

Esteem Care Ltd

Banksfield Nursing Home

Inspection report

20 Banksfield Avenue
Fulwood
Preston
Lancashire
PR2 3RN

Tel: 01772733001

Website: www.banksfieldnursing.co.uk

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Banksfield Nursing Home (Banksfield) is a purpose-built care home registered to provide nursing and residential care to a maximum of 42 service users. The service consists of a 20-bedded unit on the ground floor, providing general nursing and residential care. On the first floor, nursing and personal care is provided to a maximum of 22 people who live with dementia. The service was providing personal and nursing care to 33 people at the time of the inspection.

The meal time experience had improved. However, we found the provider did not always ensure people had access to a range of snacks between their meals and at night time.

People's experience of using this service:

The service failed to ensure people were consistently supported to maintain a good diet and fluid intake. People's records showed low fluid intake was not always considered or acted on and we could not be sure people were consistently offered food and fluids at night time. This placed them at risk of avoidable harm.

Staffing levels were not always consistent and this meant people were at risk of receiving a poor standard of care.

Communication at shift handover was not always effective for agency staff and this meant people were at risk of receiving inaccurate support.

Shortfalls found at this inspection had not already been identified by the provider therefore overall governance still required improvement. There had been some improvements made since the last inspection and areas which placed people at significant risk of avoidable harm had been addressed.

Staff were recruited in a safe way and checked for good character.

The recording and management of accidents and incidents had improved. The registered manager reported incidents to the local safeguarding authority and people's risk assessments were updated to show how further risk would be prevented. The service discussed lessons learnt with staff during shift handover however, this was not always recorded.

Staff had received training and development to enable them to undertake their role and responsibilities.

Staff told us they felt supported by the management team and had regular supervision.

People were asked to consent in line with principles of the Mental Capacity Act. Restrictive practices were considered and DoLS applications were made. Staffs awareness of the MCA and DoLS had improved.

People's care plans were written in a person-centred way and included information about their past hobbies and life experiences. People were encouraged to maintain relationships and build new friendships at Banksfield.

People had access to a wide range of external health and social care professionals and their advice was clearly recorded and acted on.

The service provided a good standard of end of life care and staff told us they felt confident and competent to support people with such needs.

The service considered ways to improve communication. This included easy read signage and experience surveys. People with visual and cognitive impairment had access to directional signage.

People were protected against bullying, harassment and abuse.

People were encouraged to be involved in decisions about the service and informed of change. Staff told us they were valued and could approach the registered manager if they had any concerns or ideas for improvement.

There was a new activity worker who had started to develop activity plans. People were encouraged to access the community and maintain links with local amenities.

The registered manager and nominated individual worked in a transparent way and understood their role and responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 22 November 2018). The service has been rated requires improvement for the last two consecutive inspections.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection, we found the provider had made improvements in relation to the breaches of regulations we found at the last inspection. However, we found further breaches of regulations.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to staffing, nutrition and good governance at this inspection.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Banksfield Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

Banksfield is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We used a planning tool to collate all this evidence and information prior to visiting the service.

The provider completed a Provider Information Return before the inspection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with three people who lived at the service. Some people who lived at the service were unable to provide reliable feedback therefore, we observed in communal areas and this helped us understand the

standard of support people received. We spoke with the nominated individual, the registered manager, the deputy manager, one senior support worker, four support workers and the handyman. We looked at a variety of records which included the care files for ten people who used the service and two staff recruitment files. We also reviewed a number of records related to the operation and monitoring of the service and medicines management.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- We received consistent feedback from staff about staff shortages and the impact this had on providing safe and effective care. Staff told us, "Sometimes we work short staffed when someone calls in sick." And, "We seem to be short staffed at the weekend when staff go off sick without notice."
- Staffing rotas showed shortfalls in the numbers of staff deployed. The registered manager provided information after the inspection about expected staffing levels determined by a dependency assessment tool to ascertain how many staff were required night and day. We checked 14 consecutive days from the April 2019 rota and found seven instances when staffing levels fell below what the provider had planned, and this meant the service had been short staffed.
- The dependency assessment tool directed the registered manager to deploy three support workers and one registered nurse at night time. The registered manager told us 29 people who lived at the service needed two staff to support them for personal care, this meant when staff were supporting people in their bedrooms other people in communal areas were potentially left unsupervised and this placed them at risk of avoidable harm.

Shortfalls in the consistency of staff deployed meant people were at risk of receiving poor quality care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- Staff were safely recruited. The provider carried out checks to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to consistently safeguard people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 13.

