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Bankfield Manor 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Bankfield Manor Care Home on 11 April 2016 and the visit was unannounced. Our last inspection took place on 2 and 29 September 2015. At that time, we found the provider was not meeting the regulations in relation to dignity and respect, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and staffing. We told the provider they had to make improvements and found on this inspection the necessary improvements had been made.

Bankfield Manor Care Home is registered to provide accommodation and personal care for older people, including people living with dementia. Although the service is registered to provide care and support for up to 25 people the maximum the home will take is 21. All of the bedrooms are single and nine have en-suite toilet facilities. There are two lounges and a dining room on the ground floor and an enclosed garden area at the front of the building. Accommodation is arranged over two floors, which can be accessed using a passenger lift in the main building, or a stair lift in the extension. On the day of the inspection there were nine people living at the home and two people were in hospital.

There has not been a registered manager at the service since December 2015. 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. A new manager has been recruited and they are in the process of registering with CQC.

Staff told us the new manager was providing them with leadership and support and wanted the best for people using the service. They were also keen to tell us about the improvements which had been made since our last inspection.

People who used the service told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Recruitment procedures were in place and checks were being completed before staff started work, however, gaps in employment were not always being explored. Staff told us they felt supported by the manager and that training opportunities were good. They liked the training sessions the provider was holding and found the discussions helped them to gain a better understanding of the various topics. People we spoke with told us they liked the staff. We found staff friendly and helpful and there was a nice atmosphere in the home.

There were enough staff on duty to make sure people's care needs were met and some activities were on offer to keep people occupied. The provider is aware they will need to increase staffing levels as more people move into the home.

The home was well maintained and homely. People's bedrooms were personalised and we found

everywhere was clean and tidy.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. We found some improvements were needed to make sure the medication system continued to be managed safely.

On the day of our visit people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet their care needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS), but all staff needed to be aware of who had a DoLS in place and of any conditions which had been applied to make sure people's rights were protected and promoted.

There was a complaints procedure in place and the manager made contact with relatives every month to discuss any improvements they wished to see.

We saw systems had been introduced to monitor the quality of the service. We saw these were identifying areas for improvement and action had been taken to address any shortfalls which had been identified. People using the service and relatives were being consulted about the way the service was being managed and their views were being acted upon. We concluded as the audits were relatively new the provider needs to ensure the development of their quality systems continues so they can be assured the service is being well managed and developed in line with best practice.

We found one breaches 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 ●

The service was not consistently safe.

Some improvements needed to be made to make sure all staff were recruited safely. There were enough staff to meet people's needs, but staffing numbers need to be reviewed as more people moved into the service.

Staff understood how to keep people safe and the premises were clean and well maintained.

People's medicines were managed safely, but further improvements were needed.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs. This needed to be sustained over time.

The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS), but all of the staff needed to know who had a DoLS in place.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date.

There were activities on offer to keep people occupied.

People knew how to make a complaint and the complaints procedure was displayed in the home.

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, however, they were not registered with the Care Quality Commission.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

Bankfield Manor 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 11 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked 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. This document was completed and returned to us.

On the day of our inspection we spoke with all of the people who lived at Bankfield Manor Care Home, the owner, manager, five care workers and the cook.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; four people's care records, staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

We looked at the files for two new staff. We saw the required checks had been completed before they started work. These included two written references and a criminal records check with the Disclosure and Barring Service, (DBS). However, in one of the files we saw the applicant had declared a gap in their employment and there was no record to show this had been discussed during their interview. We asked the manager about this and they were not able to confirm this had been discussed before an offer of employment had been made. The manager said they would follow it up, they added the staff member in question was still on probation and being monitored. However, the staff member had been on night duty the previous night with another newly appointed care worker. We asked the manager if this was an effective way of monitoring the person's performance. They said the staff member would not normally be working on night duty but had covered for someone else who had phoned in sick at the last minute.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in September 2015 we found there were not enough staff on duty to care for people safely. On this inspection we found improvements had been made. On this inspection we found the manager or senior care staff was on duty with two care staff between 8am and 8pm. They were being supported by a cook and domestic seven days per week. At night there were two waking staff on duty. These staffing numbers were sufficient to meet the needs of the nine people using the service. The provider and manager were aware they would need to increase the staffing levels as more people moved into the home or as people's needs changed.

At the last inspection in September 2015 we found people's medicines were not managed properly and safely. During this inspection we found improvements had been made. However, although we found the provider was no longer in breach of regulation we found further improvements were needed to make sure people continued to receive their medicines safely.

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

The manager told us none of the people using the service were managing their own medicines. Some medicines were issued with instructions about how they should be taken in relation to food. For example, some medicines need to be taken 30 to 60 minutes before food. We found there were suitable arrangements in place to make sure these instructions were followed.

