Freshfield Care Limited

Bankfield House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bankfield House is a residential care home providing accommodation and personal care for up to 30 people aged 65 and over. At the time of the inspection there were 26 people living at the home.. Bankfield House accommodates people in one adapted building over two floors.

People's experience of using this service and what we found
People received support from caring and well-trained staff. Staff treated people with kindness, dignity and respect.

The home was clean and well decorated.

People had their needs assessed and regularly reviewed to ensure their current care needs were met.

The service benefitted from a good provision of activities and social stimulation. These included visits from several community groups.

Care plans were inclusive and person-centred and written with full involvement of people and those important to them.

People received care and support from other healthcare agencies when they needed it and in a timely manner. People were supported to live healthy lives.

Safeguarding systems were in place and staff were knowledgeable about protecting people from abuse.

The manager was relatively new; however, they were experienced and knowledgeable around their regulatory and legal responsibilities.

The safety and quality of the service was regularly monitored through a series of periodic checks and audits.

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

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 16 November 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bankfield House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bankfield House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, one inspection manager and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector.

Service and service type
Bankfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a new home manager to run the service and they were in the process of registering with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, home manager, administrator, senior care workers, care workers, activities co-ordinator, kitchen assistant and the chef. We also spoke with one visiting professional who regularly visits the home.

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

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff demonstrated a good understanding of potential abuse and neglect and were confident to report any concerns. They were aware of whistle-blowing procedures.
- The manager was aware of local arrangements and their obligations to report concerns to the local authority and safeguarding teams.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- The service had assessed individual risks to people's health and wellbeing and each person had risk assessments in place. These were in place for staff to help protect people from an unsafe environment and to ensure appropriate care was provided. These risk assessments were reviewed regularly to ensure staff were aware of people's current care needs.
- People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.
- Accidents and incidents were recorded, analysed and managed. The home manager had oversight of this and we saw evidence of action taken to mitigate any future risks. We saw that appropriate actions and referrals to other agencies were made when required.
- Equipment checks and checks on fire and building safety had been carried out and regularly monitored.

Staffing and recruitment
- The service had employment checks in place to ensure suitable people were recruited to care for people who lived at the service. These checks included police checks and references from previous employers.
- We reviewed staffing levels and rotas and found suitable numbers of staff were on duty to provide appropriate support. The manager told us they used a small number of agency staff to cover some shifts. However, they were actively recruiting permanent staff to try to ensure people received care from staff they knew.
- Staff we spoke with told us they felt staffing levels were appropriate. However, we received mixed feedback from people living at the service. One person told us, "I have a buzzer and they do come quickly." Another person told us, "We do wait for carers." And "The staff can't be everywhere at once."

Using medicines safely
- Medicines were managed and administered safely.

● Staff had received training and regular competency checks. Regular medication audits by the management team and the service had recently been audited by their local NHS medication team and the service had received a good report.
● We carried out a medicines audit and reviewed medication administration records (MARs). We found discrepancies with the recording of the location site of two people's skin patches. We reported this to the manager and they found the person had received their patch as required and confirmed it was a recording error only. The manager immediately introduced a new patch recording form to reduce the risk of any further mis-recording.

