

Eldercare (Halifax) Limited

# Bankfield Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

This inspection took place on 21 June 2017 and was unannounced. Bankfield Care Home is registered to provide accommodation and personal care for up to 37 older people. On the day of the inspection there were 19 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

At the inspection in December 2015 we rated the service 'Requires Improvement' and found one breach of regulation. At last inspection in December 2016 we rated the service 'Requires Improvement' and found improvements had not been made and the service was still in breach of the same regulation plus an additional two regulations. We issued a requirement notice because the provider did not always assess and mitigate risks to people's health and safety. We also took enforcement action and served two warning notices because care was not always appropriate and did not always meet people's individual needs, and systems and processes were not operated effectively and an accurate record of each person's care was not always maintained. At this inspection we have rated the service 'Requires Improvement'. We found the provider had improved some aspects of the service although this was not sufficient to meet regulation. They were still in breach of the same three regulations plus an additional regulation.

We found medicines were not managed consistently or safely and risks to people were not always well managed. Environmental risks were generally well managed however, there were areas of the home that needed repairing and decorating. There was no formal plan to address the environmental issues.

People told us they felt safe living at Bankfield Care Home and staff we spoke with told us they would report any concerns to the registered manager. They had received training around how to safeguard people. Staffing arrangements were appropriate and recruitment processes ensured checks were carried out before staff started working at the service.

Staff felt well supported in their role. Staff received training and supervision although records showed some staff had only received one supervision session in the last six months and some training was out of date. The registered manager was taking action to make sure training and supervision was kept up to date. Staff we spoke with told us they would recommend the home as a place to work and would be happy for their relative to live at the home.

People were complimentary about the staff who cared for them, and during the inspection we observed some very caring and kind interactions. However, we also observed times when people's privacy and dignity was not respected.

The quality of care planning and care recording varied. Some care plans were detailed and provided clear guidance around how care should be delivered; others did not cover people's needs or were not followed. The registered manager had identified that further development was required around how they met the requirements of the Mental Capacity Act 2005 and our inspection findings confirmed this.

People were offered varied meals and had plenty to eat and drink. They received appropriate support to make sure their health needs were met. People told us there was not very much to do and not enough opportunity to go out. The registered manager acknowledged that activity opportunities for people needed to improve and was confident this would be addressed once a new activity worker started at the end of June 2017.

The provider had quality management systems in place but we found these were not always operated effectively. Sometimes areas for development were identified but not actioned. A number of issues we identified at the inspection had not been picked up through the provider's quality management systems.

Systems were in place to respond to concerns and complaints.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These related to safe care and treatment, consenting to care, person centred care and governance. We will report on the action taken when it is complete.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were inconsistencies in how risk was managed. Risks to people were not always well managed. Environmental risks were generally well managed.

Some aspects of medicine management were well organised and effective. Other aspects were not managed safely.

Staffing arrangements were appropriate to meet people's needs. Recruitment procedures were robust.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received training and supervision. The registered manager was taking action to make sure this was kept up to date.

The process for assessing people's capacity was being further developed. A system was in place for monitoring who had a DoLS in place but staff were not familiar with this.

People were provided with plentiful supplies of food and drink, and received appropriate support to make sure their health needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People were complimentary about the staff who provided care and support.

We observed interactions where staff were very caring. However, we also saw practices which showed a lack of respect for people's privacy and dignity.

Information was available to help keep people informed about what was happening in the service.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

The provider's care planning system was not always person centred and guidance about delivering care was not always followed.

People were not enabled to carry out person centred activities. The provider had taken action to address this and an activity worker was commencing.

Systems were in place to respond to concerns and complaints.

**Requires Improvement** 

### Is the service well-led?

The service was not well led.

The provider had failed to make the required improvements following Care Quality Commission inspections.

The provider had quality management systems in place but these were not always operated effectively. Issues were sometimes identified but not always actioned.

The provider had systems in place for people to share their views although not everyone felt they had opportunity.

**Inadequate** 

# Bankfield Care Home

## **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. This inspection was planned to check whether the provider is 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.

The inspection took place on 21 June 2017 and was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 19 people using the service. During our visit we spoke with 10 people who used the service, two visiting relatives, a health professional, eight members of staff, the registered manager and area manager. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at eight people's care records.

