

Mr David Arthur Hopkins

# Bankfield

## 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 is a residential care home providing accommodation and personal care to 36 people aged 65 and over at the time of the inspection. The service can support up to 47 people.

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

At this inspection we found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Safe systems of recruitment were in place. There were sufficient staff to meet people's needs and staff received the training and support they needed to carry out their roles.

Medicines were managed safely, and people's health needs were being met. Staff had received training in safeguarding people from abuse. Staff and people who used the service knew how to raise any concerns and were confident any concerns they raised would be dealt with appropriately. Risks to people were identified and well managed. Care records were person centred, reviewed regularly and updated when people's needs changed.

People were involved in decisions about their care and the provider was working within the principles of the MCA.

People were positive about the staff and living at the home. The home was well maintained and furnishings were in good condition.

Staff and the manager knew people well. We saw staff were friendly and treated people who live at the home with kindness.

There was a limited range of activities and social events on offer to help promote people's social interaction. Improvements were being made to the activities in offer. We have made a recommendation that the provider explores further, current good practice guidance on suitable activities particularly for people living with dementia.

The home had a new manager. People were very positive about the new manager and the changes they had made and the way the home was being run. The new manager had introduced a good system of quality assurance checks and audits.

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

Rating at last inspection -The last rating for this service was Good (published December 2016).

### Why we inspected

This was a planned inspection based on the previous rating. The inspection was also prompted in part by notification of a safeguarding. This is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bankfield

## 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 undertaken by two inspectors and an assistant inspector.

#### Service and service type

Bankfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager who had applied to be registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced which took place on the 18 June 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also asked Healthwatch Bury for their views on the service. 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.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four visitors about their experience of the care provided. We spoke with 10 members of staff including the manager, care workers and the cook. During the inspection we also spoke with a visiting health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

# 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

- People were protected from the risk of harm, abuse and discrimination. People who used the service told us they felt safe living at the home.
- We saw that following a recent safeguarding investigation, safeguarding and how to raise concerns had been discussed in residents, relatives and staff meetings.
- Staff had received recent update training in safeguarding people from abuse. We found staff clearly understood their safeguarding and whistleblowing responsibilities. Staff said they felt able to raise concerns and were confident if they raised any concerns to the new manager, they would be dealt with appropriately. Staff members said, "There have been big changes since [manager] came in. I feel confident to go to [manager] with anything, [manager] promotes the whistleblowing policy fully" and "I definitely feel able to raise concern so that they will be listened to."

Assessing risk, safety monitoring and management

- Assessments of needs were completed and care plans related to individual care needs. Risk assessments were in place including falls, moving and handling and nutrition. They guided staff on what needed to happen to keep people safe. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. Concerns or repairs were dealt with effectively.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Staffing and recruitment

- There was a safe system of staff recruitment in place. We looked at three staff files. They contained the necessary checks and documents to ensure fit and proper people were employed.
- People we spoke with, review of staff rotas and observations during the inspection showed there were enough staff to ensure people received the support they needed in a timely manner. One staff member said, "We haven't got loads of staff, but we work as team. There are enough, as long as we keep to our routine."
- The service had policies and procedures to guide staff on what was expected of them in their roles. The new manager was in the process of reviewing all policies and procedures.

Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed.
- Records relating to people who were prescribed medicines or creams to be given 'when required' or with a choice of dose, were in place and gave clear guidance to staff on when and how to administer the medicine.
- Medicines were stored safely and securely. Stocks of medicines we checked were accurate.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

#### Preventing and controlling infection

- The home was visibly clean and there were no unpleasant odours.
- Staff had received training in infection prevention. There were policies and procedures for the prevention and control of infection to inform staff of good practice issues. Staff wore personal protective equipment e.g. disposable gloves when supporting people with personal care.
- Suitable facilities were in place for the laundry of people's clothes.

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- The manager identified any patterns or lessons that could be learned to prevent future occurrences. We saw that where lessons could be learned the Information was being shared with the team. One recent example related to improving team work.



# 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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records included a detailed assessment that was completed before people started to live at the home. These included information about the support people needed and how those needs were to be met. It included people's personal, social and medical histories. This helped to ensure people were appropriately placed and the home could provide people with the support they needed.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Records showed staff completed a range of training the provider considered mandatory. Staff told us the training had improved recently. One staff member said, "Training has been good over the last few months, we've done swallowing [safe eating and drinking] training recently and safeguarding and whistleblowing. Recently we've been given a lot more training. We do a mixture of in house, going out and on online."
- Staff had regular supervision and told us they could always speak to a manager. One staff member said, "Seniors do competency check, I have supervisions, which are regular and we get chance to raise concerns."

