outcomes for people.

This area for improvement has not been met and is therefore restated.

Previous area for improvement 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 area for improvement was made on 11 May 2022.

Action taken since then

Staff appeared knowledgeable in the medication systems and processes being followed by the home. A clear booking in and return of unwanted stock system was in place. Named staff were involved in the management of medication and training records showed staff had been given appropriate training.

A detailed front cover had been developed for individual medication administration records (MAR) within medication folders. This included a photo of the person and their name, date of birth and any allergies were noted.

We found 'as required' medication forms for individuals detailed medication and the required dose. When administered, there was a system in place to record the reason and efficacy of medication.

The medication policy and procedure had not been reviewed; therefore, still required to be updated to follow best practice guidance. Storage and administration of medication was discussed to support more person-centred practice; for example, individual medication pods within people's bedrooms.

A medication audit had been taking place, but this had become unrealistic for staff to complete at the same time as administering medication to people. Stock checks were not accurate, and some people did not have a stock sheet in place. The manager discussed plans to implement a new audit process, which is yet to commence.

This area for improvement has not been met and therefore restated.

Previous area for improvement 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 area for improvement was made on 11 May 2022.

Action taken since then

Improvements had been made in relation to the inventory of people's belongings.

The service had introduced inventory documentation which was completed by family members preadmission or by a staff member at the time the person was admitted to the care home.

We viewed completed records within a sample of personal plans. We suggested that the documentation is reviewed to include an area for adding additional items or removing items to ensure the inventory is kept up to date. The service was using a discrete clothes tagging system in order to easily identify people's belongings.

The manager had reviewed the content of the safe to ensure people's property was clearly recorded and where required belongings were returned to family members.

This area for improvement had been met.

Previous area for improvement 4

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 area for improvement was made on 11 May 2022.

Action taken since then

The service had been made aware of the 'records for all registered care services (except childminding) must keep and guidance on notification reporting' document. There were regular notifications made to the Care Inspectorate, sharing information about the service.

A clear oversight of all notifications will help to identify any omissions and continue to follow best practice.

This area for improvement had been met.

Previous area for improvement 5

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 area for improvement was made on 11 May 2022.

Action taken since then

The manager had a training needs analysis in place for the staff team which included their job role and training to be completed specific to that position. A training plan was in place which clearly identified what training was mandatory and what additional training was suggested for the staff team.

However, staff training records were not up to date. The compliance rate for training indicated that a number of key areas of training were still to be completed. A trained and competent staff team will improve outcomes for people.

Refresher training had not been recorded as being completed at the suggested frequency. New employees to the service since the last inspection had not all completed the required mandatory training.

Improvements continue to be needed in this area in order to evidence staff are trained and skilled for their role, this will also reduce risk to people and support good outcomes.

This area for improvement has not been met and therefore restated.

Previous area for improvement 6

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 area for improvement was made on 11 May 2022.

Action taken since then

Anticipatory care plans had yet to be developed for people. There was some information within people's personal plans which reflected discussions around end of life needs and preferences.

We shared information about anticipatory care planning with the manager and how these can be taken forward in order to support people and their wishes should their care needs change.

This area for improvement has not been met and therefore restated.

Previous area for improvement 7

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 representatives.

This area for improvement was made on 11 May 2022.

Action taken since then

Many people's care and support reviews were overdue. The manager discussed reviews that had taken place involving the person and their keyworker, social work services and the person's family. It was positive to see some review meetings had started to take place with people and their families.

The service would benefit from an overview of review dates to ensure these continue to take place and any agreed actions are followed up.

This area for improvement has not been met and therefore restated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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 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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