- There were improved systems in place to protect people from abuse. Staff demonstrated good understanding of abuse and how to make a safeguarding alert to the local safeguarding authority.
- The registered manager understood their responsibilities in relation to the reporting of safeguarding incidents and people's care records had been updated with detail of incidents. However, protection plans were not always devised to show how the known risk to individuals was reduced or managed. For example,

two people who lived at the service had a physical altercation, we found their care plans had not been updated to show how the risk of further incidents would be reduced.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems were in place to mitigate the risks to people's health and safety and therefore people were not adequately protected from receiving inappropriate or unsafe care and support. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment).

- Improvements had been made around how people were risk assessed and care plans showed management plans for example, managing the risk of falls, skin integrity and challenging behaviour.
- The service did not routinely undertake and record close observations after a person had an unwitnessed fall or head injury. A new system to record post falls observations was implemented during the inspection.
- People were assessed against the risk of choking and received correct foods in line with their swallowing ability. This was an improvement since the last inspection. However, we observed agency staff being unsure of people's individual needs when supporting them to eat and drink. Regular staff understood people's needs and therefore guided agency staff but it was not clear if agency staff received a detailed handover to prevent incorrect support being provided. The registered manager told us they would improve the shift handover process.
- Lessons learnt were not always clearly recorded. Staff told us accidents and incidents were discussed at shift handover and updated risk assessments were accessible for them to read.

Using medicines safely

At our last inspection the provider had failed to ensure information was available about medicines prescribed on a when required basis. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12 (g) in relation to medicines management.

- Staff followed safe and effective systems for the management of people's medicines. We observed staff administered medicines safely. Medicine storage was safe.
- People's preferences were recorded on the front of medicine records to direct staff about how they liked to take their medicines. Allergy and identification information was also available.
- The service maintained a good standard of recording in relation to people's medicines and protocols were available to direct staff around the administration of medicines prescribed on a when required basis.

Preventing and controlling infection

- The service had improved infection control systems and worked with Public Health England to address shortfalls found at the last inspection.
- People were protected by the prevention and control of infection. Staff had received training in infection control and we observed staff follow safe practices when assisting people with personal care and meal preparation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider failed to ensure people's nutritional needs had been accurately assessed and people did not always receive a nutritious diet. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found some improvement had been made however, the provider remained in breach of regulation 14.

- People were not consistently supported to eat and drink enough to prevent them from the risk of dehydration and malnutrition. We observed people go for long periods of time in the morning without being offered a drink and one person's mouth looked uncomfortably dry.
- We could not be sure people were being supported to maintain a balanced diet to prevent them from the risk of malnutrition and dehydration because diet and fluid records identified significant gaps. For example, fluid records showed one person went 15 hours without being offered food or fluids.
- We observed limited choices available when drinks and snacks were served between meals.
- People identified at risk of malnutrition and dehydration were not effectively monitored and this meant they were at increased risk of avoidable harm.

Failure to ensure people received adequate diet and fluids placed them at risk of avoidable harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Meal times had improved, and people were supported in a dignified way. People told us they enjoyed the food and were provided choice and control at meal times.
- People were referred to external dietician and speech and language professionals.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection the provider failed to effectively assess peoples' needs and provide care in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 11 (Need for consent).

- People had been assessed in line with principles of the Mental Capacity Act and consent was sought in a person-centred way.
- Staffs understanding of the MCA and DoLS had improved.
- People subject to a DoLS were assessed and records had been maintained to show what restrictions were in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff assessed people's needs before admission to make sure the service could meet their needs and preferences. Admission assessments had improved, and records showed comprehensive risk assessment and care planning was carried out within the first two weeks of admission.
- Guidance from external health and social care professionals was recorded and incorporated into peoples care plans. For example, advice from speech and language professionals about how to support people with their eating and drinking.
- Staff assessed people's changing needs and care plans included information about how people were supported to make informed decisions and day to day choices.
- People had access to a wide range of external professionals. We received positive feedback about how the service engaged with other agencies to provide effective and timely care.
- People had personalised hospital passports to promote effective communication when they were transferred between services.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to deploy staff with suitable training and experience. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18 (Staffing) in relation to staff training and development.

- Staff had training to enable them to effectively carryout their role and responsibilities. Staff told us they were satisfied with the standard of training provided and felt they could ask senior managers for training specific to their own development needs.
- Staff received regular supervision with their line-manager and told us they felt supported.

- New staff completed an induction programme and were monitored under the providers probationary employment procedure.

