

Freshfield Care Limited

Bankfield House Care Home

Inspection report

Bankfield House Care Home
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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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection was carried out over three days on the 19, 20 and 21 December 2016. Our visit on 19 December 2016 was unannounced.

At the last inspection on 10, 11 and 12 May 2016 we rated the service as requires improvement overall. At that inspection we identified eight regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration, consent, staff training, recruitment, people's safety and good governance.

This inspection was to check improvements had been made and to review the ratings. At this inspection we found that although improvements had been made in some areas sufficient improvements had not been made and the service remained in breach of the regulations. These were in relation to safe care and treatment, premises and equipment, good governance, staffing and fit and proper persons employed.

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

Bankfield House Care Home is a privately owned care home located in the Woodley area of Stockport. It is a large detached two-storey building. Accommodation is arranged over two floors accessed via stairs or a lift. The communal areas include the Jasmin lounge leading through to a conservatory, the Bluebell lounge which are both at the front of the property, and the Snowdrop lounge which is a quieter lounge and dining area at the rear of the property and a dining room.

There are safe, well maintained, enclosed gardens to the rear of the property and car parking facilities are available. There are twenty four single bedrooms and three double bedrooms. Eight bedrooms have en-suite shower facilities and a further seven bedrooms have en-suite toilet facilities.

Bankfield House Care Home is registered to provide care and accommodation for up to thirty older people some of whom may also have a diagnosis of dementia. At the time of our inspection twenty eight people were living at the home. .

The service did not have a registered manager in place. The home had been without a registered manager since August 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were told by one of the directors that recruitment procedures to the post were currently in progress.

During this inspection we identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

As found at the previous inspection in May 2016, some medicines continued not to be managed safely. We found there were gaps in the recording of some prescribed creams which meant there was a risk that creams had not been applied when required, which could have resulted in unnecessary discomfort to the person.

We found at the previous inspection in May 2016 recruitment processes required improvements to ensure only suitable staff were employed. During this inspection we saw in one file that a member of staff had taken up post since the last inspection and had commenced employment before all the necessary safety checks had been undertaken. This meant there was a risk of unsuitable people being employed to work with vulnerable groups of people.

Although we saw some improvements had been made we found that staff were still not receiving an annual appraisal and two supervision sessions as required by the home's own schedule. This meant that staff were not being appropriately guided and supported to fulfil their job role effectively.

Following this inspection we were sent an overall training record for the staff employed. From looking at the training record we found there were some gaps in staff training. For example, not all staff had received safeguarding adults training, moving and handling training, end of life training and infection control training.

We saw that the home had its own induction checklist. However, we found that two staff members who had commenced employment since the last inspection in May 2016 had not had an induction.

We saw some appropriate safety checks were undertaken. For example, portable appliance testing, lift and hoist servicing and water temperature delivery testing had been undertaken. However, there was no evidence that emergency lighting or means of escape were being checked and it was not clear from records reviewed, which window restrictors had been checked. This meant the provider could not be sure people using the service were supported to remain as safe as possible at all times.

We reviewed a sample of people's care files and found some shortfalls in the accurate recording. For example we saw that some parts of people's plans of care were vague and did not clearly direct staff on how to meet some specific care needs.

During our previous inspection in May 2016 we recommended that the provider implemented the use of a staffing tool to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. This recommendation had not been implemented.

Staff spoken with understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support.

We saw that the home was clean and well maintained and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

Since the previous inspection, some systems had been improved to monitor the quality and safety of the service. People's care files were being audited on a monthly basis. Some parts of the administration of medicines were being audited and we found that accidents and incidents were being recorded and

informally reviewed by the directors. However, due to the continued shortfalls found at this inspection, the audit systems required further development to fully assess and monitor the quality of the service provision and promote service improvement.

People had a personal emergency evacuation plan (PEEP) in place. These plans detailed the level of support the person would require in an emergency situation in order to safely evacuate the home.

