

Freshfield Care Limited

# Bankfield House 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection was carried out over two days on the 21 and 22 August 2017. The first day was unannounced.

We last inspected Bankfield House Care Home in December 2016. At that inspection we assessed the service as inadequate in well-led, requires improvement in safe, effective and responsive and too in caring. At that inspection we identified multiple regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to safe care and treatment, premise and equipment, good governance, staffing and fit and proper persons employed.

The overall rating for this service in December 2016 was 'Requires improvement'. However, we placed the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

This inspection was to check improvements had been made and to review the ratings. At this inspection we found improvements had been made. However sufficient improvements had not been made in two areas and the service remained in breach of Regulation 12 safe care and treatment and regulation 17 good governance.

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

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

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

Since the last inspection a manager had been appointed and had successfully registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Bankfield House Care Home, their relatives, and staff spoke highly of the service. For example one relative stated "It gave me peace of mind that [My relative] is being well looked after and well fed, when [My relative] was at home it was a worry as they didn't eat properly." One person living at Bankfield House Care Home said "I feel safe as there are people around me who can help me."

As stated above during this inspection we found improvements had been made since the last inspection. However we found that robust systems had not yet been fully implemented to monitor all aspects of the quality and safety of the service being provided.

We found gaps in the recording of cooked food temperatures prior to meals being served, in addition to this we found gaps in the fridge and freezer temperature recordings and saw that some food had been opened and stored in the fridge without a date opening being recorded. This meant that people could be at risk of possible food poisoning if food was not being stored or serviced at the correct temperature.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs. People living at Bankfield House Care Home who we asked were complimentary about the food provided and said there was plenty of it. One person said "The food is the best thing here, you can have a cooked breakfast and you get a choice of main meal and plenty of it."

We saw other appropriate safety checks were undertaken. For example, lift and hoist servicing, water temperature delivery testing, emergency lighting, window restrictors and nurse call bells.

We saw improvements had been made to medicines administration and we found there were no gaps in the recording of prescribed creams which meant people were having creams applied in line with the prescriber's instructions.

Since the last inspection recruitment processes had been improved to ensure only suitable staff were employed to work in the service.

We found improvements had been made to ensure staff were properly trained and future training had been planned. This was evidenced by looking at training records and speaking with staff.

Since the last inspection staff had received on-going supervision and an annual appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively.

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

The home was clean and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposal gloves and aprons.

Staff understood how to recognise and report abuse which helped make sure people were protected. People living at Bankfield House Care Home, visiting relatives and staff spoken with said they thought safe care and treatment was provided.

People had access to healthcare services for example from the district nurse, dentist, optician and chiropodist. People were supported to attend hospital appointments as required.

We observed people receiving person-centred care and staff were able to describe the individual care needs

of people. We observed staff giving kind and caring support to people. We saw that people's privacy and dignity was respected and people were relaxed in the company of staff.

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

A notice informing people how to make a complaint was displayed in the main entrance of the home and details of how to make a complaint were also detailed in the home's statement of purpose and service user guide. There was a system in place for receiving, handling and responding to concerns and complaints. None of the people living at Bankfield House Care Home, who we asked, had made a complaint but they told us they knew who they would go to if they had any problems. One person said "I would go to the manager."

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

We found the registered provider had not protected people against the possible risk associated with food poisoning.

Recruitment processes had improved to ensure only suitable staff were employed by the service.

Improvements had been made to the systems in place for the management and administration of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

We saw a staff supervision and appraisal schedule/planner for 2017 which included the names of the whole staff team and training had improved to help make sure people were provided with care and support that met their needs.

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

Other health and social care professionals were appropriately accessed for advice when needed.

**Good** ●

### Is the service caring?

The service was caring.

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

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

People living at Bankfield House Care Home told us the staff were kind and they felt well looked after.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

New care planning documentation was in the process of being implemented.

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

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

### **Is the service well-led?**

The service was not well led.

The service had a manager registered with the Care Quality Commission (CQC).

Robust systems had not been fully implemented in order to monitor the quality of the service nor did they identify the issues and concerns we found during our inspection.

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

**Requires Improvement** ●

# Bankfield House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over two days on the 21 and 22 of August 2017. Our visit on the 21 August 2017 was unannounced.

Day one of the inspection was carried out by two adult social care inspectors and an expert by experience. 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 of the inspection was carried out by two adult social care inspectors.