Adapting service, design, decoration to meet people's needs

- The environment on the dementia care unit had been improved since the last inspection. A quiet lounge had been refurbished with new chairs and soft furnishings. Bedrooms had been redecorated and furniture had been replaced.
- There were continued plans for refurbishment throughout the service and the registered manager confirmed that an odorous carpet in the ground floor lounge was scheduled for replacement.
- People could walk freely around both units and had access to directional signage.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed staff supported people in a kind and respectful way. People told us they felt safe and well cared for.
- We found an improvement in the way people were provided with personal care and people were supported to maintain their identity and dignity.
- We found people were dressed early morning and left on their bed by night staff, this was not a person-centred approach. The registered manager told us they would make immediate changes to ensure people were consistently supported in a person-centred way.
- There were no restrictions on visiting and we saw people's visitors were offered refreshments and comfortable seating.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had access to their care plans however, care plan involvement wasn't always recorded.
- We found people's representatives were informed when they were unwell or involved in an incident and communication with representatives was clearly recorded.
- People and their representatives had access to regular meetings and the manager operated an open-door policy.
- We observed staff ask people for their agreement before providing support and encouraged people to make decisions about their day to day lives.
- The service issued surveys to people and their representatives and analysed the results. The most recent survey results were wall mounted for everyone to access and provided in an easy read format.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider failed to ensure people's needs were met in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9 (Person-centred care).

- The service planned people's care so it was person-centred and relevant to their current needs and wishes. Staff demonstrated good understanding of the people they supported and treated them as an individual.
- People who lived on the dementia care unit were supported to maintain their identity, this was an improvement since the last inspection.
- People's life stories were collated and used to plan their care and recreational activities. However, people unable to independently access objects or watch television were not consistently supported to remain stimulated.
- The registered manager recognised the need to improve communication with agency workers to ensure person-centred care was consistent.
- There was a new activity worker who had started to organise events. Staff told us they had the opportunity to engage with people and time to talk.
- People were encouraged to maintain relationships with their family and friends.

Improving care quality in response to complaints or concerns

- The provider had a process to improve care in response to complaints or concerns. There had not been any complaints since the last inspection.
- People, visitors and relatives had access to the complaint's procedure. People told us they felt confident in raising their concerns and the registered manager was approachable.

End of life care and support

- People were supported to make decisions about end of life care and provided with information to enable choice and control.
- Staff had a good understanding of supporting people at the end of their life and had completed training.
- Advanced care planning was considered in a person-centred way. People in receipt of palliative care were assessed by senior medical practitioners on a regular basis and documentation was available to prevent unwanted admission to hospital.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care; Working in partnership with others

At our last inspection the provider failed to embed effective quality assurance systems this meant that failures found at our inspection had not been identified. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found some improvement had been made however, the provider remained in breach of regulation 17.

- Shortfalls found at this inspection had not been identified by the provider's quality assurance systems including failure to deploy safe staffing levels and risks associated with poor nutrition management.

This meant the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

- Since the last inspection there had been some improvements in quality assurance systems and oversight from the provider's compliance monitoring team.
- Audits showed clear information about areas for improvement and action taken was also recorded. As reported in the safe domain of this report, lessons learnt were not always recorded to show how the service had learnt from accidents and incidents.
- We received positive feedback from external professionals and were informed the registered manager welcomed support and oversight from commissioners.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At our last inspection the provider failed to consistently notify us of serious incidents. This was a breach of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvement had been made and the provider was no longer in breach of the Care Quality Commission (Registration) Regulations 2009.

- Providers and registered managers are expected to notify us about serious incidents, deaths, police

involvement and changes that may impact on the way a service operates. The registered manager was aware of regulatory requirements and submitted notifications to us in a timely way.

- The registered manager and nominated individual worked in partnership and understood their role and responsibilities.
- Staff told us they felt confident to undertake their roles and were able to source extra training when needed.
- There was an improvement in the way incidents were reported and escalated to medical professionals and the local safeguarding authority. The registered manager and nominated individual demonstrated understanding of their responsibility to act on their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in discussions about service development and prospective changes. The registered manager scheduled regular meetings for staff, visitors and residents to attend and minutes of the meetings were recorded. Staff told us they felt supported and listened to.
- The service was inclusive and accepting of peoples individual needs and preferences. During the pre-admission assessment people were asked for information about their background, religion and specific preferences to ensure the service could accommodate them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not consistently protected from avoidable harm in relation to risks associated with nutrition and hydration. Regulation 14 (1) (2) (3) (4)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust and did not identify the shortfalls found at this inspection. Regulation 17 (1) (2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always ensure sufficient numbers of staff were deployed and staffing levels were inconsistent. Regulation 18 (1)