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.

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed and conditions on authorisations were being met. Where needed mental capacity assessments and best interest meetings had been completed.

- Records showed that people, or where appropriate their representatives, had been involved in decisions about their care.
- Observations during the day showed that people were always asked for their consent before any support was delivered.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating.
- People were offered choices throughout the day of what they would like to eat and drink. Care records included guidance to staff on the support people needed; such as cutting their food up so that they could eat independently.
- People requiring a softer diet were having their needs met. We saw when kitchen staff presented people with their food, they took time to explain what each item on the plate was. People at risk of poor nutrition had their weights monitored.

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

- We saw that bedrooms were personalised and contained pictures and photographs of things that were important to people. A visitor said, "The rooms are nice, you can bring your own things to make it personal."
- There were separate lounges that people could choose to sit in; this meant they could listen to music, watch television or sit quietly. The home had various adaptations designed to improve the experience and independence of those living with dementia. This included contrasting coloured toilet seats and pictorial signs indicating what was behind doors. People's bedroom doors had photographs and pictures of things that were important to the person, this helped the person identify their bedroom. The manager told us that pictorial menus were being produced so that people could choose their food more easily.
- The home was well maintained and furnishings were in good condition. We saw there was an ongoing programme of redecoration, during our inspection one lounge was being redecorated.

#### 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 with their health needs and had access to a range of health care professionals. Records showed these included; district nurses, G.P.s, opticians and podiatrists.
- The service liaised with other organisations and professionals to ensure people's health and social needs were met. Advice from health care professionals was added to care plans and staff followed this guidance.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This would help ensure important information staff might need was transferred with the person if they went into hospital.

# 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 Outstanding. At this inspection this key question was found to be Good.

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 positive about the staff and living at the home. They told us, "Care staff, the ones I am familiar with, are good. I like them very much", "The staff are lovely, and I would recommend the place", "The staff are great to talk to", "I like to have a chat with them", "They help me, I've got everything I need" and "Life is satisfactory." Other people said, "It's alright here. It's reasonable at the moment" and "I am well cared for. They don't have nurses here, they have angels. It's a wonderful place." A visitor said, "I am happy, I feel that [person who used the service] is looked after on the whole" and "It's been up and down but it still has that family atmosphere." A staff member said, "We can see the changes, morale is coming back; staff laughing and joking. Residents are more chatty with the staff."
- During our inspection we observed warm interactions and staff treated people kindly and there was friendly conversation and banter. Staff and the manager knew people and their needs and likes well. Staff said, "I love it. You have all these people, you have to love them like they are my family" and "You come to work knowing you're going to have a good day. I am happy here."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff and people demonstrated that discrimination was not a feature of the service.

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

- New care records were being completed. We saw that people and those important to them had been involved in developing these. They demonstrated that people's preferences were considered and reflected in the care being delivered. A staff member said, "I know the information is in the care plans, but I prefer to sit and talk with someone to find out about their needs. I do get the time to do this and I know [the manager] would be happy to see care staff sat engaging with residents." A visitor told us, "I feel that they know [person who used the service] well."
- Peoples religious and spiritual beliefs were respected. We saw that there were regular different faith services and visitors that people could access if they wished.

Respecting and promoting people's privacy, dignity and independence

- Care records we saw, and our discussions with staff, showed that staff understood the importance of maintaining people's independence. We saw staff encouraged people to do as they could from themselves.

We saw one person was talked through how to use their knife and fork, staff were patient and encouraging.

- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.
- People told us their relationships with family and friends were respected by staff. Visitors said, "The staff have a lovely manner, they've made him feel welcome" and "They are flexible you can come in at any time, I feel comfortable to come here." A staff member told us, "We make visitors welcome, do you want a cup of tea? a juice? We are looking after their families, they are my family as well."
- People were supported discreetly when receiving personal care. We saw that when staff were moving people using hoisting equipment, this was done gently and with lots of reassurance.

# 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

- Care records included detailed risk assessments and care plans. They included information about the person, their likes and dislikes and personal care needs. They gave sufficient information to guide staff on the support people needed and how that support should be provided.
- Care records were reviewed regularly and updated when people's needs changed.

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.

