

Esteem Care Ltd

# Banksfield Nursing Home

## Inspection report

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Date of inspection visit:  
16 February 2021

Date of publication:  
25 March 2021

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Banksfield Nursing Home is a care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 42 people. The service consisted 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.

### People's experience of using this service and what we found

Not all people consistently received safe care and treatment. Ways to manage risk were not always documented. This included the management of medicines. When supporting one person where restrictive practices were involved, best practice was not consistently followed. We observed some people failed to receive the support they required with their meals. Records and systems were not always accurate and sufficiently detailed to guide staff and protect people from the risk of avoidable harm.

There were times when some people required additional support or oversight, and this was not always available. We have made a recommendation about staff deployment. We noted concerns related to the cleanliness of some areas of the home. We have made a recommendation about this. We found two incidences when incidents had occurred, and the provider had not fully followed their regulatory responsibilities. We have made a recommendation about this.

Recruitment was carried out safely. The provider arranged police and reference checks and induction training when recruiting new staff. Staff were optimistic the new manager would bring positive changes within the home. People had access to health professionals and the opportunity to have any concerns or underlying health concerns investigated and reviewed. People and staff were supported to have COVID-19 vaccinations. Staff knew people very well. Interactions were familiar and sensitive. Staff listened and responded to people by observing what they said, changes in their body language and by monitoring their actions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 June 2019) and there were multiple breaches of regulation. At this inspection enough improvement had not been sustained and the provider remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

## Why we inspected

We received concerns about the safe care and treatment of people living with dementia, staffing levels and the lack of training related to moving and handling and managing some behaviours which challenged. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. The provider has taken action to lessen the risks and concerns identified.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Banksfield Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risk, medicines management, nutrition and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Banksfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who had yet to register with CQC. This meant only the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with one person about their experience of the care provided. We spoke with eleven members of staff including the regional manager, manager, compliance manager, two nurses, care workers, housekeeping staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had recently visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

### Staffing and recruitment

At our last rated inspection, the provider had failed to ensure the consistency of staff deployed. This 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).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager had suitable numbers of skilled and experienced staff within the building. However, due to the layout of the building, there were times when some people required additional support or oversight, and this was not always available.

We recommend the service review the deployment of staff at busy times to ensure people's needs are met.

- The manager stated they used a staff dependency tool to manage staffing levels and would share staff between each unit to manage busy times.
- Recruitment was carried out safely. The provider arranged police and reference checks and induction training when recruiting new staff.

### Assessing risk, safety monitoring and management

- Not all risks were consistently assessed and managed. The provider had identified risks to people's health and wellbeing, within their care plans. However, not all care plans had guidance and strategies for staff on how to identify and manage health risks, such as type 2 diabetes and epilepsy.
- Staff actions placed some people at risk of harm. We observed one person sat on a sling for several hours. The sling created a barrier limiting the effectiveness of a pressure relieving cushion the person was sat on.
- When people required help to reposition to minimise the risk of injury to their skin; staff had documented this had taken place with one staff member completing the task. We observed staff had not suitably completed the task and the care plan stated two staff were required to participate, for the task to comply with best practice.
- The provider had identified times when people could become upset and may require additional support. Care plans did not always show staff how to respond appropriately to manage people's changing needs.
- When people had significant weight loss good practice had not always been followed or documented to investigate the cause or lessen the risk. The concerns were initially highlighted by community health

professionals and the manager was investigating this at the time we inspected.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection visit, the manager stated all care plans would be reviewed. Additional training for staff would be sought related to the management of behaviours that.
- The manager was in the process of investigating people's weight loss before the inspection took place.
- Daily staff handovers were in place to share people's current needs and any risks identified. Staff we spoke to were aware of people's needs and knowledgeable about how to keep people safe.
- People had personal emergency evacuation plans (PEEPs). These are for people who may have difficulties leaving the home to a place of safety and may require support.

Using medicines safely

- Medicines were not always safely managed. Record keeping for three people's 'as and when required medicines' had not been completed. This meant there was no oversight on the amount of some medicines in stock. There was no evidence some people had received their medicines when required.
- Errors in medicines documentation were not identified and acted on at the time they occurred.
- One tablet and two half tablets were found on the floor in the treatment room. No-one was able to say who the tablets belonged to. The provider took appropriate action in investigating the concerns identified. The treatment room is a secure room where medicines and related documentation are stored.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed the person-centred administration of medicines. People were given time to take their medicines, by staff who knew them well.
- Controlled drugs were stored and recorded correctly. Controlled drugs are medicines that are tightly controlled by the government because they may be abused or cause addiction.

Systems and processes to safeguard people from the risk of abuse

- The provider did not consistently safeguard all people from abuse. They did not evidence that holding a person was always the right action to take to minimise the risk of harm to the person. There was no evidence staff had consistently tried other techniques, so restraint was not necessary.
- Staff had not received suitable training to ensure any restrictive practice including 'soft holds' is relevant and only used when absolutely necessary.

Systems were either not in place or robust enough to demonstrate people were consistently protected from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action to review the care people received. People were referred to specialist services as appropriate. Training was arranged so staff were suitably skilled.
- Staff had received safeguarding training. Staff were able to tell us the signs of potential abuse and what



they would do to raise concerns.

#### Preventing and controlling infection

- The provider had been visited by the Infection Prevention Team a few days before we visited. The management team were acting on the issues identified. Concerns included the décor and paintwork needed updating with some areas being visibly unclean.
- We were also not assured the provider was promoting safety through the hygiene practices of the premises. We noted some areas in some shower rooms needed a deep clean. Throughout the home the vinyl flooring was not always sealed at the edges which allowed dirt to gather.

We recommend the provider review their cleaning schedules to ensure the premises and equipment are kept clean in line with current legislation and guidance.