Preventing and controlling infection
● People were protected from the spread of infections by staff who were trained in infection control practices.
● Where appropriate, staff wore personal protective equipment (PPE) when providing care and support. We found the home was clean and tidy. The home employed cleaners and cleaning schedules were in place. The manager carried out a series of audits for cleanliness, for example, regular mattress audits. One visitor told us, "It's [the home] very clean and it's kept well-decorated."
● We visited the laundry in the basement and found it to be clean, well-organised with hand washing facilities and access to PPE. The laundry system was well managed. However, we spoke with the manager about future considerations for a reconfiguration of the laundry area to ensure a clear segregation of a clean and dirty flow.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the appropriate training and professional development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff now received a programme of training and supervision to enable them to provide safe and effective care.
- There was a comprehensive, mandatory programme of training; however, the service also offered NVQ training to all staff and new starters completed the care certificate. New staff also underwent a comprehensive induction and were required to pass a six-month probationary period. All staff received regular supervision, appraisal and competency checks to ensure they were delivering quality care.
- Staff told us they felt they received enough training and management support to safely and effectively carry out their role. One staff member told us, "I have supervision regularly and can discuss any issues."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had not acted in accordance with the MCA or followed DoLS requirements. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● There was a system in place to ensure people's capacity had been assessed and legal safeguards were in place and monitored.
● The manager used a DoLS tracker to keep oversight of when people required an assessment, referral, application and review. Some people had a lasting power of attorney (LPA) in place. This allowed other people to make decisions for those people who no longer had the capacity to do so. The service had ensured they had evidenced these legal safeguards were in place.
● Staff we spoke with were knowledgeable around the need to gain consent before providing care and support to people. They demonstrated an understanding about people's mental capacity and making decisions in people's best interests. Staff we spoke with told us they always gained consent from people and our observations confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
● The service ensured people's nutritional needs were assessed and dietary requirements were met.
● Where staff had concerns about people's eating and drinking, we saw referrals had been made to the relevant professionals, such as speech and language therapy (SALT). People had nutritional care plans in place to direct staff to their specific dietary needs alongside their likes and dislikes.
● People were supported to eat and drink during mealtimes by kitchen and care staff who were knowledgeable about each person's needs and preferences. They knew people's individual choices and the way people liked their food served. We saw people supported to eat their meals by staff who were patient, attentive and encouraging. The dining area was decorated to a high standard, tables were set restaurant style and classical music was playing in the background.
● A menu was displayed outside the dining room; however, people told us the chef would make them something different if they wished and people were given several options. One person told us, "The food is very good." Another person told us, "We get a choice for breakfast…anything we want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access other healthcare services and staff ensured people received timely care and treatment.
● We saw staff were quick to request medical attention and make relevant referrals to health professionals if they had any concerns about people. Care plans showed relevant and timely referrals had been made to ensure people received attention when they needed it. Examples of these referrals included, district nurse teams, SALT, podiatrist and optician.
● The manager told us they had close links with the local GP service and they visited the home weekly. One visiting professional we spoke with was complimentary about the home and told us they were confident the home made relevant and timely referrals to their service.
● Each person had an individual oral health care plan in place and staff we spoke with were aware of the need to care for people's oral health. One staff member we spoke with told us they would try different

things to encourage people to look after their oral health if they refused. For example, try a mouth rinse or ask a district nurse to check for infection. During the morning of the inspection, we checked a number of people's toothbrushes and found some of them to be dry. We spoke with the manager and they told us staff are aware to ensure people's oral health is attended to as part of personal care and they would follow this up.

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

● The home had been adapted and furnished to meet people's needs.

● Signs and pictures were up around the home and on doors to help people find their way around. People's bedroom were highly personalised and newly decorated. Each floor had an accessible bathroom and toilet, a passenger lift between floors and equipment available to assist people to move around the home.

● The home was surrounded by accessible outside space; there were garden areas and a large, enclosed patio area. This area was accessed via a ramp and included benches, sun canopies and a large barbecue area.

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

● People's needs were assessed prior to going to live at the home to ensure the service could provide the appropriate care.

● Whilst living at the home people's current needs were regularly assessed and reviewed to ensure information available for staff was relevant and up to date.

● The service used specific and nationally recognised assessment tools. For example, we saw the Waterlow score was used to check a person's risk of skin breakdown.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by respectful and caring staff at the home.
- During our observations we saw people's needs and wishes were met by attentive and engaging staff. Staff explained to people throughout care delivery, for example, when a person was transferred to a chair, the staff ensured they were comfortable and understood what was happening. People we spoke with told us the staff were caring and kind. One person told us, "The carers are very caring." And "[Name] is a lovely girl and works very hard."
- Staff had received training in equality and diversity, and communication skills. Staff told us they got time to read care plans to familiarise themselves with how each person likes to be cared for. The manager told us they were proud of how caring the staff were and told us, "We have some really, really good staff,"