# Is the service safe?

## Our findings

At the last inspection we found risk to people's health and safety were not always assessed and mitigated. The provider sent an action plan and told us how they were going to make improvements; they told us they would make the improvements by March 2017. At this inspection we found although the provider had introduced new risk assessments these were not always effective because risks to people were not always well managed. For example, one person's care plan showed they should be offered a soft diet and thickened fluids as they had swallowing difficulties and were at risk of choking. At lunchtime this person was given a gammon steak and whilst eating this we observed they had a prolonged choking episode. Staff provided immediate support and assistance staying with the person until they recovered; however, we found staff were not aware this person required a soft diet. The cook told us no one was on a soft diet. We asked the registered manager if the dietician or speech and language therapist (SALT) team had been involved in this person's care. They said they did not know and were unable to find any evidence of this. Following the inspection we made a safeguarding referral as we were concerned this person's needs were not being met appropriately. After the inspection the registered manager sent us confirmation they had made an urgent referral to the SALT team and had updated the person's care plan, risk assessment and mental capacity assessment which showed additional measures were introduced to manage the risk.

We saw another person's care records showed they had lost over 5kgs in weight between 3 March and 12 May 2017 and had not been weighed since. The malnutrition universal screening tool (MUST) was incomplete as the person's height or body mass index (BMI) was not recorded, therefore the level of risk could not be determined. The nutritional care plan showed the person had lost weight in January and February 2017, was on a food chart and was to have regular snacks throughout the day. We looked at the food charts for this person for the three days leading up to the inspection and saw no snacks recorded. We saw on one of these days the chart showed the person had not received any food and only one drink and recorded the person had been asleep all day. The following day their total nutritional intake comprised of two Weetabix, meat and potato pie, three quarters of a banana, three sandwiches and 425mls of fluid. We looked at the dietary list in the kitchen which listed people who needed to increase their weight and this person was not included on the list. The service had identified people who required close monitoring of their weight and were therefore being weighed weekly. The registered manager confirmed this person was had not been included.

We observed staff used different techniques to assist one person to get up from a chair to a standing position. On two occasions they assisted the person without any aids; on another occasion they used a stand aid. During the use of the stand aid the person was clearly unsure of what was happening and said, "That's awful". A member of staff said, "I've never used this before." We asked the registered manager about the use of the stand aid and they confirmed the person did not require the stand aid and had no relevant risk assessment or care plan.

We saw people had a range of risk assessments which related to their care and support. The registered manager explained they identified risks to individuals using a checklist, and areas of need were then identified and relevant care plans and risk assessments were developed. We saw examples where this was

done effectively, which covered key areas such as 'my skin assessment and risk', my hygiene and personal appearance', and my sleep and rest'. For example, one person was at risk of developing pressure sores; we saw their skin assessment was reviewed monthly and their care plan stated district nurse visited weekly. Other records we reviewed confirmed this.

Although some risks were assessed and well managed others were not and therefore we concluded care was not always provided in a safe way. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked around the service and saw some areas of the service were pleasant and well decorated; other areas needed repairing or decorating. One bathroom had a notice on the bath which stated it had been condemned and a sticker on the bath hoist which stated 'Do not use- not LOLER (Lifting Operations and Lifting Equipment Regulations) certificated'. People had access to shower rooms on the first floor but if people wanted a bath they had to use the only one in the service which was on the second floor. In a shower room paintwork was damaged, the radiator was rusty and some tiles were missing or cracked. We saw the stair carpet was worn in areas. There was no formal plan that identified which were priority areas or when they would be decorated or refurbished. The registered manager said the provider had arranged for the top floor of the service to be decorated, which would be commencing soon. The registered manager and area manager agreed to develop a formal environmental decoration and refurbishment plan that included timescales.

We looked at certificates and service records such as gas installation, electrical wiring and fire safety equipment; these showed checks had been carried out to make sure the premises and equipment were safe. The passenger lift report stated some work was required; after the inspection the registered manager sent us follow up reports that confirmed work was completed in March and June 2017. The June report had six advisory points in the comments section; the registered manager said they were waiting for quotations for the recommendations.

Weekly fire door checks, fire extinguisher and fire alarm tests were recorded. A fire drill had been completed at the beginning of June 2017 and the previous fire drill was at the beginning of June 2016. However, this did not meet the requirements of the provider's 'fire policy' which stated fire drills will be held, as a minimum, twice a year. The registered manager said they would ensure they met this requirement.