People had access to healthcare services. For example, from the speech and language therapist, district nurse, dentist, optician and chiropodist. We found people were supported to attend hospital appointments as required.

As identified at the previous inspection in May 2016, there was a choice of food at breakfast and the evening meal but choices were not actively encouraged at the lunchtime meal.

From our observations of staff interactions and conversations with people, we saw staff had good relationships with the people they were caring for. The atmosphere felt relaxed and homely.

We saw that meaningful activities were provided by an activity co coordinator based on people's personal preferences.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Shortfalls were found in the medication process for prescribed creams and gels.

The recruitment processes in place were not robust to ensure only suitable staff were employed by the service.

Not all safety checks had been undertaken for example emergency lighting or means of escape.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received an annual appraisal or on-going twice yearly supervision as required by the home's own schedule.

Not all staff had undertaken training or updates as required which meant people were at risk of receiving unsafe and inappropriate care.

Two members of staff who had been recruited since the last inspection had not had an induction.

Staff understood the need for and sought consent from people before providing care or support.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for and people we spoke with confirmed this.

People living at Bankfield House Care Home told us the staff were kind and caring and their privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not always responsive.

Some care record instructions were vague and did not include details of exactly what assistance the person required to meet their assessed care needs.

We saw that people's needs were assessed prior to admission to ensure the home could meet their individual needs.

People were offered meaningful activities suited to their individual interests and preferences.

Requires Improvement ●

Is the service well-led?

The service was not well led.

At the time of this inspection there was no manager in post.

The quality assurance systems in place were not sufficiently robust to address previous breaches and recommendations identified nor did they identify the issues and concerns we found during our inspection.

The registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Inadequate ●

Bankfield House 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 was carried out over three days on the 19, 20 and 21 of December 2016. Our visit on the 19 December 2016 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, the provider's action plan following the last inspection, information shared with us via 'share your experience' forms completed on our website and other information shared with us via email and phone to our contact centre. We also reviewed notifications that the provider is required to send to us in relation to safeguarding, serious injuries and other significant events and the 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. We sought feedback from Stockport Healthwatch, Stockport's local authority safeguarding and quality assurance team and the Control of Infection Unit.

We received feedback from Stockport's safeguarding and quality assurance team and the Control of Infection Unit who shared reports of their most recent monitoring visits. We considered this information as part of the planning process for this inspection.

During our visits, we spoke with both of the directors, three care supervisors, two care staff, one cook, one kitchen assistant, one visitor and seven people living at Bankfield House Care Home.

We looked around the building including some bedrooms on the ground and first floor of the home, all of the communal areas, toilets, bathrooms, the kitchen and the garden area.

We examined the care records for three people living at Bankfield House Care Home. We reviewed a sample of medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurance systems.

Is the service safe?

Our findings

At our previous inspection in May 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to medication. At this inspection, we found there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

Since the previous inspection we saw the use of body charts had been implemented to identify where topical creams should be applied and the frequency of their application. However, we saw for one person they had a cream chart in place for a cream that was not on the medication administration record (MAR). This indicated that the cream being signed for had not been prescribed by the person's general practitioner (GP). On another cream chart we found there were gaps in the recording of a cream that had been prescribed for lower back pain and there was no plan of care for its use. There was a pain chart in the person's care file but this had not been completed. We saw for another person the date on a tube of gel, prescribed to treat a skin condition, that was being signed for on the cream chart was 2/6/16 and the tube of gel was half full. This indicated that the gel was being signed for but was not being applied in accordance with the staff signatures. This meant there was a risk that people may not have received prescribed creams as intended by their GP, which could result in unnecessary discomfort for the person.

As identified at the previous inspection in May 2016 we found that stock balance checks of boxed medication were being undertaken on a regular basis but no other areas of medication administration were being audited. This meant that there were no effective systems in place to identify the shortfalls found during this inspection or systems in place to take specific action in response to the shortfalls identified.

