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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bankfield Care Home on 4 December 2015 and the visit was unannounced. Our last inspection took place on 3 September 2013 when the service was found to be compliant with regulations inspected at that time.

Bankfield Care Home is registered to provide accommodation and personal care for up to 37 older people. Bedrooms are mostly ensuite and are set over two floors. There are two lounges, one split into two parts, and a dining room on the ground floor. On the day of the inspection there were 26 people living at the home.

The registered manager has been in post for several years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service told us they felt safe. Staff had received training and understood their responsibilities in in keeping people safe.

Procedures for staff recruitment were in place and thorough checks were completed before staff started work to make sure they were safe and suitable to work in the care sector.

We recommended that the service considers the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes to improve management of medicines .

Staff told us they felt supported by the manager and we saw that staff received regular training and updates.

People and relatives we spoke with told us they liked the staff and found them caring and helpful.

There were enough staff on duty to meet people's care needs and the manager said they kept this under continuous review.

We saw people enjoyed the activities provided at the home.

People had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met.

Staff treated people with respect but some improvements were needed in care practice to ensure people's dignity needs were met.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) but we recommended that the provider puts processes in place to make sure that Mental Capacity

Assessments are completed thoroughly and accurately.

Care plans were in place and had been developed with a person centred approach but varied in detail and quality and there was little evidence of people being involved in the planning and review of their care.

People told us if they had any concerns or complaints they would feel able to take these up with the staff or the manager. The manager maintained an overview of any concerns or complaints.

Quality assurance systems were in place and were maintained well by the manager but action plans were not developed to inform people of the results of quality assurance surveys.

The provider did not respond to concerns made directly to them in a timely manner.

We found one breach of regulations and you can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Staff had received training in safeguarding people. However, incidents of verbal abuse between people who lived at the home had not been always been recognised as safeguarding issues.

Accidents and incidents that happened in the home were managed well and analysed to see if any actions could be taken to mitigate risks to people living at the home.

Systems for managing and administering medicines were safe but some improvements were needed.

Staff were being recruited safely and staffing levels were kept under review to make sure there were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective

Staff received the training and support they needed.

Assessment of peoples mental capacity was not thorough or accurate.

People's nutritional intake was not being monitored sufficiently to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was caring.

Staff treated people with respect and kindness.

People told us the staff cared for them well.

Staff were inconsistent in their approach to making sure people's dignity needs were met.

Is the service responsive?

Requires Improvement

The service was responsive but some improvements were

needed.

Care plans were in place and had been developed with a person centred approach but varied in detail and quality.

There was little evidence of people being involved in the planning and review of their care.

People were offered a range of activities which they enjoyed and met their needs.

Complaints were managed well

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a manager in post who provided leadership and direction to the staff team.

Quality assurance systems were in place and were maintained well by the manager.

Action plans were not developed to inform people of the results of quality assurance surveys.

The provider did not respond to concerns made directly to them in a timely manner.

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.

This inspection took place on 4 December 2015 and was unannounced.

Before the inspection we reviewed the information we held about the home. This included information from the provider, the local authority contracts and safeguarding teams. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This 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.

The inspection team consisted of one inspector and an expert by experience with experience in older people and older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of our inspection we spoke with eight people who lived at Bankfield Care Home and three people who were visiting their relatives. We also spoke with four members of care staff, the activities organiser, the cook, the registered manager and the regional manager.

Some of the people we spoke with had complex care needs and were not able to express their views to us. We therefore spent time observing care in the dining room and lounge to help us understand the experience of all of the people living at the home.

Requires Improvement

Is the service safe?

Our findings

During our inspection we asked people who lived at the home if they felt safe. Most people responded positively saying, "Oh yes, we have to be safe," "Yes, I feel safe. I like living here," and "It's safe enough. My door is locked at night." However one person told us they wanted a key for their bedroom door and another said, "I don't really feel safe. There are too many people wandering about in the passages and in and out of my room. Night staff lock me in & that's better."

Staff we spoke with demonstrated a good understanding of their responsibilities in keeping people safe although some were uncertain about what might constitute verbal abuse between people who lived at the home. We had seen records of a number of occasions when one person living at the home had been verbally abusive to others. When we asked the registered manager about this they said that, on reflection, these probably should have been raised as safeguarding alerts. The senior care assistant on duty told us how they would raise a safeguarding alert and was familiar with the process.

We saw from the home's training matrix all staff, including ancillary staff had received up to date safeguarding training.

We recommend the service review their procedures to make sure that all situations where a person living at the home has been subject to any form of abuse is reported to the local authority safeguarding team for them to be able to review the information and decide if any action is needed.

Staff told us they were aware of the whistleblowing procedure and would use it if they felt it necessary.