- We saw there were activities on offer, both in the home and in the community. There was a hairdresser who came each week, pamper sessions, arts and crafts and we saw there was a dominos and beer afternoon that was greatly enjoyed by people. Local schools had been into the home to do activity plays and give singing performances.
- During our inspection limited activities were observed, people were chatting with each other or with staff or watching television. Newspapers were provided for people who wanted them. A person who used the service said, "I'd like more to do, I like to socialise." A visitor told us, "I feel there is a lack of stimulation and activities, but I recognised that people aren't always interested." Staff members said, "There isn't much going on for the residents. [Manager] is finding [their] feet on this I think. We used to have some school kids coming in at Christmas time and we get the vicar coming in from the church" and "We need an activity coordinator. People need something to motivate them."
- We discussed this with the manager. They explained that the activity coordinator had not been in work and a temporary replacement had now been found. They showed us they had identified that activities needed to be improved and that people and visitors had also identified this as a priority during meetings. We saw that in response, a new plan of activities had been introduced. This was a four-week timetable of activities and aimed at increasing the amount and range of activities on offer. Peoples care records gave lots of detail about what their interests and hobbies were. We discussed with the manager the need to ensure activities reflected people's interests.

We recommend the provider further explores good practice guidance on providing activities that reflect peoples interests and helps promote people's social interaction; particularly for those people who are living with dementia.

Meeting people's communication needs

Since 2016 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.

- Important information was available in large print, pictorial, easy read and written format, which was easy to follow.
- Care records included information about how the person communicated and if they needed any communication aids to enable them to be able to express their views or concerns. People were wearing hearing aids and glasses as required. Information about aids to communication people needed was available in their care records.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and system in place to log any complaints received. The new manager had investigated any complaint and provided a response in line with the complaints policy. Records showed that matters had been explored and responded to accordingly.
- People who used the service knew how to raise any concern or complaints. One person said, "I feel able to raise concerns, and they have been addressed."

End of life care and support

- Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.
- The home worked closely with the district nurse team to provide end of life care at the home.

# 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 Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection there had been changes in the management of the home. One staff member said, "We've had three managers in 15 months."
- The home had a new manager who was in the process of applying to register with CQC. People were positive about the new manager and the changes they had made. Staff said, "Things have improved 100%, residents are a lot happier, it feels calmer", "[Manager] is the best things since sliced bread. [Manager] is on top of things. Things are better [manager] is so approachable", "[Manager] is very good and you can go to [manager] with anything", "[The manager] is a blessing, it's on the up since [manager] started, all of the girls feel it's a positive change" and "[Manager] is lovely."

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

- People were very positive about the new manager and how the service was now run and organised. Staff told us, "Things are more organised, and everyone knows their role, we work as a team" and "Definitely a big change, a positive change. Morale was not good, I love this job now" and "[Manager] has made such a difference. The residents are happy." Other staff told us, "We work well together, like when we are doing personal care one of us will make the bed, the other will get the clothes out ready for instance. We work as a team" and "We all work together, definitely are a team and support each other."
- We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. Overviews of the findings were shared with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw there was a service user guide and a statement of purpose. These gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.
- Recent surveys showed that people who used the service and their relatives were very positive about the home.
- Relative and family meetings had been introduced and open and honest discussions were being held. People were involved in discussions to improve the service. We saw that in response to people's suggestions

improvements had been made to the menu and activities.

- Staff told us they felt listened to. They said, "If we want to speak about something we can always go to the office. I feel confident that everything is on the up" and "[Manager] has brought a lot of good things. [Manager] has changed things, we have meetings and they keep us informed and up to date." Another staff member told us, "[The Manager] doesn't dismiss you, [managers] door is open, and it doesn't matter how small the problem is."

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

- The manager kept on overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned. The manager had notified CQC of significant events such as safeguarding concerns.
- The manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. We saw that the manager and provider acted promptly to ensure people were informed if incidents occurred.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

Continuous learning and improving care; Working in partnership with others

- The home worked with local authorities who commissioned the service and health care professionals to achieve good outcomes for people and ensured people were receiving the support they needed.
- We saw that in September 2018 the provider had commissioned an independent company to complete a full audit of the service. This covered all aspects of care, support and management of the service. It identified areas in need of action and gave target date for completion. We saw that the new manager had made good progress with the action plan.
- The manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept detailed records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.
- Team meetings showed that discussions were had with staff and learning shared such as issues of safeguarding and improvements to the home.