Before we visited the home, we checked information we held about the service including the last inspection report and statutory notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

Since the last inspection we had been liaising Stockport's safeguarding and quality assurance team and we considered this information as part of the planning process for this inspection.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR) because we requested and received a completed one within the last 12 months. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in all communal areas, bathrooms, the kitchen, the domestic staff store room, medication rooms and the sluice. We also looked in several people's bedrooms and garden

area. .

During the two days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included five people's individual care records, a sample of medicine administration records and ten staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at supervision and appraisal records, training records and records relating to the management of the home such as the quality assurance systems.

We spoke with 12 people living at Bankfield House Care Home, both of the directors who are the registered provider, the registered manager, one care supervisor, two care staff, one cook and seven visitors to the home.



## Is the service safe?

### Our findings

During this inspection, we looked around the kitchen and the food storage area. We saw the kitchen was clean and there were adequate supplies of food. However we found that some safety checks had not been undertaken. For example, there were gaps in the recording of cooked food temperatures. Food should be cooked thoroughly to kill food poisoning bacteria. The core temperature should reach 75°C instantaneously or equivalent, e.g. 70°C for two minutes.

There were also gaps in the fridge and freezer temperature recordings and we saw that some food had been opened and stored in the fridge without a date opening being recorded. For example there were two packs of opened meat wrapped in cling film which was not dated and there was a tray of cupcakes that were not covered and were not dated. We asked the cook about it had they told us they thought they were left over from a BBQ that was held the day prior to our inspection. If food is not stored at the correct temperature or people are given out of date food it means that people could be at risk of food poisoning.

The above examples demonstrate a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

During the last inspection, we found a number of errors in the way medicines were being managed. This meant that medicines were not managed safely. We found the service in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment

During this inspection we found improvements had been made in the way medicines were being managed and the regulation had been met.

One person living at Bankfield House care Home said "I always receive my medication on time and receive them at mealtimes." A further three people we spoke with confirmed they received their medication on time and could ask for pain relief if they felt they needed it.

We saw the use of body charts had been implemented to identify where topical creams should be applied and the frequency of their application. We saw these charts had been appropriately completed and there were no gaps in the recording. In addition we saw a cream chart inside the person's wardrobe so that care staff could easily access the information. This indicated that people had received prescribed creams as intended by their General Practitioner (GP).

We saw daily counts of boxed medication were being done to ensure that people received their medication safely and as prescribed by their GP. We carried out a sample table count of three boxed medication and found no discrepancies.

We saw that eye drops and topical creams with a limited life span had a recorded date of opening which reduced the risk of people being given out of date medication.

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

We did see that one person had been discharged from hospital with antibiotics and when asked the staff were unsure what they had been prescribed for. However during the inspection the hospital was contacted and a short term care plan was implemented to ensure this short term care need would be appropriately met.

We saw a system was in place to record the temperature of the medication fridge and treatment room temperature to ensure medication was stored at the correct temperature. We saw a room humidifier was in use to ensure medication was consistently stored at the correct temperature so that the effectiveness of the medicines stored would not be compromised.

We were told and evidence was seen that care staff were not allowed to administer medication until they had received training and had undertaken a competency assessment.

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

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

We found no excessive stocks of medication being stored.

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

During the last inspection, we found the registered provider did not have robust recruitment process in place to ensure suitable staff were employed. This meant the service was in breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Fit and proper persons employed

During this inspection we found improvements had been made in the recruitment process and the regulation had been met.

Bankfield House Care Home had a written procedure for the safe recruitment of staff. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identifies if any information is on file that could mean a person may be unsuitable to work with vulnerable people.

During our inspection we reviewed four staff personnel files, all of whom had been recruited over the last 12 months. We found that appropriate checks had been carried out to show the applicants were recruited as per the homes recruitment policy and assessed as suitable for their posts. The staff files included evidence and copies of each person's identity, Disclosure and Barring service (DBS) checks, two references each,

employment contracts and job descriptions were in place. Interview records were held on each of the recruitment files we looked at.

We saw a 'staff recruitment audit' had been undertaken which had reviewed the recruitment and records for eight staff. The audit showed that the required checks were in place and were regularly monitored by the provider.

During the last inspection, we found some safety checks had been carried out to help ensure people were cared for in a safe environment. This meant the service was in breach of Regulation 15 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Premises and equipment.

During this inspection we found improvements had been and the regulation had been met.