- It was difficult for the provider to meet shielding and social distancing rules. They were providing person centred support to people living with dementia who did not always understand the need for social distancing. The manager was aware of good practice guidance related to infection prevention control.
- The provider had a food hygiene rating of five. This means their food hygiene standards were very good and fully complied with the law.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider was working with a local authority multidisciplinary team of professionals to review working practices and make improvements where necessary to the care and support delivered.

# 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.

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider failed to ensure peoples' 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.

- In the upstairs unit, three staff supported 16 people with their meals. This included transferring food onto the plates and serving the food. Not everyone received the appropriate support they needed with their meals.
- Due to limited oversight, not everyone had their meals maintained at the right temperature for their whole mealtime. The manager stated they would be reviewing the food served and people's mealtime experiences.
- We read two peoples records on what they had eaten for lunch. The documentation did not reflect what we observed. We shared this with the regional manager and manager who stated they would investigate.
- People did receive food that was adequate to sustain life and good health. However, staff expressed concerns on the quality and variety. One staff member said, "The food, it's the worst." A second staff member raised concerns that meals such as hot dog sausages and tinned spaghetti was not substantial enough for some people.

We found no evidence people had been harmed however, systems were not robust enough to consistently allow people to receive the appropriate prompts, guidance and support. This placed people at risk of harm. This was a breach of regulation 14 (Meeting Nutrition and hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had completed regular computer-based training in subjects relevant to their work. This included training around infection prevention and control and how to wear and discard PPE. It did not include training on behaviours that challenge or restraint. After our inspection the manager arranged training that focused on potential aggression and how to manage it.
- The had been several changes in the management team. However, staff were optimistic the new team would bring positive changes within the home. One staff member said, "I feel confident [regional manager]

would listen to me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at Banksfield Nursing Home. Information gathered during assessment was then used to create people's care plans. People's needs were reassessed on a regular basis or when needs changed.
- Care plans identified when people had underlying health conditions or behaviours that challenge. However, they did not always identify how people presented if they were physically or mentally unwell. The care plans did not always guide staff on what support people required to stay safe when their health deteriorated.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- Pandemic restrictions had impacted on face to face consultations with some health professionals. However, people still had access to health professionals and the opportunity to have any concerns or underlying health concerns investigated and reviewed.

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

- The manager completed regular walks around the home to review the environment. They had identified some areas of improvement to meet people's needs.
- The home had two separate units. The ground floor unit had access to a garden which we saw being used. The upstairs unit had a quiet lounge, however people congregated in the hall and reception area. People's preferences were respected and documented in their care plans.
- We saw some dementia friendly signage within the home. This helped guide some people around the home. We noted keypads were on doors to secure the home and keep people safe. One person had requested and had a gate on their bedroom door to promote their privacy.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people lacked the mental capacity to make a decision regarding COVID-19 vaccinations staff had ensured that best interests' decisions were made in accordance with legislation. However, when one person had refused medicines staff had respected their decision. Information had not been shared in an alternate way, no capacity assessment or best interest discussions had been considered to ensure all options had been reviewed. The manager said they would review how information was shared to ensure legislation and best practice was followed.

- The management team took the required action to protect people's rights. Appropriate applications had been made to the local authority for DoLS assessments.
- Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. We observed staff offering choices and respecting people's preferences.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 the provider remained in breach of regulation 17.

- Audit systems and processes had not identified the shortfalls we found. The monthly medicines audit did not reflect the lack of paperwork in some files or the lack of compliance with some processes used manage stock control. The care plan audit did not reflect the shortfalls we found. There was no consistent oversight to ensure people were having their current needs met.
- When people had underlying health or behavioural support needs these had been identified, but signs, symptoms and how to manage these concerns were not always present.

Records and systems were not always sufficiently detailed to guide staff and protect people from the risk of avoidable harm. This placed people at risk of care that was not always well-led. This was a continuous breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was working with the local authority and health professionals in addressing the concerns identified. The manager had provided a plan of actions taken and time scales when additional work would take place.
- The provider had gathered information from incidents and accidents to monitor and improve the quality of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were clear about their roles and regulations. However, we found two incidences when CQC were not informed of incidents that had occurred. The notifications should have been submitted at a time when two members of the management team were not on site due to COVID-19. All other

interested parties had been informed and actions had been taken to minimise risk. The regional manager was unsure why two notifications had not been submitted when all other management actions had been taken.

We recommend the provider implements governance processes, so they have systems to ensure they consistently meet their regulatory responsibilities.

- The regional manager and manager understood their legal responsibilities in relation to being open and honest with people when something went wrong and were open and honest in their conversations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's lack of consistent effective quality assurance processes and an environment that raised some infection control concerns did not consistently promote a person-centred experience for people.
- Staff knew people very well. Interactions were familiar, sensitive and included the therapeutic use of touch as a way of connecting with people. Staff listened and responded to people by observing what they said, changes in their body language and by monitoring their actions.
- Plans were ongoing to start face to face visits by relatives. One person received a video call from a relative and telephone contact was ongoing.

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<br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were either not in place or robust enough to demonstrate safety and medicines were effectively managed. This placed people at risk of harm.<br><br>Regulation 12(1)(2)(a)(b)(g)                         |
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Systems were either not in place or robust enough to demonstrate people were consistently protected from abuse and improper treatment.<br><br>Regulation 13(1)(4)(b)(c)(d) |
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs<br><br>Systems were either not in place or robust enough to consistently allow people to receive the appropriate prompts, guidance and support.<br><br>Regulation 14(1)(4)(a)                          |
| Regulated activity   | Regulation  |

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems were not operated effectively to ensure compliance and the provider had failed to meet the requirements of all regulations.

Regulation 17(1)