The above examples demonstrate a continued breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We checked the systems for the receipt, storage, administration and disposal of medicines in the home. There was a dedicated treatment room on the ground floor that was used to store and lock away medicines, including controlled drugs. Medication was stored in a locked medication trolley, in a locked treatment room to ensure only authorised people could access them.

We were told that care staff were not allowed to administer medication until they had received training and had undertaken a competency assessment, which is considered good practice. From staff spoken with and from reviewing the training records, we saw evidence that this was in place.

There was a list of staff signatures available to show those staff with the responsibility for administering medication. Such a list enabled the acting manager to identify staff who had administered medicines or made an error.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. A visual check of the cassettes demonstrated that medication had been given to

people as prescribed by their doctor.

We found no excessive stocks of medication being stored.

We found that appropriate arrangements were in place for the storage of controlled drugs which included the use of a controlled drugs register. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

At our previous inspection in May 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the registered provider did not have robust recruitment process in place to ensure suitable staff were employed. At this inspection, we found there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

Since the previous inspection we saw that a 'staff recruitment audit' had been undertaken in December 2016. This audit identified that the required two references as set out in Schedule 3 of The Health and Social Care Act (2008) Regulated Activities Regulations (2014) had not been obtained for three members of staff. In addition, one member of staff who took up post in December 2014 had been requested to submit a copy of their DBS. We saw that steps had been taken to address the shortfalls but at the time of our inspection there was no evidence that the registered provider had obtained the missing information. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

During our inspection we reviewed four staff personnel files, three of whom had been recruited since the previous inspection in May 2016. In another file we saw there was no evidence of the person's identity and the person had commenced employment before the home, were in receipt of two references. In addition, this person had commenced employment just over a month before the DBS had been received. We saw that the DBS check had disclosed details of convictions. The interview notes stated there was a spent conviction but there was no evidence that the convictions had been discussed with the member of staff or that any risk assessments had been undertaken to ensure the person was safe to work with vulnerable people. This meant that appropriate checks were not undertaken to ensure only suitable staff were employed. This was discussed with the director who confirmed that the previous acting manager had been responsible for the recruitment process for this member of staff. The director told us that if they had been made aware of the DBS disclosures at the time further checks and consideration would have been undertaken before a decision was made regarding appointment to the post. Following the inspection we were informed this member of staff had resigned from their post.

The above examples demonstrate a continued breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

During this inspection, we saw that some safety checks had been carried out to help ensure people were cared for in a safe environment. For example, we saw evidence of gas safety certificate, Legionella testing, servicing of the passenger lift and hoists, portable appliance testing (PAT) and checks of water temperature delivery testing. An electrical safety certificate was obtained during the course of this inspection.

We saw that everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. This meant in the event of an emergency evacuation the risk to people being evacuated effectively would be reduced. There was a floor plan and an

evacuation procedure that was undertaken on 9 November 2016.

We identified shortfalls in some safety checks. For example, there was no evidence of emergency lighting checks or means of escape. It was not clear which window restrictors had been checked and although we were told by the director some window restrictors had been replaced, it was unclear which ones.

We found no evidence of any environmental risk assessments of the premises which would help mitigate potential risk to people using the service.

The above examples demonstrate a continued breach of Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Premises and equipment.

Care staffing levels in the home consisted of four care staff and one care supervisor during the day and two care staff and one supervisor for night duty to care for up to thirty people. In the absence of a manager the directors worked on a supernumerary basis providing management cover over a five or six day period depending on the needs of the service. Supernumerary means they were not included in the normal staffing numbers for care delivery. Care staff spoken with told us if nobody phoned in sick they felt people's needs could be safely met by the number of staff on duty. During our inspection we did not observe anybody having to wait for assistance although one person living at the home said "There are not enough staff, sometimes you have to wait for the toilet."

We looked at the staffing rotas covering a 5 week period from 21/11/2016 – 01/01/2017, which confirmed that levels of staffing were consistent on a day to day basis. The directors told us they were currently recruiting to the position of home manager and had one full time care staff vacancy. We were told that existing staff pick up extra shifts to cover any shortfalls in staffing and staff spoken with confirmed this.