When people were prescribed topical medicines such as creams and lotions we found body maps had been put in place to guide staff on where and how often to apply these medicines. However, we found some of the creams/lotions which had been prescribed had not been included on the current medication administration records, (MARs). This meant there was no record of them being applied. The provider said they would take this up with the supplying pharmacist.

Some people had medicines which were prescribed to be taken as needed. When this happens it is good practice to have guidance in place for staff to help make sure the medicines are used consistently. The manager told us they had identified the people who had medicines prescribed in this way and were in the process of preparing the necessary guidance.

We checked the stock balances for three medicines prescribed to be taken as needed and found they were correct.

In the records for two people we saw instructions which stated some of their medicines could be crushed if the person was unable to swallow them whole. In both cases we saw this decision had been discussed with the person's GP and a pharmacist. The manager told us people were always offered the tablets whole and only crushed them if the person was unable to take them. This was confirmed by our observations; however, this practice was not clear in the records. The manager said they would deal with this immediately.

We saw records were maintained of medicines received and medicines returned to the pharmacy.

The manager told us all staff involved in the administration of medicines had received training. This was confirmed by the training records.

When we inspected the service in September 2015 we found there were issues with on-going maintenance in the home.

On this visit we found all of the issues we identified at our last visit had been rectified. For example, new light fittings had been fitted to improve the lighting levels. All of the bathrooms and toilets had been fitted with locks, locks on bedroom doors had been replaced and staff had a 'master key' so they could access rooms quickly should an emergency arise. Some bedrooms and communal areas had been redecorated and emergency call bells were placed within people's reach.

One of the lounges had been made into a 'cinema' room and the dining room had been moved to a former lounge. The former dining room was now a lounge area, which had been redecorated to provide a stimulating environment for people.

We saw new blinds had been fitted in some of the bedrooms and communal areas and new bed linen and towels had been purchased and was in use.

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.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

When we inspected the service in September 2015 we found there were areas of the home which were not clean. Since that visit the provider had made sure the cleaning schedules were being adhered to and completed. The manager made weekly checks to ensure the standards of cleanliness in the home were being maintained.

We looked around the building and found rooms clean and tidy and the home was fresh smelling throughout. Staff told us the cleanliness of the home had improved and now there was a member of

housekeeping staff working every day.

We saw staff had access to gloves and aprons and these were being used appropriately to reduce the risks of spreading infection. The provider told us they had provided staff with additional practical training to make sure they understood the infection prevention procedures. For example, a session had been delivered in relation to good hand hygiene.

We asked people if they felt safe at Bankfield Manor Care Home. One person told us, "Oh yes, I feel safe living here." Another person said, "I feel safe here there are always staff around."

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they would report any concerns to the manager.

The training matrix showed staff had received safeguarding training. The manager had a clear understanding of the safeguarding procedures and the process for making referrals to the local authority safeguarding team. This meant staff understood how to keep people safe.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for falls, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress and cushion in place and they were having barrier creams applied to particular high risk areas. This meant staff were identifying risks to individuals and taking action to reduce those risks.

Is the service effective?

Our findings

We spoke with two new staff who told us they had received induction training when they started working at the home. The records confirmed this. The provider told us new staff would be required to complete the Care Certificate unless they had an equivalent qualification such as an NVQ, (National Vocational Qualification), in health and social care. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

The training records showed staff had received training on a variety of topics relating to safe working practices and the needs of people who lived at the home. This included safeguarding, fire safety, equality and diversity, moving and handling, dementia awareness, challenging behaviour and food hygiene.

There was a programme of staff supervision and appraisal in place to help make sure staff received the support they needed to carry out their roles. The provider told us they had also started working with staff to make sure they all had development plans. We saw one care worker's plan which showed one of their aims was to complete the Care Certificate by May 2016.

We concluded systems had been put in place to ensure staff training was kept up to date and staff received supervision and appraisal. These now needs to be tested over time to measure their effectiveness.

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).

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 were being met.

The provider told us people had been assessed and applications for DoLS authorisations had been submitted for most of the people who used the service. They told us some had been approved, one had been declined and they were still waiting to hear about the others. They told us the applications which had been granted had been without conditions and the records confirmed this.

The records showed staff had received training on the MCA and DoLS. However, when we asked the night staff if they knew who had DoLS authorisations in place they weren't sure. They said they thought everyone had because no one would be safe to go out on their own. Staff need to be aware of who does and who does

not a DoLS authorisation in place to ensure people's rights are protected and promoted.