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

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received.
- Staff knew people well and were aware of their preferences and encouraged them to keep their identity. For example, the home facilitated religious meetings, so people could continue to follow their religion.
- Visitors we spoke with told us they were made welcome and were involved in their relative's care. One visitor told us, "They're very welcoming, always offering a drink and we can come at any time outside of the getting up and going to bed times."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and had their privacy and cultural needs respected.
- Staff we spoke with showed a good understanding of how to ensure people were treated with dignity when providing care. They explained how they would ensure people were covered up and doors were closed during personal care. Staff told us they would always talk to people, ask consent and follow people's care plans to ensure care was delivered along with their wishes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and those important to them were involved in planning support and care delivery that was personal to them.
- People's care plans were highly person-centred and specifically detailed about how each person would like to receive their care. Details included where people preferred to have their meals, how they like to take their medicines and how they like to participate in their cultural beliefs. Each day one person was 'resident of the day' and this involved a full review of their care covering every aspect of their life at the home.
- Staff had received training in person-centred care and during the inspection we saw people and their visitors had established good relationships. One person's relative had been invited to join them to share Christmas lunch together.
- The service employed two activities co-ordinators over six days and there was a full activity programme in place, which was displayed in the home. People's birthdays and other special days were celebrated, such as bonfire night and the home had their own mini-bus to facilitate trips out.
- The service had made close links with other groups in the community and they came into the home regularly. These included regular church services, weekly visits from the local children's nursery to sing and do activities with the residents. The service had recently been working closely with a local group of ladies who brought people together to learn new skills in the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.
- The manager told us of the variety of ways information was communicated to people. For example, large print or staff would read out minutes of meetings to people. One person living at the home had a sensory loss and a full care plan was in place to guide staff how they could best assist this person.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. Information on how to make an official complaint was displayed in the home's foyer alongside a comments book. People

were also informed of the complaints procedure in their service user information pack given to them when they came to live at the service.

● We reviewed the home's complaints and saw that complaints were responded to appropriately.

● People we spoke with told us they had no complaints. One person told us, "I've no complaints at all. If I had, I'd just speak to the manager first."

End of life care and support

● There was a clear plan in place at the home to ensure people were supported to plan for their end of life care.

● The service had a Palliative Care and bereavement procedure alongside advance care plans for people who had chosen to complete them. Two senior staff members led the home's end of life care and worked closely with relevant health professionals. They had undergone specialised training to ensure they could recognise when people were coming to the end of their life, who to contact and what assistance to put in place to ensure good palliative care.

● The manager told us they encouraged people's families to be involved as much as possible when people were coming to the end of their life. They had recently purchased a folding bed to accommodate relatives and make them more comfortable when they were staying with their loved one.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to appropriately assess, monitor and improve the quality and safety of the home. The systems which were in place had not identified the breaches in regulations we noted during the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People at Bankfield House received personalised, inclusive care from staff and management who considered people's individual needs.
- The manager was visible around the home and had an open-door policy for staff, people and visitors. The provider also regularly visited the home and spent time engaging with people.
- The home actively sought feedback from people about the quality of the service. Surveys were completed, and residents' meetings were held every six weeks.
- Regular team meetings were held and staff we spoke with told us the manager was supportive and approachable. One staff member told us, "They are approachable, pleasant and have a good sense of knowledge. They give good advice, I can challenge practice and make suggestions. They take a genuine interest in staff and residents."
- The manager had been in post for several weeks; however, they brought experience and a vision for the continuous improvement of the home. They told us of their plans and aspirations for the home to ensure people continued to receive good, person-centred care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to monitor the safety and effectiveness of the service.
- Health and safety checks were in place. For example, checks on fire safety, equipment and buildings. The

manager carried out a series of regular quality audits and where issues were found, action plans were in place and monitored to improve care. The audit files were slightly disorganised, and the manager told us they would rectify this immediately.

● The manager was knowledgeable about their regulatory requirements and wider legal responsibilities.

● The manager demonstrated their awareness of their duty of candour and also their responsibility to act on accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.

Working in partnership with others

● The service had established links with healthcare professional teams, the local authority, community groups and other local organisations.

● The manager was in the process of building relationships with other homes and managers in the area to share best practice.