At our previous inspection in May 2016 we recommended that the provider implemented the use of a staffing tool to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. During this inspection, the director told us this had not been implemented and there was no evidence of a systematic approach to determine the number of staff and range of skills required in order to meet the assessed needs of the people using the service. There was no evidence that the staffing levels and the skill mix of staff were being continuously reviewed and adapted to respond to the changing needs and circumstances of the people using the service. This was discussed with the director who made assurances they would implement the use of a staffing tool.

Risk assessments were in place which covered areas such as fire risk assessments, nutrition, moving and handling, skin care and the risk of falls. These provided information to staff on how to manage identified risks. For example, manual handling assessments detailed the method of transferring people who had limited mobility, any equipment to be used and the number of staff required.

We saw there was a clearly identified first aider working on each shift in case of a first aid emergency. This meant the first aider on shift would lead any emergency situation should one arise.

We looked around the home, at all the communal areas, toilets, bathrooms, the kitchen, the garden area and a sample of bedrooms on each floor of the home. We spoke with one of the care supervisors who was also the nominated infection control lead. We were told that in order to reduce the risk of cross infection, each person had their own hoist sling that was kept on a hook on the back of their bedroom door. However, it was noted that one of the hoists was dirty despite there being a record by night staff that it had been cleaned. This was discussed with both directors and the infection control lead for the service. We were

given assurances that action would be taken.

At our previous inspection in May 2016 we saw some written signage within the home to support people to orientate themselves around their surroundings. Examples included signs to identify where the toilets and bathrooms were; each person's bedroom door was numbered and had their name on the front to help them identify their own room. We recommended that the service further develop the signage in line with current best practice in relation to the specialist needs of people living with dementia. During this inspection we saw that the recommendation had been met and the use of signage had been extended to identifying the lounges, the office, the door leading to the enclosed garden area and the dining room. .

During our inspection, we looked around the kitchen and the food storage area. We saw that the kitchen was clean and there were adequate supplies of food. We found that appropriate safety checks had been undertaken. For example, there was a record of cooked food temperatures prior to meals being served to ensure meals were served at the correct temperature. Fridge and freezer temperature were recorded and there was a cleaning schedule for the kitchen and colour coded chopping boards and knives were in use to reduce the risk of cross contamination.

We found the home to be clean, tidy and nicely decorated and furnished although much of the paintwork around the doorframes and skirting boards were scuffed and marked. We saw that people's bedrooms were nicely furnished and people had been able to personalise their own rooms.

We saw the home employed the services of two domestic staff which provided cover over seven days. People living at Bankfield House and a visitor to the home told us they found the environment was kept clean and tidy. One person living at the home said they had a lovely bedroom that was always kept clean.

We saw an infection control policy that was accessible to staff and we saw a copy of the code of practice on the prevention and control of infections and related produced by the Department of Health, which helped the staff to maintain good infection control practices in the home.

We saw the use of colour coded mops for cleaning and we saw stocks of cleaning products which helped staff to maintain good standards of hygiene and cleanliness throughout the home. All cleaning products were stored in a locked cupboard for people's safety. We saw that data safety sheets had been obtained, from the suppliers for the cleaning materials used in the home and a copy was kept with the cleaning materials in line with the Control of Substances Hazardous to Health (COSHH) Regulations. COSHH is the law that requires employers to control substances that are hazardous to health.

All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers. We saw that cleaning schedules were in place and the director undertook a monthly 'Health and safety checklist' which included a walk round the premises to ensure everywhere was clean and tidy.

During our inspection, we saw personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection.

During the inspection we saw evidence of on-going maintenance work to ensure the continuing upkeep of the home for the people living. For example, during the inspection we saw new vanity sinks being fitted in one of the double rooms and another double room had new vanity sinks fitted since the last inspection. In addition, in one bedroom the carpet had been replaced and another bedroom had been redecorated. The flooring on the main ground floor corridor had also been replaced.