We saw the registered manager maintained an overview of accidents and incidents which had happened in the home. These were reported to the provider's head office on a monthly basis for further analysis of any themes or trends which could be identified so action could be taken to mitigate the risk of similar accidents happening again.

We asked people who lived at the home if they thought there were enough staff to meet their needs. One person said, "They're very nice. I think there are enough of them to look after us." Another person told us that they felt that staff were so busy supporting people living with dementia that other people living in the home received a "lower" standard of care. A visiting relative told us "They're really good but they are short staffed at times."

The registered manager told us that they were currently reviewing the dependency levels of the people living at the home as they felt people's needs had increased. They said they would be speaking with their manager to make sure that staffing levels were appropriate to the needs of the people living at the home. We saw care staff were supported by catering and ancillary staff and the registered manager was on duty for 10 hours four days each week. The registered manager was not on duty on the day of our visit but came in to support the inspection process. They told us staff could always contact them for help or advice when they were not at the home.

We saw the recruitment procedures were followed to make sure staff coming to work at the home were suitable and safe to work in the care sector. The registered manager told us about disciplinary action taking place following allegations of misconduct. This meant that appropriate action had been taken to protect people living at the home.

We looked at the arrangements in place for managing medicines at the home. We saw medicines were stored securely but saw daily checks of storage temperature had lapsed. The registered manager and senior care assistant agreed that it was important that these should be maintained as the temperature of the room where medicines were being stored was 26 degrees Centigrade on the day of our inspection. This was the maximum temperature advised by the manufacturer for safe storage of many of the medicines in use.

We saw that medicines were supplied to the home in either a Monitored Dosage System (MDS) or, where this was not appropriate, in bottles and boxes. We checked a sample of boxed medicines and found the amounts of medicines still available concurred with amounts recorded as received and administered on the Medication Administration Record (MAR) sheet.

We saw the most recent of the monthly medication audits had identified the issue that when MAR sheets had been 'hole punched' to put into the file, a number of the names of the prescribed medicines had been obscured and could not be read. The registered manager said this was in the process of being sorted out. We thought this was an urgent issue and needed immediate attention. The registered manager agreed and new MAR sheets were obtained and put in place during the inspection.

We recommend that the service considers the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes.

On looking around the home at the beginning of our inspection, we saw a few issues relating to infection control in some of the bedrooms. The registered manager told us staff were yet to complete their checks of the rooms and would manage the issues during their checks. We saw this was done in a timely manner.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. A system was in place for staff to report any repairs that were needed. This meant the environment was being kept in a good state of repair.

Requires Improvement

Is the service effective?

Our findings

During our inspection we asked people who lived at the home if they thought the staff knew them and how to care for them. People were mostly positive telling us, "Yes, they know me. They look after me and my clothes are always nicely done for me" and "They do as well as they can I think. They know how to use the equipment for me." However, one person said, "Some are qualified and some are only fit to make a cup of tea."

We saw from the training matrix staff were up to date with mandatory training such as fire safety, moving and handling and infection control. Staff we spoke with said they received a lot of training and found it helpful. Staff also said the registered manager was very supportive, one member of staff said, "I learn something from her every day." Staff told us they had regular supervision with the registered manager and said they could go to them, or a senior if they felt they needed support. However, the registered manager told us they had not received any formal supervision for over two years.

The registered manager told us they were aware that some of the staff had not yet completed the induction course run by the provider despite having worked at the home for several months. The area manager told us this was being addressed and induction courses were to be run at the providers head office every two weeks. They also told us that all staff who had not followed the common induction standards learning would commence the care certificate training. We saw dates had been arranged for this training.

We found that a number of the people living at the home were living with dementia. Although staff had received some training in this area, they told us it was only a day's training. Some staff had previously completed more in depth training in supporting people with dementia and said they had benefited from this and would like to do more. We saw staff sometimes struggled to effectively manage the behaviours of people living with dementia, particularly in relation to how their behaviours affected other people living at the home. One person told us they prefer to stay in their room to get away from people who display behaviours that they find upsetting and disruptive. Other people also commented that they felt people living with dementia got more time from the staff than others.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of the people living at the home at the time of our inspection were subject to a DoLS. We saw peoples care records included a Mental Capacity Assessment.

However, we found these lacked detail and were not always accurate. For example, the mental capacity assessment for one person said they did not have any disturbance in the function of the mind, memory or brain. However, other records for this person, including the integrated nursing services care plan said they were living with dementia. In another person's care records we saw they had a diagnosis of vascular dementia but again the mental capacity assessment had been completed to say they did not have any disturbance in the function of the mind, memory or brain. The mental capacity assessments in place did not cover the five principles of the MCA and did not include detail of how the person was supported to make decisions.
We did not see any evidence of people being deprived of their liberty and people told us they thought they could do what they wanted within their personal scope.