During this inspection, we saw that safety checks had been reviewed by the registered provider following the last inspection. The safety checks carried out helped to ensure people were cared for in a safe environment. For example, we saw evidence of up to date maintenance and checks including a gas safety certificate, Legionella testing, servicing of the passenger lift and hoists, portable appliance testing (PAT), checks of water deliver temperatures and electrical installation safety certificate.

The provider had developed a monthly audit encompassing all areas of the home including environmental risks. The audits were signed each month by the registered provider to show ongoing monitoring of safety checks. This included updating maintenance contracts, checking repairs via their maintenance plan and repair logs with their maintenance person, and visual checks in walking around the building including checking that window restrictors were effective. Following the last inspection the registered provider had employed a health and safety consultant. They had carried out an inspection of the premises in August 2017 and had supported the provider in updating safety checks and in reviewing their management of health and safety. They were due a further visit in September 2017 to further develop their records in their management of risks.

In addition to the monthly audit we saw the maintenance person undertook weekly checks of the fire alarm system, emergency lighting, window restrictors, nurse call bells and water temperature delivery testing. Following the inspection we received confirmation that an alarm had been fitted to an external door so that staff would be alerted if anybody was to leave the building without the knowledge of staff.

We saw that monthly checks were undertaken on fire extinguisher and hose reels and the service also employed an external company twice a year checked the fire detection equipment and alarm system were in good working order.

We saw that a fire risk assessment has been undertaken by Tameside Fire Protection in January 2016 and that the recommendations made had been met. Tameside Fire Protection told us their next risk assessment would take place between the next two and three years, however it was considered good practice for the service to undertake their own internal risk assessment on an annual basis. The registered provider made assurances that this would be undertaken.

During this inspection we saw some of the bedroom doors, all of which were fire safety doors, had been wedged open. We asked the registered provider to undertake a review of how many people had their doors wedged open and how many of those doors were not linked to the fire alarm system. Following the inspection we received confirmation from the registered provider that two people currently had their bedroom doors wedged open while they were in their bedroom. The registered provider informed us that

following advice from Thameside Fire Protection Services they were obtaining a quote to have a 'Brittain 996' fitted to each bedroom door, starting with the two door's that were currently being wedged open. A 'Brittain 996' is an overhead door release and sensor that would automatically close the door in the event of the fire alarm activating. To mitigate the risk to the two people who currently had their door wedged open the registered provider had undertaken a risk assessment for each person.

We saw that everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. Following the inspection we received email confirmation that people's individual Peep's had been updated to include if their bedroom door was wedged open. This meant in the event of an emergency evacuation the risk to people being evacuated effectively would be reduced. There was a floor plan and an evacuation procedure situated by the front door and on the first floor of the home.

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

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

We looked around the home, at all the communal areas, toilets, bathrooms, the kitchen, and a sample of bedrooms on each floor of the home. Domestic staff completed daily cleaning schedules to show records of when each area had been cleaned. The provider checked these audits during their monthly audit of the environment. The registered manager told us they visually checked the environment each day as they walked around the building. We noted the environment to be clean and tidy throughout the inspection.

However we did see although the kitchen was clean and tidy there were gaps in the records of cleaning schedules kept in the kitchen. This is discussed further in the well section of this report.

All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers. We spoke with two care staff and one domestic staff member regarding infection control and cleanliness of the home. They told us that each person had their own hoist sling and they had access to plenty of supplies of gloves and disposable aprons which helped them to maintain infection control guidance in preventing risks of cross infection.

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

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

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

infection.

Care staffing levels in the home consisted of four care staff and one care supervisor during the day and two care staff and one supervisor for night duty to care for up to thirty people. At the time of this inspection we saw the registered manager was working between one and three shifts week as a care supervisor due to staff vacancies. However we were told the care supervisor job had recently been recruited to and the appointed person would take up post following one further reference being obtained. This meant the registered manager could then work in a full time capacity. In addition we saw the two directors worked on a supernumerary basis providing additional cover over a five day period depending on the needs of the service. Supernumerary means they were not included in the normal staffing numbers for care delivery. Since the last inspection we saw a tool had been implemented that produced a 'staffing level report' based on the assessed dependency levels of the people living at Bankfield House Care Home. We saw that the staffing levels were above the average levels recommend in the report.

Care staff spoken with told us if nobody phoned in sick they felt people's needs could be safely met by the number of staff on duty. They told us that the management team also provided agency staff if someone did phone in sick and always tried to provide cover. During our inspection we did not observe anybody having to wait for assistance.