In the care records we saw best interest decisions had been made when people lacked capacity or when their capacity to make decisions fluctuated. We observed staff asking people for their consent before providing care and support. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

People told us they enjoyed the food. One person said, "I am pleased with the food, they are very good as there are a lot of things I can't eat." Another person said, "Some days the meals are very good, you get a choice." We saw the menu for the day was displayed in the dining room.

We saw people's weights were being monitored closely and if there was any unplanned weight loss people's nutritional intake was monitored closely, with additional fortified drinks/snacks being given. This meant the risks of people continuing to lose weight were being addressed.

When we arrived at 7am there were three people up and dressed in the lounge. We didn't see them being offered a drink and there were no cups around to suggest they had been given a drink before we arrived. We asked one of the care staff if people had been given a drink when they got up. The care worker said that reminded them they needed to put out some juice and they went into the kitchen. They returned a short time later with jugs of juice and glasses which they put on the tables in the lounge areas. However, we still didn't see them offer a drink to the three people who were up. We noted it was 9am before one of the people had their breakfast and a drink. We also observed one of the jugs of juice which had been placed on a small table in the lounge was still full at 12 noon and the two glasses beside it had not been used.

At breakfast time we saw people had a choice of cereals, porridge, cooked breakfast and toast. Fruit juices and tea and coffee were also available. Tables had been set with tablecloths, placemats, cutlery, condiments, sauces and a box of tissues.

We saw the cook taking the lunchtime orders and they were using pictures to help people choose. When lunchtime arrived people were shown the two meals on offer so they could make an informed choice about what they wanted. We heard one person tell the care worker who was assisting them that the cottage pie was, "Beautiful." We also noted people were asked if they wanted salt and/or vinegar on their chips. We saw staff prompting and assisting people with their meal in a patient and encouraging way.

The cook had a good knowledge of people's dietary preferences and made adjustments to the menu to accommodate these. For example, one person did not like onions so their cottage pie had been made without onions.

We saw people using the service had been consulted about the winter menus. They had been asked about the meals they liked and had been shown pictures to help them identify the foods they liked. The provider told us this would be done again in order to formulate the summer menus.

Mid morning and mid afternoon hot drinks and snacks were served. We saw mid afternoon tea was served in china cups and saucers and people were offered a selection of small cakes from a china cake stand. This created a sense of occasion around what would otherwise be a routine activity for people.

We asked people what happened if they did not feel well. One person told us, "If I'm not well they get the doctor." Another person told us, "I am having trouble with my legs and the district nurses come to put the

bandages on."

In the four care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, opticians and podiatrists. We also found information recorded about any contact by healthcare professionals, either in person or by telephone, recorded in the care file. This meant it was easy to find out about any treatments or instructions and that people's health care needs were being met

Is the service caring?

Our findings

When we inspected the service in September 2015 we found people using the service were not always treated with dignity and respect. On this visit we did not see anything of concern.

One person said, "All of the staff are kind, patient and helpful." Another person told us, "Staff are kind and I get the help I need." A third person said, "The carers are very good."

In the compliments file we saw a relative had made the following comments about the home in March 2016. "[Person's name] is treated with utter respect and decency/dignity. The home is very nicely decorated taking into account sensory needs. [Person's name] room is always clean and tidy. [Person's name] is given a choice of clothes to wear daily and a choice of food. They staff are all wonderful, we are very satisfied with [person's name]'s care and welfare."

In the same file we saw another comment dated November 2015. "While visiting the home over the last few weeks I have spoken with several members of staff including the catering staff and found all of them to be extremely pleasant, accommodating and above all approachable. I have been most impressed by the way they interact and care for residents with such patience, tolerance and kindness."

Care workers told us people were able to follow their own routines and they responded to people's needs on a day to day basis. We arrived at 7am and three people were up and sitting in the lounge. We saw other people got up at various times during the morning.

We looked at the care files for four people who used the service. They all contained some information about people's life history, personal preferences, likes and dislikes. When we spoke with staff it was clear they knew people well and were aware of people's personalities and interests.

We saw people looked well cared for, they were well dressed, their hair had been brushed or combed and people's spectacles were clean. We also saw staff support people to go to the bathroom during our visit.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. We also saw people's clothing had been neatly put away in wardrobes and drawers. Beds had been made with matching, clean bed linen. This showed staff respected people and their belongings.

We saw staff encourage people to be independent. For example, when we first arrived we saw one person required support from two members of staff to walk safely, but later in the day only needed one member of staff. One of the care workers explained people's mobility could change throughout the day and they responded with appropriate support.

We saw one person was distressed when staff moved them using the hoist. Staff talked to them throughout the manoeuvre offering support and reassurance.