We recommend that the provider puts processes in place to make sure that Mental Capacity Assessments are completed thoroughly and accurately.

When we asked people what they thought of the food at the home their responses were mixed. People said, "It's passable. You don't get enough fruit. You only get drinks at certain times, if you want one any other time you'll have to wait," "It's alright but there's not much choice," "The food is quite nice, you get a choice of two and you get a pudding too." "The food is repetitive and not particularly tasty" and "I don't think much of the food. Sometimes the quality is terrible. I don't know if you can have seconds, it's never been good enough to ask for more."

Relatives we spoke with said about the food said, "Neither the choice nor the quality is good." "The food is good. (Relative) generally enjoys it. There seems to be lots of choice and homemade cakes" and "There seems to be plenty to eat and drink throughout the day but they really do need more fruit. (Relative) used to eat a huge amount of fruit at home and you don't see any here."

We observed the lunchtime meal. We saw tables were set with tablecloths and place settings and there were condiments on every table.

The meal was fish in batter, chips and mushy peas or pie, chips and mushy peas. When we spoke with the cook they told us that everything was homemade, however, we found that all of the components of the main course were frozen food.

The food looked hot but the fish looked grey and unappetising on quite a few of the plates when cut open. We saw a number of people left the breadcrumb coating and there was a significant amount of waste.

Desert appeared to be a very dense, undercooked sponge pudding or ice cream. We asked for a sample of the fish and the sponge pudding. Although palatable the fish was quite hard and we found the sponge pudding unpleasant. We spoke with the registered manager about this who immediately spoke with the cook about tasting the food to check for quality.

We looked at the care records for a person staff had told us was losing weight. We saw that the person had lost over 4kg between October and November. We saw a care plan had been put in place for the person and their nutritional intake was being recorded. However, when we looked at the nutritional intake records we found they had not been completed consistently and there was no evidence they were being checked on a daily basis by a senior member of staff. For example, on two days there were no meals recorded for the person, just snacks with drinks. On another day only one sandwich had been recorded as taken all day and on another day no record of intake had been recorded at all. As there was no oversight of what the person's nutritional intake was, it would be difficult for staff to establish whether the plan of care to prevent further

weight loss was being effective.
Another person's nutritional intake records for one day showed their dietary intake to have been only one quarter of a Weetabix at breakfast and one quarter of a sandwich at night. Other days for this person had not been completed at all. This meant that staff did not have a clear oversight of whether people's nutritional needs were being met sufficiently to maintain their health.

This is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw from care records that staff arranged for the input of healthcare professionals as and when required. On the day of our visit the district nurse was at the home providing care to people who needed it. One of the people living at the home told us three times about the pain in their legs. Their legs were dressed and they told us the district nurse came to "do my legs because they're weeping." We spoke to a carer about this who said the person wasn't prescribed any pain killing medicine and that they wouldn't be able to get her anything until Monday (our inspection being on the Friday). However, we raised this with the senior care assistant who immediately arranged for a prescription of pain killers for the person.

The registered manager told us they were trialling some new equipment at the home to see if was effective in improving peoples care and safety. This included enuresis mats on people's beds and movement monitor pads which were connected to a call system supplied by the local clinical commissioning group (CCG) to alert staff when a person had been incontinent in bed or were getting out of bed and required staff attention during the night. Whilst this appeared to be a positive move to promote people's comfort, when we asked the registered manager if they had sought people's consent for this, they said they had not. They agreed that this should be done and said they would address this without delay.

Requires Improvement

Is the service caring?

Our findings

We asked people who lived at the home if they thought the staff were caring. They told us: "Generally they can be kind but they can also be a bit off hand. It varies whether or not they are respectful." "Oh, they treat us well. They certainly take care of your dignity and they're respectful to you if you're respectful back" and" The staff treat us well. I get respect from the older ones but some ignore me because I'm not bawling and shouting like some." One person felt the staff within the home were very good but had concerns about the higher management. They told us, "They're very good, not a bad word for them. They treat us with dignity but the management don't treat the staff with dignity."

We saw kindly and respectful approaches from staff toward the people who lived at the home. Staff explained to people what they needed to do to support them and gave people time to respond at their own pace. People we spoke to, including visiting relatives told us said that staff always explained and sought permission from people and this was observed throughout the visit. For example, staff always asked people if it was alright to use the lifting belt when transferring or helping them to stand. We noticed one member of staff discreetly asking people if they would like to "visit the bathroom," the use of this terminology and manner of speaking demonstrated a respect for people's dignity. After an interaction from this member of staff we heard one person say, "We have some lovely carers, they look after us well and care for us.

