

Bankfoot House Care Home Service

Beechgrove
Moffat
DG10 9RS

Telephone: 01683220073

Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Bankfoot House (Moffat) Ltd

Service provider number:
SP2003002525

Service no:
CS2003010779

About the service

Bankfoot House is a care home service 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 provider is Bankfoot House (Moffat) Ltd.

The service is located in the town of Moffat in Dumfries and Galloway, with easy access to local amenities. Accommodation is provided over two floors; most bedrooms have en suite facilities. Each floor has shared bathing/shower rooms.

A lift provides access to the upper floor. There are communal areas within the building and access to gardens. Parking is available at the front of the building.

At the time of the inspection there were 25 people living in the care home.

About the inspection

This was an unannounced inspection which commenced on 13 August 2024 and continued on the 14 and 16 August 2024 between 09:15 and 18:15. We provided inspection feedback on 16 August 2024.

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

To prepare for the inspection, we reviewed information about the 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 11 people using the service and observed interactions with other people;
- spoke with three relatives visiting the service;
- spoke with three visiting professionals;
- spoke with 14 staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- We observed kind and caring interactions between people living at the home and the staff.
- The management of medication was person centred.
- People who live at Bankfoot House were supported to be part of their local community.
- The service had good links with local health and social care services.
- The provider and manager should familiarise themselves with The Health and Care (Staffing) (Scotland) Act 2019.
- The registered manager and staff team engaged fully with the inspection process in order to support improvements.
- We reviewed two requirements; progress had been made; however, areas of these were outstanding in relation to safe recruitment and quality assurance.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

People were assured that support was provided by a regular staff team who were friendly and who we found to be knowledgeable of people's needs. We observed positive interaction by staff with people. People supported and family members spoke positively about the service provided and the staff team.

The home had a call system in place for people to use when they required staff assistance. People were observed to have easy access to these within their bedrooms and communal spaces. Staff respectively responded to people's needs and requests in a person-centred way.

The provider used a digital care planning system which contained people's personal plans. Staff had access to a handheld device where they could read people's plans and record care notes. Improvements had been made in relation to the recording of information to guide staff on how best to support people. However, we found some personal plans to lack information and others required to be updated following changes in people's needs. We have repeated a previous area for improvement in relation to personal planning.

Medication was managed well within the home, improvements made had resulted in medication administration being more person centred. The staff team supported people to take the right medication at the right. This supported people to keep well.

People had opportunities to undertake activities which interested them, both in the home and the community. Members of the local community visited the home to offer activity sessions which supported people to keep both physically and mentally active. The staff team should review how they increase meaningful engagement for people who are unable to participate in group events due to choice or their needs.

Staff observed people's wellbeing and promptly escalated any concerns to family members and health and social care services. Community services regularly visited the home, the professionals we spoke with shared positive feedback on the care staff provided. This supported people to stay physically and mentally well.

People benefitted from a choice of meals which were of good quality and well presented. Staff were knowledgeable of people's likes, dislikes and specific diets which were all catered for.

People could choose where they had their meals served, the communal dining space had a comfortable atmosphere. Adapted plates and cutlery were provided if required and staff were available to support people to maintain their independence. When required staff provided support respectfully. Refreshments were available throughout the day, people were offered a snack and choice of drinks between meals, this supported people to stay hydrated.

How good is our leadership?

3 - Adequate

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

The provider of Bankfoot House is Bankfoot House (Moffat) Ltd, which is a "not for profit" organisation. The management of the care home is undertaken by a board of local voluntary directors.

The management board was very active and there was a weekly presence of board members within the home. This supported the staff management team and overall governance of the home.

There had been further changes to the staff management team since the last inspection. The staff management team fully engaged with the inspection process. They commenced implementing changes at the time of the inspection to support good outcomes for people.

The provider had in place a quality assurance system to monitor aspects of service delivery. However, we found that this was not being fully implemented and therefore part of it was ineffective. The registered manager required to clarify staff's roles and responsibilities in relation to completion of audits and action plans.

Where services such as the Scottish Fire & Rescue Service and NHS Infection Prevention and Control (IPC) team had carried out inspections or audits, we found that the outcome of these had not been transferred onto the service development plan. We found some of these areas were still outstanding, failure to action identified areas may put people at risk.

We have restated a requirement with an extended timescale in relation to the need for quality assurance to be well led and managed. 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".

The management board had gathered the views of people experiencing care and their family members. This information was collated and presented in a "You said, We did" format to show how information gathered had been acted upon. This demonstrated that the provider had actively involved people who experience care and their family in the assessment of the overall quality and standard of the service provided.

How good is our staff team?

3 - Adequate

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

Concerns remain about safe recruitment practice. We have extended the timescale of a requirement previously made. 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".

People living in the care home and staff benefited from a warm atmosphere and there appeared to be good working relationships. Some staff told us communication could be improved and at times when issues were raised these were not always actioned to support improvement.