Water temperature checks were carried out around the service and these showed people were not at risk of scalding. We checked the water flow temperature at several points throughout the service and found one shower when at the highest setting was very hot; a member of the inspection team was unable to keep their hand under the water flow. A thermometer used by staff to test water temperature stated it was 44 °C. National health and safety guidance (Managing the risks from hot water and surfaces in health and social care) states, 'If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality'. The person who carried building maintenance checks told us valves which controlled the temperature of water were fitted to baths and hand wash sinks but were unsure if they were fitted to the showers. The registered manager said they would take immediate action to address the issue with the shower. After the inspection they confirmed people were using alternative shower facilities, and a part had been ordered to control the temperature of the shower which would not be used until fixed.

We saw staff had discussed health and safety during team meetings. For example, in May 2017 the meeting minutes stated they had discussed moving and handling, and manual handling practices around 'assisting sit to stand were demonstrated'. Safeguarding people from abuse was also discussed and 'staff gave examples of when they would raise a concern'.



At the last inspection we found overall medicines were managed safely but some improvements were required to ensure they were consistently given in an appropriate way. At this inspection we found improvements were still required. Some aspects of medicine management were well organised and effective. For example, staff responsible for administering medicines had completed medicines training and their competency had been assessed to ensure they practiced safely. We observed the staff member administering the morning medicines was patient and kind giving support where needed to ensure people had taken their medicines. We saw medicines were stored securely.

Arrangements had been put in place to make sure people who were prescribed medicines to be given before food received them appropriately. Administration records for people who were prescribed topical medicines such as creams demonstrated these had been given consistently and body maps informed staff where the creams should be applied.

However, we also identified areas of concern, some of which had been raised at the last inspection. We saw records to monitor the daily temperature of the room where medicines were stored and the medicines fridge had not been completed consistently. For example, temperatures had not always been recorded daily and no entries had been made since 17 June 2017. The medicine room temperatures showed the recommended storage temperature of 25°C had been exceeded on four occasions in June 2017. We checked the room temperature on the day of the inspection and it was 27.5°C. Although a recent medicines audit had identified room temperatures were exceeding the safe limit and a fan had been put in place, this was not effective in reducing the temperature.

The registered manager told us six months' supplies of medicines were ordered from GPs. They said the GPs sent them a copy of the monthly prescriptions and the staff were then able to check these against the monthly deliveries to ensure all medicines had been received. However, when we asked to see records of this process the registered manager was only able to provide copies of prescriptions dated 2015.

We found medicine administration records (MARs) were generally well-completed, however there were inconsistencies. For example, most people prescribed 'as required' medicines had protocols in place to guide staff as to when these medicines should be administered and how frequently. However, we found there was no protocol in place for one person who was prescribed an 'as required' medicine. Similarly we saw some people had handwritten MARs and most of these were signed by two staff to confirm the entries were correctly transcribed although we found one person's MAR had not been signed by two staff.

We saw another person's MAR showed they had refused two of their medicines over the previous three days. The staff member was able to explain the reasons for this although this was not recorded on the MAR. Another person's MAR showed they had not received any of their prescribed medicines including nutritional supplements on 20 June 2017 or the morning dose on 21 June 2017 as they had been asleep. The area manager told us it was their policy to inform the GP after a person had missed their medicines for three days or more.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs (CD). The registered manager told us no one was currently prescribed a CD. However, one person's care plan showed they were prescribed a CD on an 'as required' basis for the relief of chronic pain. We saw a protocol was in place advising staff when this should be administered yet the CD was not prescribed on the MAR and was not in stock. The staff member told us the GP had discontinued the CD yet they were unable to tell us when this had occurred or find any record to evidence this communication. We asked the registered manager to clarify this with the GP as the person had told us they were in a lot of pain.

Although some aspects of medicine management were well organised and effective other aspects were not and we therefore concluded medicines were not always managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they felt safe living at Bankfield Care Home. Comments included, "Oh yes love I'm safe here", "I have my own room. My stuff is safe yes", and "Much safer here yes". A relative said, "[Name of person] was struggling at home. She is safe here now."

Staff we spoke with confirmed they had received safeguarding training and told us they would report any concerns to the registered manager. They were able to describe signs and symptoms which may indicate abuse had occurred and knew the reporting processes. Staff were aware of whistleblowing and said they would have no hesitation in contacting external agencies if they felt concerns they had raised had not been dealt with appropriately. The registered manager told us there were no open safeguarding cases at the time of the inspection.