Whilst people told us that they felt their dignity needs were met, we observed some issues which staff had not addressed. For example, we saw one person had the support for their catheter bag over their clothing and some people did not appear to have been supported well with aspects of personal care such as shaving and hair and teeth care. We were informed by staff that some of these people were self-caring; however we would consider it to be the role of staff to support people in their care whilst maintaining their independence and dignity. When the registered manager arrived, they immediately noticed some of these issues and instructed staff to support people as required.

People told us there was always a nice atmosphere in the home. One visitor said "It's a calm atmosphere. There are always people smiling and laughing."

Requires Improvement

Is the service responsive?

Our findings

We looked, in detail, at two people's care records and looked at selected sections of another four people's care records. We saw care records included a life history section. This had been completed for one person but the document was blank for the other person whose records we looked at. It is important that staff know as much as possible about the people they are supporting and a life history is a very positive way of helping staff to understand people, particularly when the person has difficulty with communication.

Care plans were in place and were written from the point of view of the person. This meant that some consideration toward a person centred approach had been made. However, the care plans gave little indication of any involvement of the person concerned and varied in quality. For example, care plans relating to medicines were very detailed and gave staff good information about the medicines the person took, what they were for and how they might affect them. However, other care plans were not so informative. For example, a care plan for a person who demonstrated behaviours that challenged said, "I can sometimes be verbally aggressive and refuse your help," but did not go on to inform staff what actions they should take in that situation.

We saw care plans did reflect the current needs of the person, for example, the people using the new enuresis and movement monitor mats had care plans in place in relation to this. We did note, however, staff did not always work to the care plan. For example, we saw in one person's mobility and safety care plan, they needed to have their walking stick with them at all times. We saw the person did not have their walking stick and when we asked a member of staff about it they told us it might still be in the person's room or locked in the staff office. This meant that the person was not receiving the support detailed as needed in their care plan at that time.

We recommend that the registered manager employs a system of care review to make sure that people living at the home receive the support they need as detailed in their care plans.

We spoke with the activities organiser working at the service. They told us they worked three days per week and whilst they didn't have an activities programme, they asked people what they'd like to do each day. On the day of our inspection two people were making Christmas decorations. The activities organiser told us, "I'll often do a quiz. They're very popular and most people join in. The other thing people like to do after lunch is play board games." We observed this after lunch when everyone in the lounge was enthusiastic about having a quiz and it stimulated some conversation. The activities organiser told us, "If people don't join in things, for whatever reason, I'll spend time with them reading to them, chatting about them and their families or favourite things. They might like a film."

We saw a table set out with a number of games, puzzles and craft equipment for people to use as they chose.

People told us that they would raise any concerns they had with staff at the home. One person who lived at the home and a visiting relative told us about concerns they had reported to staff and both said their

concerns had been managed well.
We saw the registered manager maintained an overview of complaints and concerns and reported to head office on a monthly basis as part of their auditing. We discussed with the registered manager about making sure that low level complaints, even those sorted out as soon as they were raised, were logged. The registered manager agreed and said this would be done.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been in post at the home for several years and was familiar with the provider's quality monitoring system. They showed us up to date records of monthly audits including complaints, pressure sores, accidents and incidents and other aspects of environmental safety.
We saw environmental safety records were up to date and certificates of safety such as gas, maintenance of lifts and moving and handling equipment were all in place and up to date.

The registered manager told us they had been asked by the provider to spend time supporting other services. They said they thought their time away from the home may have had an impact on the service as there was a lack of continuity of leadership. They told us the provider had recently agreed to them working only at Bankfield Care Home.

We saw a quality audit had taken place in February 2015 with people making positive comments about the service. People we spoke with told us they had taken part in quality audits although one person said, "They do ask you what you think about things here. I don't know what difference it makes though." Another person said, "I've done surveys but I don't know what has happened to the information I've provided. You get no feedback."

The registered manager confirmed that they had not developed an action plan as a result of the survey.

The area manager told us there had been recent changes of management within the company. They said they would now be responsible for conducting quality visits to the service on a regular basis. They also showed us a new electronic quality auditing system that had just been put in place so senior managers could check that daily, weekly and monthly auditing was done in a timely fashion and that any problems would be flagged immediately.

We saw staff meetings were held on a regular basis but the registered manager said they had not had success with meetings for people who lived at the home and their relatives. One relative had told us they would like to attend meetings. The registered manager said they would look to organising meetings for relatives and was giving consideration to organising a 'residents committee.'

People we spoke with knew the registered manager and told us they trusted her. Staff told us the manager was a good leader and shared knowledge and experience with them.

We spoke with one relative who told us they had not received any response to a concern they had raised with the providers' head office about changes in fees. They said, "I'm still waiting for the management to get back to me. I've been in touch twice but no one has got back to me."
We told the area manager about this and they met with the person on the day of our visit.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Staff did not have a clear oversight of whether people's nutritional needs were being met sufficiently to maintain their health.