The manager told us they contacted people's relatives once a month to discuss the care and support which was being provided and to find out if any changes needed to be made to improve the service. These discussions were documented in people's care plans.

We did not meet any visitors during our visit but saw on the surveys relatives had completed in January 2016 and all four people who had responded said they were made to feel welcome. We found staff helpful and friendly and were offered drinks throughout our visit.

Is the service responsive?

Our findings

When we inspected the service in September 2015 we found people's care plans did not accurately reflect their current needs. On this inspection we found new care files had been introduced so care plans all followed a standardised format, making it easy to find specific information quickly.

We spoke with one person who had moved into the home more recently. They told us their family had been and looked around before they had moved in. They said they had settled in very well and were getting the help and support they needed from staff. We saw from their care file there was a copy of the social workers assessment and also an assessment of need which had been completed by the manager, prior to admission. The manager confirmed that from the assessments they decided if the service would be able to meet the person's needs before a place was offered.

We reviewed four care records and found they provided a good level of detail about people's care needs. For example, one person's care records detailed the support they required to manage their continence needs. We saw, during our visit, they were supported to use the bathroom by staff. When we looked at the daily records we saw their continence needs were being well managed.

In another care plan we saw the person was at risk of falling out of bed. In order to mitigate this risk we saw their bed was at the lowest level it could be, there were crash mats on each side of the bed and a sensor mat in place to give staff early warning if they were moving. We also saw in the care file they liked to have their en-suite light left on at night. This showed us staff were doing as much as possible to prevent the person injuring themselves.

We asked people what activities were on offer. One person told us, "We play dominoes and watch TV." When we arrived at 7am there was music playing in the background in the lounge area. However, the disc was not changed all morning which meant people were listening to the same songs over and over again.

Staff told us they organised ball games, bingo, music, films and spent time with people on a one to one basis talking about things that interested that particular person. During our visit we saw people watching a film, talking with staff, listening to music, singing and sitting outside in the garden area.

At the last inspection in September 2015 we found people's complaints were not dealt with effectively. During this inspection we found improvements had been made.

People we spoke with told us they would tell a member of staff if they were unhappy about anything.

We saw the complaints policy was displayed in the entrance hall. The policy included timescales for acknowledging and responding to complaints. The provider kept a record of compliments and complaints. The records showed complaints were dealt with and people were given feedback on the actions taken in response to their concerns. The manager told us they telephoned all the relatives of people who used the service once a month and during that conversation they always asked if people had any concerns or

complaints about the way the service was being provided. The provider told us there was one complaint which was still being dealt with; they said they were working with the Local Authority safeguarding team and the person's relatives to resolve the concerns to everyone's satisfaction.

Is the service well-led?

Our findings

When we inspected the service in September 2015 we found there was a lack of provider oversight and very few checks were being made on the overall operation and quality of the service.

The registered manager left the service in December 2015 a new manager had been appointed. At the time of this inspection they were in the process of applying to be registered with the Care Quality Commission. They were also in the process of completing a management qualification.

We asked staff about the manager one person said, "I can't find fault with them, you can ask questions and if we need help they will come straight away. If we report anything they will take action. If there are any issues with the staff they always remind people we are here for the residents." "Another person told us, "They are very kind and helpful. I am very happy here it's lovely."

The provider had been working with the new manager to make sure they understood the auditing processes which had been put in place. The provider had also been spending one day a week at the service and 'dropping in' unannounced to offer support and to make checks on the management of the service.

On this inspection we found records we requested were readily available and up to date and the office area was more organised. The provider told us they were pleased with the way the manager was making sure essential documentation was being filed away in a timely manner.

We saw a range of audits were taking place for example, the environment, care plans, mattresses, accidents/incidents, weights, laundry and medicines. We saw issues were being identified from these audits and action taken, for example, the flooring in four bedrooms had been replaced.

We also saw the provider's reports on their visits to the service. These showed us they were completing their own checks on the environment, staff training and care plans. Any actions needed from these visits were documented and either actioned by the provider or delegated to the manager. For example, following checks on bed linen and towels replacements were ordered and supplied.

We asked if any surveys had been given to people using the service and/or relatives to get their views. People had been given surveys in January 2016 and four had been returned. The results had been analysed and a report produced. The report concluded some improvements to the laundry system needed to be made. The manager told us as part of their audits they checked people's clothing had been put away correctly in the right rooms. If they found any issues they addressed these with the staff.

We concluded as the audits were relatively new the provider needed to ensure the development of their quality systems continues so they can be assured the service is being well managed and developed in line with best practice

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 19 HSCA RA Regulations 2014 Fit and proper persons employed A full employment history was not available and no written explanation of gaps in employment had been maintained. Regulation 19 (3) (a)