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. Staff had access to a safeguarding adults policy and a copy of the local authority's multi-agency safeguarding adult's policy. In addition, staff told us they had access to a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

We reviewed the safeguarding records which included the completion of the 'harm log' that is sent to the local authority on a monthly basis. This showed that the home was identifying potential safeguarding concerns and sharing this information with the local authority, and CQC when required.

Is the service effective?

Our findings

At our previous inspection in May 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff supervision and appraisals, staff training and in particular the lack of training relating to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively. At this inspection, we found there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

We were shown a staff supervision and appraisal schedule/planner for 2016 which included the names of 26 staff and the acting manager. This was not up to date because following the inspection we were sent information that demonstrated 33 staff were employed, which included a bank member of staff and two directors. The planner provided did not include the acting manager or the two directors who were covering the management of the home in the absence of the acting manager.

The director told us that each member of staff was required to have an annual appraisal and two supervision sessions in a twelve month period. The schedule/planner indicated that nine members of staff had not received an annual appraisal or a supervision session during 2016. A further four members of staff had not received an appraisal but had received a supervision session and it was unclear if a further three members of staff had received an appraisal or a supervision because although a date was recorded there was no evidence to confirm the content of the type of discussion held and any actions that were required following the discussion. In accordance with the information given to us in the schedule/planner, only one member of staff had received the required annual appraisal and two supervision sessions. This meant that staff were not receiving appropriate support and guidance to enable them to fulfil role effectively.

During this inspection we were told there was not an up to date record of staff training. There was no evidence to demonstrate that any audits or reviews had been undertaken to assess the individual training needs of staff and to identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively. This meant that the registered provider had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected appropriate, up to date best practice guidelines.

Following this inspection we were sent a training record (matrix). The record indicated all care staff had completed National Vocational Qualifications (NVQ) Level 2 or 3 or were in the process of undertaking the training. However, it was unclear if this record was accurate and up to date because the training record indicated 29 staff were employed, which included the two directors. Following the inspection we were sent information that indicated the home employed thirty three staff which included the two directors. Despite the discrepancy in the number of staff employed the training record indicated gaps in staff training. For example, thirteen staff had not undertaken safeguarding adults training, eight staff had not undertaken moving and handling training, fifteen care staff out of the identified nineteen on the training record had not undertaken End of Life training, six care staff had not undertaken dementia care training, fifteen staff had

not undertaken prevention and control of infection and fourteen care staff had not undertaken Mental Capacity Act (MCA) training and three care staff had not undertaken Deprivation of Liberty Safeguards (DoLS) training .

We saw that the home had a basic induction checklist which the director told us newly recruited members of staff were expected to undertake. From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. The director told us they were not currently using the Care Certificate induction. While undertaking the Care Certificate is not mandatory it is considered good practice.

During this inspection we were informed by the director that as a result of our inspection they had discovered two staff members who had taken up post since our last inspection in May 2016 had not undertaken any form of induction process. This meant that the registered provider could not be satisfied that newly recruited staff had been had been adequately prepared to fulfil their job role.

The above examples demonstrate a continued breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People living at Bankfield House told us there was plenty of food and drink available. One person said "Breakfast is excellent and the lunch is average but there is always plenty to eat and drink". Another person said "The food is ok, there is enough food and more than enough drinks". We spoke with one of the two cooks and a kitchen assistant who both had a good understanding of people's personal preferences, including their likes and dislikes and any special diets such as diabetic or soft diets although we were told nobody currently required a special diet. This was confirmed by the care supervisors we spoke with.