In the PIR the provider told us, 'Dependency levels within the home are reviewed to ensure that they are up to date and accurately reflect the resident's needs. The dependency levels are then reflected in the staffing levels to ensure there are adequate levels of staffing throughout the day and night to meet the resident's needs. The home has not used any agency staffing since 1 April 2017 due to successful recruitment and low staff turnover. This further contributes to the safety of the home as all staff are familiar with the residents and able to anticipate risks to their health and safety and provides a continuity of care to our residents.' We reviewed staff rotas and the dependency assessments which showed staffing levels were consistent and met the levels identified through the dependency tool.

Staff we spoke with said the staffing levels made sure people were safe. People who used the service did not raise any concerns about the staffing arrangements. During the inspection we saw people did not have to wait for staff when they requested assistance. Staff were visible and spent time in communal areas so when people were getting up or moving around they were available. An incident occurred during the morning which required two members of staff to dedicate their time with one person for approximately an hour. Staff continued to provide care and support to others during this period although the member of staff who was administering medicines was distracted at times and lunch was slightly delayed.

We spoke with recently recruited staff who told us about the recruitment process and confirmed they were not able to start work until all checks had been completed. We looked at three staff files which confirmed this.

## Is the service effective?

### Our findings

Staff said there were plenty of training opportunities and training was kept up to date. One staff member told us they had recently completed a first aid course and another had just done a medicine training update. We spoke with recently recruited staff who told us they had completed six days induction at the provider's head office and also had a period of shadowing more experienced staff.

In the PIR the provider told us what they did to ensure staff were appropriately trained and supported so they understood how to carry out their role and responsibilities. They said, 'All staff members administering medications have received appropriate training and competency assessments to safely administer medication' and 'Appraisals have identified a number of 'champions' within the home interested in developing nutrition, activities and community involvement and pressure care. Additional support for the identified champions is to be sourced and implemented so they can undertake these duties. An ongoing training plan is in place to identify and close any shortfalls in training updates.'

The registered manager confirmed staff should receive at least six supervision sessions per year. They maintained a matrix which showed all staff had received a supervision session with their supervisor in January or February 2017. Some staff had received a further supervision in April and May 2017 but not all. The registered manager told us supervisions were booked for July and "a second date was planned in August to capture the next supervision period".

The training matrix listed a variety of training course which included first aid, health and safety, fire safety, care planning, documents, communication and reporting, person centred care, dignity, choice and diversity, dementia, safeguarding and manual handling. We saw staff had received most of the training and dates they expired were clearly recorded. Some staff had blank sections against some training; the registered manager explained this was because the provider had changed systems and the training records had not transferred. They were confident all staff had completed the training previously but required a training 'update'. We saw a record of confirmation the relevant training had been booked.

The Mental Capacity Act 2005 (MCA) 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. People can only be deprived of their liberty so that they can 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).

People told us they could make decisions about their care. One person said, "I make my own decisions. I choose." A relative told us, "If there are any decisions I am I involved yes".

The registered manager said they were developing assessments and care plans around mental capacity. They explained assessments had been completed around people's capacity to consent to reside at

Bankfield Care Home but were still identifying where people required other decision specific assessments.

The service had a matrix which identified who was subject to an authorised DoLS and when these expired. They had a system which ensured, if appropriate, DoLS renewals were applied for prior to expiry of the existing authorisation.

We saw one person had a condition on their DoLS. The condition was to ensure the person's care plan was updated; this had been completed and the condition was met. However, we saw another person had a condition on their DoLS that capacity assessments and best interest decisions were in place for the use of bed rails, handling belt, hoist, wheelchair lap strap, medicines and care and treatment. We saw there was a capacity assessment and best interest decision for care and treatment but not for any of the other areas stipulated in the condition. The registered manager confirmed these were not in place and said this would be addressed.

We saw another person had a sensor mat on their bed which alerted staff when they got up; the care plan stated this was because the person had a history of falls. We also found a listening device in this person's bedroom which the registered manager told us had been put in place a couple of months ago when the person had been ill and nursed in bed. This was switched on as we heard sounds through the receiving part of the device which was plugged in outside the medicine room. There was no reference to the use of this device in the person's care records. The care records showed this person was living with dementia yet there were no capacity assessments or best interest decisions for the use of either piece of equipment. The registered manager agreed to remove the listening device because it was no longer needed and review the person's assessments and care plan in relation to the sensor and determine what follow up action was required.