Staff were deployed to specific areas to work and told us they were clear about their roles and responsibilities. New employees worked alongside experienced staff members as part of their induction to the service. This supported them to get to know people and how to support them safely.

The registered manager reviewed the working arrangements within the home to ensure both the needs of people and staff workload were considered.

We observed staff to be attentive and people's care needs were being met. However, from discussions with the registered manager and staff team we were aware that there were no formal processes in place for assessing how many staff were needed.

The dependency information being recorded within the personal care planning system was having no impact on staffing hours and no other measures or feedback was used to determine staffing time required.

We referred the registered manager to The Health and Care (Staffing) (Scotland) Act 2019 which was enacted on 1 April 2024. This legislation placed a duty on providers to make appropriate staffing arrangements. This is to ensure "there are the right people, in the right place, with the right skills at the right time working to ensure people experience the best health and care outcomes".

Providers must also support staff wellbeing to ensure people's care and support is not adversely affected. We heard positive feedback on how staff were being recognised and appreciated by the provider for the work and dedication that they provide to the service.

Team meetings were taking place which gave staff the opportunity to meet with the management board and colleagues. Team meetings were used to share information with staff and gave staff the opportunity to raise questions or concerns.

A staff supervision tracker evidenced that not all staff were being offered supervision in line with the providers policy. Some staff had received supervision whilst others had not. This included a lack of opportunities for new employees to meet with their line manager during their induction period. This area should improve to enable all staff to meet with a line manager on a one-to-one basis (See area for improvement 1).

Areas for improvement

1. Staff supervision should be provided to allow staff time to meet with a senior member of staff to discuss and reflect on their work practices, issues or concerns.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our setting?

4 - Good

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

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

The home is a converted and extended house over two floors. An extension had been added to the rear of the building and a lift was in place to access the top floor.

There were corridors around the top floor where people can walk and enjoy the view of the countryside or the garden from a number of large windows.

People's bedrooms were spacious. They were able to accommodate specially designed chairs assessed for people's needs and comfort and additional equipment such as mechanical hoists should these be required.

Bedrooms were very personalised, people had pieces of their own furniture as well as personal effects to decorate their rooms. Bedrooms were found to be kept clean and tidy with the support from housekeeping staff. Care had been taken when positioning beds and easy chairs so people could enjoy the natural light from the window and were able to look outside.

There was a mixture of communal spaces that people could use that were comfortable and homely. A very well-maintained garden was available at the front of the home and there was an enclosed courtyard with garden furniture and floral arrangements that people could enjoy. People were supported to spend time in the garden during our visit, enjoying the sunshine and fresh air.

The provider had invested in the home, we observed areas that had been decorated, a new boiler had been installed and a new driveway had been laid making a significant improvement to the front of the home.

Bathing facilities and storage space had been identified as requiring improvement. It was positive to hear that plans were being made to upgrade these facilities which will improve outcomes for people.

Housekeeping staff had environmental cleaning schedules in place, we found the home to be clean and tidy. The registered manager should ensure roles and responsibilities are clear in relation to the cleaning of shared equipment, we found a shared mechanical hoist to require cleaning and no record in place to evidence when last cleaned.

The provider had arrangements in place for external contractors to attend the home to service areas such as equipment, water systems and appliances in line with recommended guidance.

Systems were in place for the ongoing monitoring and maintenance of the building and environment. We found that some areas were not being monitored consistently and there were gaps in documentation which may place people at risk. We raised these areas at the time of inspection and the provider and registered manager took immediate action to address these issues.

How well is our care and support planned?

3 - Adequate

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

The registered manager or appointed staff member should be fully involved in the assessment process of new admissions to the service. This is to ensure that the service can meet people's assessed needs (See area for improvement 1).

People's personal plans were stored electronically. It was positive to hear that relatives could gain access to some information stored electronically. The provider should ensure that people supported have access to a copy of their personal plan. This should be in a format which is accessible and meaningful to them.

Some personal plans and assessments were detailed and contained some very person-centred information. However, some plans required further development and information to be either included or updated. We have reported on personal plans under key question one and repeated an area for improvement. This is to ensure that the most up-to-date information is available to inform and guide staff on how to support people consistently, safely and the way they wish to be supported.

Where there is a risk to a person's health and wellbeing, a robust and comprehensive risk assessment must be in place to ensure staff are aware of the measures in place to reduce the risk and keep people safe.

The registered manager had introduced "resident of the day." This offered people the opportunity to have a say in decisions about their care. All departments within the home were to take the time to gain feedback from the person on areas such as laundry facilities, meals provided and activities on offer. This gave people the opportunity to say what was working well and what could be improved. This process was still developing and to make it meaningful the registered manager should ensure all information is captured and where required personal plans updated to reflect any changes.

Conversation had commenced with some people in relation to future care planning. This gave people and where appropriate their family members the opportunity to make choices about how and where they wished to be cared for, should their health needs change.

Reviews including people and family members or representatives were not being completed for all people on a six-monthly basis or earlier if required. The registered manager had commenced liaising with social work and family members to plan dates for future reviews. We have repeated an area for improvement relating to six monthly reviews of people's care provision.