We saw that a daily menu was on display outside the main dining room. As part of our inspection, we observed lunch begin served. The lunchtime meal looked appetising and was well presented, with good portions. We saw that lunch was plated by the cook in the kitchen and served by the care staff. This meant that people were not given an active choice with regard to the meal being served. For example, the meal of minced beef and onions, green beans and mashed potato was served without people being asked if they wanted all parts of the meal or even if they wanted the meal. Staff told us that people were given a good choice at breakfast and teatime but choices were not actively encouraged at lunchtime. Care staff told us choice was not a problem and if somebody was given the meal and they said they didn't want it or if the cook knew they didn't like that particular meal then an alternative would be provided. This was confirmed when we spoke with the cook and the kitchen assistant. The cook and the kitchen assistant described several instances where alternative meals had been provided for people. On day two and three of the inspection we saw that a salad had been added to the daily menu as an alternate to the main meal at lunchtime.

Lunchtime was a sociable and relaxed occasion with staff engaging well with people and offering various drinks to accompany the meal.

We saw that staff handover meetings were held at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and that any change in their condition had been properly communicated and understood between the shifts. Information was also

recorded in a diary, which staff accessed to help ensure all information about people and the running of the service was being passed over to the oncoming shift.

At our previous inspection in May 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the registered provider did not ensure that valid consent had been sought ensuring people's rights were protected. At this inspection, we found improvements had been made.

From speaking with the director and staff they demonstrated a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. During this inspection, we observed staff obtaining verbal consent from people. For example, at lunch time we observed staff asking if people would like to come to the dining room for lunch and where they would like to sit. Staff also talked to us about the importance of getting to know people and how they liked things to be done such as how their care should be provided.

We saw records were maintained of people who had appointed attorneys by way of a lasting power of attorney (LPA) for health and welfare. A LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity to make decisions for yourself.

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.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Bankfield House Care Home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The director told us, and we saw information to show, that seven applications had been made to the local authority to deprive people of their liberty and five had been authorised. CQC had been formally notified where authorisations had been granted.

We saw a tracker document was in place to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant there was a central check list that acted as a reminder to seek DoLS renewals in advance of the expiry date which ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the home.

Care records we looked at showed that the service involved other healthcare professionals for example; speech and language therapist, chiropodists, dentists, opticians and district nurses to meet the health needs of people who used the service. People were also supported to attend hospital and doctor appointments.

Is the service caring?

Our findings

We observed staff interactions with people and we saw they were good at respecting people's privacy and dignity and the visitor we spoke with confirmed this.

There were three shared, double bedrooms and we saw privacy curtains in each of the bedrooms to help maintain that person's privacy and dignity.

The people we spoke with who were living at Bankfield House Care Home told us they were happy and felt well cared for. One person said, "I am happy with everything." Another person said, "I have everything I need." Another comment was "They are not a bad lot here."

People living at Bankfield House told us they could "pretty much do as they like". For example, when they went to bed, when they got up and what they did in the home. One person said "You get to do what you want here." Another person said "The staff are nice and kind."

The visitor we spoke with told us they were always made to feel welcome by staff when they visited and they thought people were well cared for.

We saw that people were all well-groomed and appropriately dressed. Staff were observed to demonstrate a good knowledge of the people who used the service and their individual personal preferences. For example we saw staff discussing knitting with a person who told us they particularly enjoyed knitting. The atmosphere felt relaxed and people were seen to be freely moving around the home. People looked comfortable and content in their surroundings and in the company of staff.

We saw that staff were kind, patient and respectful in their interactions with people and spent time chatting to people. We heard staff speaking with people in a friendly and courteous manner.

Information was present in people's care records about their individual likes and dislikes, hobbies and interests. For example, preferred retiring and getting up times and what their hobbies and interests were. This personalised information helped staff to provide care and support based on people's personal preferences. Information on people's lives such as their school life, adult life and work life was available to help staff better understand the individual.

Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require. This meant that communication was promoted between the people living at the home with their relatives and friends and with the staff.

The director told us End of Life Care was a service provided to people at Bankfield House Care Home. We saw they had monthly meetings with the district nurses and the End of Life Lead Nurse from Stockport NHS Foundation Trust who supports them to deliver care. Nobody at the time of our inspection was receiving

End of Life Care but we were told that the care supervisor would implement the specific plan of care and the district nurse would implement a medication plan of care and support the care staff. We saw from the training records that only four members of care staff had undertaken End of Life training. We have discussed the training record and the shortfall in training further in the effective section of this report.