Staff we spoke with told us they had received training in the MCA and DoLS. However, they were not always clear who had a DoLS in place and said they would have to look in people's care plans. The service had a written handover sheet, which was used to pass on important information, however DoLS were not included. The registered manager agreed to introduce a system which ensured staff were fully aware of who had a DoLS in place.

The provider was developing systems for complying with the MCA but as yet this was not sufficient to ensure staff were acting in accordance with the legal framework for making particular decisions. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need to consent.

People told us they enjoyed the food. Comments included, "I can't grumble, I eat everything so it must be?", "Food is ok yes, I like it" and "The food is good. It depends on some days". One person told us their food was often cold. They said, "That is the first time I have had a hot meal here. It usually has to go back into the microwave."

Menus were displayed and followed a three week rota providing a choice at each mealtime. Dining tables were set although this did not include condiments. When we arrived some people had already eaten their breakfast. Others had their breakfast after we arrived. Some people enjoyed a cooked breakfast while others preferred cereal and toast. One person was given a jug of milk so they could pour this on their cereal. We saw people had different experiences at lunch. Some people enjoyed their lunch and received appropriate support. Others struggled and did not receive appropriate support. One person had difficulty eating their meal and staff did not ask them if they needed assistance. We saw a member of staff took the meal away and said, "Have you had enough?" However, it was evident from their actions they were not actually asking the

person because they did not wait for a response. Staff also removed the pudding without offering support or checking the person has finished. We concluded this person did not have a positive dining experience.

We spoke with the cook who had good knowledge and an understanding of people's dietary needs, although they were not aware of one person's requirement for a soft diet. The cook told us how they fortified meals with double cream, golden syrup and butter to provide extra calories for people who were nutritionally at risk. They said they made their own soups and homemade cakes. The cook knew who was diabetic and made low sugar options available for these people.

We saw people were provided with plentiful supplies of food and drink throughout the day. The cook brought individual pots of fresh fruit round mid-morning which we saw people enjoyed. It was a hot day and staff ensured people were provided with a choice of hot and cold drinks as well as a choice of ice creams and lollies in the afternoon.

People we spoke with said they received appropriate support if they were unwell and had access to healthcare professionals. One person said, "If I want a doctor or anything like that there is no problem." Another person said, "If I don't feel well the girls help me."

The care records showed people had input from different healthcare professionals such as GPs, district nurses, chiropodists, dentists and opticians. We spoke with a health care professional who visited on a daily basis. They said people were referred to them appropriately and promptly by staff. They said any advice they gave was acted upon by staff.

## Is the service caring?

### Our findings

People were complimentary about the staff who provided care and support. Comments included, "The girls are lovely", "Very nice, yes they are", "Oh their alright most of them", "The girls are great. They never stop", "I can't grumble they do their best" and "Nice girls, kind and helpful".

We observed staff were kind and caring in their interactions with people. We saw the cook spent time chatting to people as they brought round the fresh fruit mid-morning. We saw one of the domestic staff came to assist a person who was expressing concerns about their clothing. They reassured the person and went with them to their room to help them find what they were looking for. A care worker asked one person where they would like to sit and supported them to their chosen seat. One person had an accident and required medical assistance. Staff were caring and stayed with the person as they waited for the ambulance; they provided reassurance, kept the person up to date with what was happening and provided clear verbal and written information to paramedics when they arrived.

When we looked around the service we saw a notice reminding staff that people's toiletries were for their personal use and should be returned to their room. We saw toiletries were not left in communal bathrooms. This is good practice.

However, we also saw practices which showed a lack of respect for people's privacy and dignity. For example, the home has a tannoy system and as we sat in the lounge with people we heard this being used to summon staff to a person's room. The person's name was announced over the tannoy and that they were feeling unwell. We saw from a provider report that quotations were being sourced for a new call bell system. The area manager said until the system was replaced they would ensure staff did not use the tannoy system to communicate personal information. We saw one person was wearing their trousers back to front. We observed staff spoke about a person who used the service when they were present and said, "Do you want him here or in there?" And, "He wants the toilet."

When we arrived at 8.00am seven people were up, dressed and sat in the lounge. We were told they had finished their breakfast and their pots had been cleared away. This meant they got up early. They all required assistance from staff with their personal care, however, when we reviewed daily records and care plans there was no information about times people actually got up and their preferred times or usual routines. The registered manager said they would ensure people's preferred routines were identified through the care planning process and times for getting up and going to bed were recorded in people's daily notes. They agreed to monitor this closely.