Areas for improvement

1. Prior to admission to the home the registered manager or appointed staff member should complete an assessment of people's needs. This is to determine that the service is able to provide the correct level of care and support required.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

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

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

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 11 May 2022.

Action taken on previous requirement

We reviewed this requirement at the follow up inspection which took place on 23 March 2023. Some progress had been made at that time; however further improvements were required.

During this visit we found the provider had a quality assurance policy and procedure in place to monitor the quality within the service. Auditing frameworks and tools were available to support this work.

However, the responsibility for completing some of this work was unclear. This was partly due to changes in the staff team.

There was a lack of management oversight in relation to parts of the audit system. We found a number of areas where audits had stopped or were not being completed consistently. The lack of effective auditing had resulted in areas not being identified and addressed. Some of these related to areas involving health and safety, the lack of audits has the potential to put people at risk.

The provider had implemented a service development plan. The plan was specific, measurable, achievable, relevant and time-bound (SMART). The plan evidenced a number of areas which had been achieved and other areas which were being progressed which was positive.

Additional information included within the development plan to action would support the provider and management team to have increased oversight. This would support the service to meet the health, safety and wellbeing needs of people.

This requirement had not been met and we have agreed a further extension until 25 November 2024.

Not met

Requirement 2

By 15 August 2022 the provider must review recruitment record of new employees 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).

This requirement was made on 11 May 2022.

Action taken on previous requirement

We reviewed this requirement at the follow up inspection which took place on 23 March 2023. Some progress had been made at that time; however further improvements were required.

During this inspection we found the provider had reviewed and updated their safe recruitment policy and procedure.

We found recruitment files in place which included a checklist to use to evidence the date procedures were completed and information was obtained.

From the sample of recruitment files, we viewed we found there were still omissions in some key information. We found examples where two references had not been obtained and a lack of records of interviews which had taken place. We asked the registered manager to review the recruitment records of recent employees to ensure all required information was included. Risk assessments should be completed in the absence of information.

The provider and management team required to follow their own policy and procedure in order to ensure safe recruitment is being followed.

This requirement had not been met and we have agreed a further extension until 25 November 2024.

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 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).

This area for improvement was made on 11 May 2022.

Action taken since then

The provider used a digital care planning system to develop and manage people's personal plans, this had now been established within the service. Staff had access to handheld devices where they could read people's personal plans and record people's care notes.

The personal plans contained some detailed information, however the level of detail within some plans was inconsistent and there were gaps in some areas.

Personal plans were now being evaluated on a monthly basis and staff were recording within the electronic care planning system when this had been completed.

We found some information that was not up to date. This included how people were supported with mobility and also personal emergency evacuation plans (PEEPs).

The staff team were continuing to progress this area, the completion of a personal plan audit would help to focus where improvements were needed.

This area for improvement had not been met.

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 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).

This area for improvement was made on 11 May 2022.

Action taken since then

The medication policy and procedure had been reviewed and updated. The provider and management team had reviewed the storage of medication. All bedrooms now contained medication pods for safe storage of medication. This made the administration of medication more person centred. Staff spoke positively about the changes and the positive impact this has had.

A medication audit was in place and being completed. We suggested the manager includes additional information within the audit to support further improvement in this area.

This area for improvement had been met.

Previous area for improvement 3

To ensure the staff team have the correct skill and knowledge required to meet the needs of people, the 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).

This area for improvement was made on 11 May 2022.

Action taken since then

The provider had a training needs analysis in place, this highlighted the mandatory training to be completed and the frequency of this. Mandatory training compliance had increased. We discussed with the registered manager now addressing outstanding mandatory training on an individual basis.

A plan was in place for staff training which was a mixture of online and in person training. The registered manager was able to provide examples of additional training completed and pending training.

To support good outcomes for people all staff should be supported to complete additional training based of people's needs. This includes continence care, nutrition and hydration and stress and distress.

This area for improvement had been met.

Previous area for improvement 4

The provider should ensure that people experiencing care, 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).

This area for improvement was made on 11 May 2022.

Action taken since then

We discussed anticipatory care plans now known as future care plans with the registered manager. We were informed that these had been discussed with people, their family members and where appropriate the local medical practice. We viewed examples of personal plans which included people's future wishes should their care needs change.

This area for improvement had been met.

Previous area for improvement 5

People should have the opportunity to review their care and support at least six monthly, or earlier if required. The provider should coordinate review meetings with people 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).

This area for improvement was made on 11 May 2022.

Action taken since then

The registered manager had introduced a system to monitor people's six monthly reviews. Some reviews had taken place, including one on the day of the inspection. These had not all been completed for everyone consistently on a six-monthly basis.

The registered manager was able to evidence how they were addressing reviews which were overdue. We observed communication with social work and family members or relevant individuals to obtain suitable dates for pending reviews. The registered manager continued to work on this area for improvement.

This area for improvement had not been met.

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
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
3.3 Staffing arrangements are right and staff work well together	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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