The director told us that one person was using the services of an advocate and details of local services were available in the main reception area of the home. An advocacy service provides an independent advocate who is a person who can help access information on a person's behalf and / or represent a person's wishes.

We saw that people's belongings were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained and clothes were hung appropriately in wardrobes.

Information held about people who used the service was locked in a secure place when not in use.

Is the service responsive?

Our findings

At our previous inspection in May 2016 we recommended that the service considered current best practice in relation to implementing and reviewing care plans that are designed to meet the individual needs and personal preferences of people who use the service. During this inspection we found some shortfalls in the accurate recording in some people's care files.

During this inspection we looked at the care files for four people who used the service. We saw that people had a 'support plan' which included activities of daily living. We noted that these had been reviewed on a monthly basis to ensure they were up to date and accurate. However, it was noted that the support plans in the care files we looked at had not been signed or dated by the person completing them. This was discussed with the director and the two care supervisors who had had the responsibility for auditing and reviewing the care files. To ensure an accurate audit trail it is important that staff sign and date when making entries into a person's care file.

In the care files we reviewed, we saw plans of care were in place for areas such as washing and dressing, nutrition, mobility and falls. Some parts of the plans of care contained details of people's personal preference for example, what time people liked to go to bed and get up. However, other parts of the plans of care were vague and did not give specific personal details for care staff to follow. For example, one plan of care identified that due to a medical condition the person only eat specific vegetables but there were no details of what those vegetables were. In another, care file we saw the person had been seen by the GP for an itchy scalp but there was no plan of care in place for this care need.

During our discussions with staff we found they were aware of people's individual preferences, likes and dislikes around their daily lives and the importance of this. One member of care staff said "We are really good at getting to know people and what they like and don't like." We found that although some parts of the plans of care lacked details care staff and the care supervisors were able to clearly describe people's individual care needs and how they met those needs. This meant that accurate, complete and contemporaneous plans of care were not being kept.

The above examples demonstrate a continued breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

During our inspection we heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

The director told us that unless it was an emergency admission people had their needs assessed before they moved into the home and we saw evidence of this during the inspection. They told us that all the information gathered helped to ensure the home could meet the individual, assessed needs of the person. The director said if it was appropriate and the person was able, they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision

about moving in. The director said if it was an emergency admission they expected the Local Authority to fax them all the information relating to the person's care needs prior to the person moving in.

We saw a 'Resident information pack & Statement of Purpose' was available for people to access in the main reception area. This pack included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information. In addition, we saw a flyer with basic information about the service provided in the main reception area for people to take. This meant that relevant information about the service was available for people to access.

During our inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack.'

At our previous inspection we saw a complaint log was kept which contained the nature of the complaint, the date and time of the complaint and who received it. We saw that appropriate investigation, actions and outcomes had been recorded for each complaint. During this inspection we were told by the director that they had not received any complaints since the last inspection and had archived the previous complaint logs.

The people we spoke with lived at Bankfield House Care Home told us they had not made a complaint but would do so if they were not happy with something.

The visitor we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken.

The director told us that they held resident/relatives meetings approximately every six weeks which could be used as a forum for people to raise any issues or concerns they had. We saw minutes of meetings held in June, July, September and October 2016. We saw the majority of discussions were around planning activities and outings. However, we saw one person had stated they would like to have a chicken korma so it was agreed that the cook would make a batch and freeze it so it could be provided on request for the person. The director confirmed that this had happened.

The home employed the services of an activity coordinator. We saw that people were assisted to engage in a wide variety of meaningful activities of their choosing. Some of these activities included armchair exercises, holistic therapy, reminiscence groups, musical entertainment, canal trips, trips to the theatre, outings to the garden centre and a variety of games. People living at Bankfield House Care Home and staff all spoke positively about the activities provided and the person providing them. One person living at Bankfield House said "They do a lot of things; I like the exercises and the singing". Another person told us they liked to knit and showed us what they were in the process of knitting. During the course of this inspection we saw people enjoying an exercise session and a sherry and mince pie afternoon. We saw that a record was kept of the activities undertaken by each person.