In the PIR the provider told us what they did to make sure the service was caring, which included, 'Residents' life histories and end of life wishes are recorded within their care plans where this information has been shared with the home.' And 'The home continues to not place restrictions on visiting times and encourages relatives to have an active role within their loved ones life by coming and eating meals together, enjoying entertainment with them and personalising their bedrooms.' Our inspection findings confirmed this.

Information was available to help keep people informed about what was happening in the service. For example, we saw displayed menus, a notice about how to make a complaint, resident meeting dates and the last inspection report.

## Is the service responsive?

### Our findings

At the last inspection we found care was not always appropriate and did not always meet people's individual needs. We issued a warning notice and told the provider they must be compliant with the regulation by 13 January 2017. In the PIR the provider told us the action they had taken which included, 'Care plans have been rewritten and consistently reviewed to ensure they are person centred and meet the needs of the individual. Feedback is sought during resident and relative meetings to ensure the residents and their families are involved in the day to day aspects of the home and that we are meeting the needs and wishes of each individual.' Our inspection findings confirmed partly what the provider told us in the PIR but we found there were still some inconsistencies in how care was assessed and planned.

Our review of the care plans showed people's needs had been assessed before they were admitted to the home. We saw care plans were in place for all aspects of care such as 'my skin assessment and risk', 'my hygiene and personal appearance' and 'my sleep and rest'; these were well organised and easy to read. However, we found care plans varied in detail. We saw care plans had been regularly reviewed.

Examples where care plans were detailed included, one person's hygiene plan showed what the person could do for themselves and clearly stated the areas where they required support from staff. Another person's care plan identified the support they required with their mobility.

We saw examples where care and support was set out in the care plan but was not always followed in practice. For example, one person's communication care plan provided detailed information about a piece of equipment the person liked to have with them during the day as it brought them comfort. We saw the person did not have the equipment with them. We heard them ask a member of staff for the equipment during the morning but staff failed to bring it for them until late afternoon. Another person's care plan stated they would like to be offered a shower or bath at least once a week but when we looked at their daily communication records from 4 June 2017 there was no reference to the person having or being offered a shower or bath. After the inspection the registered manager wrote to us and said the district nursing team had advised the person should not have a bath or shower because they had a wound dressing, however there was no reference to this in their care plan.

We found important information was not always reflected in some people's care plan. For example, one person was repeatedly asking about an item of clothing; there was nothing about this in the person's care plan although staff told us this was something the person asked about daily. When we spoke with one member of staff they were able to provide background information and what had been done to try to alleviate the person's anxiety. We spoke with other staff who were unaware. Another person was often restless during the night but there was no reference to this in their care plan.

Although we saw some aspects of care planning were person centred we also found care was not always appropriate or planned in a way that ensured people's needs were met. We concluded the provider had improved the care planning process but this was not sufficient to meet regulation. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Person centred care.

People told us there was not very much to do and not enough opportunity to go out. One person said, "Activity you must be joking. Look around we are all asleep. We're stuck in here and never go out. Staff could take us for a walk but they don't. We could sit outside even." Another person told us they only saw staff when they served food or drinks. They said, "We are asleep because there is nothing to do." We observed some people sat for long periods with very little stimulation.

During the afternoon an external facilitator co-ordinated a group session which was upbeat and engaging. Once the session started it lightened the mood for people who used the service. We saw they became more alert and engaging, laughing, smiling and chatting. Staff also enjoyed seeing the people having a good time.

The registered manager acknowledged that activity opportunities for people needed to improve. They explained that an activity worker had been employed and was commencing at the end of June 2017.

People told us they would speak to someone if they were worried or had any concerns. Comments included; "I know how to speak up", "I would go and have a word if not ok" and "I've no complaints its ok".

In the PIR the provider told us they had not received any formal complaints in the last 12 months. The registered manager confirmed this was still the case at the time of the inspection. We saw a 'concern' had been raised in March 2017 and another in December 2016. The registered manager had responded to both concerns and recorded actions they had taken to resolve both issues. We saw the registered manager had telephoned one of the contacts to check they were happy with the outcome. The complaints procedure was displayed near to the entrance of the service.