Is the service well-led?

Our findings

At the time of this inspection the service did not have registered manager in post. A registered manager had not been in post since August 2015, although at the previous inspection in May 2016 an acting manager was in post. It is a condition of Bankfield House Care home's registration that a manager registered with CQC manages the service.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At this inspection we were told that the position of home manager was in the recruitment stages.

At our previous inspection in May 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because we found the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality of the service. At this inspection, we found some improvements but there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

Since the last inspection the outdated policies and procedures had been replaced with new policies and procedures purchased from an independent organisation. We saw that the directors were in the process of reviewing them and personalising them to Bankfield House Care Home.

We saw that accidents and incidents were being recorded and following an accident or incident staff wrote a supporting statement which provided further details to ensure all appropriate action had been taken. We were told by the director they informally reviewed this information but there was no formal audit review process in place. A regular review would have provided the registered provider with an overview of the types of accidents and incidents that had occurred, if there were any reoccurring patterns and what action, if any, was needed to mitigate risk.

We found that care plan audits had been implemented on a monthly basis by the care supervisors but they had not identified the shortfalls found during this inspection. As found at the last inspection all aspects of medication administration were not being audited.

We found that an audit of the staff personal files had been undertaken. However, as already discussed earlier in this report, we identified continued shortfalls in safe recruitment practice. The Health and Social Care Act (2008) Regulated Activities Regulations (2014) Schedule 3 sets out the information required when employing people. Due to the shortfalls identified the registered provider could not be sure that the appropriate information had been received for each member of staff employed to ensure as far as possible they were of good character.

As found at the previous inspection there was no effective system in place to assess and monitor

safeguarding and staff training. This meant the registered provider had failed to fully establish and operate effective systems to assess, monitor and improve the quality of the service.

The above examples demonstrate a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in May 2016, we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the registered provider had failed to notify us of certain events or information. There had been five incidents within the home that CQC should have been notified about. Since the last inspection we found that the registered provider had been sending us the required notifications.

We saw that feedback questionnaires were sent out to people living at Bankfield House Care Home and/or their relatives twice a year, the last questionnaires were sent out in October 2016. We saw that fourteen responses had been received and a provisional analysis of the results had been undertaken which included actions to be taken in response to specific comments. For example, one comment received related to the laundry and in response, the director had spoken directly to the relative. The overall results of the survey demonstrated that people were either very satisfied or extremely satisfied with the service provided. Some comments included, "Mum is being well cared for" and "I can't think of any other service/facility which would benefit [their relative]."

We looked at records relating to staff meetings and saw that from July 2016 senior staff meetings had been held monthly. We saw topics discussed included DoLS, the staff rota, the entertainment programme, staff training, safeguarding and the medication administration audits. Minutes of the meetings were put in the staff room so all staff could access them and all senior staff members were given an individual copy.

The director acknowledged that other staff meetings for care staff, domestic and kitchen staff had lapsed during 2016 but the next meeting had been organised for 6 January 2017 and it was the intention for them to be held approximately every three months throughout 2017.

Staff told us that the values and principles of the home were to provide a safe, homely environment for people to live. One member of care said "We are a friendly team who provide a homely environment and we support the relatives as much as the residents."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not protected people against the risk associated with the safe administration and management of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>We found some safety checks and environmental risk assessments and were not in place.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure accurate, complete and contemporaneous records in respect to each service user .</p> <p>Systems to monitor the safety and quality of the service required improvements to ensure compliance with the regulations.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found the registered provider did not have robust recruitment procedures in place to</p>

ensure people using the service were kept safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of the people using the service.

People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training to carry out their role.

Newly employed staff to the device had not undertaken an induction programme that would prepare them for their job role.