We saw 'thank you' cards were displayed. Comments included, 'Thank you for taking such good care of Mum, and us' and 'To every member of staff at Bankfield Care Home- May I send my heartfelt thanks to every one of you. It's been very reassuring to know that our mother was so well looked after'.

## Is the service well-led?

### Our findings

At the inspection in December 2015 we rated the service 'Requires Improvement' and found one breach of regulation. At last inspection in December 2016 we rated the service 'Requires Improvement' and found improvements had not been made and the service was still in breach of the same regulation plus an additional two regulations. We issued a requirement notice because the provider did not always assess and mitigate risks to people's health and safety. We also took enforcement action and served two warning notices because the care was not always appropriate and did not always meet people's individual needs, and systems and processes were not operated effectively and an accurate record of each person's care was not always maintained. At this inspection we found the provider had improved some aspects of the service although this was not sufficient to meet regulation. They were still in breach of the same three regulations plus an additional regulation.

The manager had only just commenced employment when we carried out the last inspection and registered with the Care Quality Commission in February 2017. Staff said they enjoyed working at the home and felt supported by the registered manager. One member of staff told us they felt they could make suggestions for improvements and these were listened to and acted on. Another member of staff said the registered manager was "managing well". Staff we spoke with told us they would recommend the home as a place to work and would be happy for their relative to receive care at the home.

An area manager visited the service on the day of the inspection. They told us they had only just taken over line management responsibility for Bankfield Care Home and was just getting to know the service and everyone who lived and worked there.

The provider had quality management systems in place but these were not always operated effectively. We reviewed the last two provider visits reports from 16 January 2017 and 8 May 2017. After the inspection the provider told us they spoke to different people and focused on different areas during these visits. We saw at the last visit they reviewed three care plans and found they were 'all a really good standard' and medications which were reported as 'overall medication system as good'. They had noted the bath and bath hoist had been 'condemned' and 'a new bath was in the garage if it needed replacing'. The registered manager had requested a visit from a representative of the provider to 'look at the bath asap'. They also said this would be raised at senior management team meeting on 9 May 2017. Although this had been highlighted in the provider visit report the condemned bath and bath hoist was still in situ; the area manager said they would raise this with senior management. The report also stated the decoration plan in place for May had now been pushed back to the end of May/June 2017. At the time of the inspection decoration work had not commenced.

We saw the registered manager maintained an 'audit file' which clearly evidenced audits were carried out. At the front of the file a matrix showed which audits had been completed each month. We saw in May and June 2017 audits such as bedrail, pressure sore and care plans. Eleven care plans were audited in June 2017 and they identified action points such as completing mental capacity assessments and people's list of property and valuables. We saw an audit identified staff required updates in infection control training and a timescale

for completion was recorded as 30 June 2017. An accident/incident/near miss analysis was carried out in May 2017 where each incident was logged with a record of the date, brief description and actions i.e. admission to A & E or notification. An incident graph was generated; no trends of concern were identified. A medication audit carried out on 30 May 2017 showed the temperature in the medication room had exceeded the recommended storage temperature of 25°C so a fan was put in place. However, we found this was not effective because the temperature on the day of the inspection 27.5°C.

Although we saw the provider had quality management systems in place these were not always operated effectively. Sometimes areas for development were identified but not actioned. A number of issues we identified at the inspection had not been picked up through the provider's quality management systems. We concluded the provider had improved governance arrangements but this was not sufficient to meet regulation. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider had systems in place for people to share their views although when we asked people not everyone felt they had opportunity. We saw the last resident meeting minutes which was held in April 2017 showed discussions were held around activities, meals, cleaning and laundry. One person had suggested 'more physical activity'. The registered manager confirmed a 'chair exercise' session had been introduced twice a month. We saw people enjoying this session this on the day of the inspection. Another person had suggested 'fish and chips from the chip shop'. The registered manager confirmed these had been provided.

We saw staff meetings had been held in February, March, April and May 2017. We saw in May 2017 discussions were held around care planning, staffing rotas, moving and handling, safeguarding, training and maintenance.

The registered manager explained surveys had been sent to people who used the service, relatives and friends in May 2017. They were waiting for most to be returned and would then collate the responses. The surveys covered areas such as overall appearance of the home, helpfulness of care staff and ability to discuss problems with care staff or manager. We saw three had so far been returned; these provided varied feedback. One person commented the 'home has 'improved' and another commented 'most of the staff are helpful and kind not all though'.