We looked at the staffing rotas covering a period from 17 July 2017 to 27 August 2017, which confirmed that levels of staffing were consistent on a day to day basis. The registered manager told us in addition to the care supervisor job they had recently recruited to they had also recruit one health care assistant on days and one for nights who were both due to start early September 2017. We were also told were currently advertising for three further health care assistant posts.

One of the visitors we spoke with said "There always seems plenty of staff and my relative is very happy here it is well organised and the staff know what they are doing."

The people living at Bankfield House Care Home who we asked told us that they felt safe and well looked after. One person said "I feel safe as there are people around me who can help me."

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. They had received training in safeguarding and understood the different definitions and types of abuse. Staff had access to a safeguarding adults policy and a copy of the local authority's multi-agency safeguarding adult's policy. They told us they would not hesitate to report any concerns and they were confident that the management team would listen and support them with any concerns they had raised.

In addition we saw had access to a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

Prior to our inspection an allegation of abuse had been made that at the time had not been appropriately reported to the safeguarding adult's team and at that time CQC had not been notified. The allegation had now been fully investigated and appropriate action had been taken. CQC were retrospectively notified.

The registered manager was able to describe the appropriate action to take if abuse were suspected of should an allegation of abuse be made. We reviewed the safeguarding records which included the completion of the 'harm log' that is sent to the local authority on a three monthly basis. This showed that the home was identifying potential safeguarding concerns and sharing this information with the local authority with the exception of the above allegation.

## Is the service effective?

### Our findings

At the previous inspection, we found concerns in relation to staff supervision and appraisals, staff training and in particular the lack of training relating to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Staffing.

At this inspection, we found there had been sufficient improvement in this area and the regulation had been met.

We were shown a staff supervision and appraisal schedule/planner for 2017 which included the names of each staff member. In January and February 2017 we saw 15 staff out of the 30 staff employed had received supervision with further sessions planned throughout the year. One recently employed staff member had yet to be included in the planner. The registered manager acknowledged this and made assurances this would be updated to include all staff.

Staff told us they felt they received good support and had received supervision were they could discuss anything with senior staff. Staff felt they were receiving appropriate support and guidance to enable them to fulfil their role effectively. Staff were unsure of how many supervision sessions they could expect each year. The homes policy advised that all staff should receive two supervisions and an appraisal every year. The planner was in need of further dates for the rest of the year to show staff when they could expect their next supervision and appraisal. The registered manager assured us that they were in the process of planning further dates.

An appraisal policy was in place. Staff were offered annual appraisals to review performance and identify development needs for the coming year. We spoke with three staff members and a member of domestic staff who told us the practice was very supportive of their learning and development needs.

An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. We saw a file of induction records they had used for any agency staff employed at the home over the last 12 months. The inductions showed detailed information to help new staff be orientated to the homes layout, policies and procedures. We spoke to two new members of staff who confirmed that they had received an induction and they said it was invaluable in helping them when they started working at the home. However, we noted that in four the staff files we looked at two files had no records of their induction carried out. The registered manager told us that staff had received their induction package but because induction was over a three month period they had allowed staff to take their induction packages homes with them. The registered manager told us they would review this process so they always had evidence in individual staff files of inductions.

A system was in place to monitor staff training to ensure essential training was completed each year. An e-learning programme had been introduced and staff were in the process of completing this which was

monitored by the registered manager and the registered provider. We saw an overall staff training matrix (record) that detailed all of the training available. Training included Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and Diversity, end of life, safeguarding, diet and nutrition, person centred care, record keeping, dignity and respect, confidentiality, care planning, moving and handling, fire safety, first aid, food hygiene, COSHH, health and safety, infection control, dementia care and medication administration.

The training matrix showed a list of recorded training for 30 staff. We noted that 22 staff on the matrix had received health and safety training, 24 had received training in fire safety and 17 had received training in safeguarding adults. We discussed the gaps in the training matrix with the registered manager and the two providers who told us they were in the process of updating the training records and printing out individual staff certificates. Since the last inspection we were told a further administrator had been employed who they planned to utilise to help ensure that the training records were kept up to date and accurately demonstrated the training that staff had undertaken.

This training matrix showed 16 staff had achieved their National Vocational Qualification (NVQ) level two. Six staff had achieved NVQ level 3 and a further five staff had enrolled to start their NVQ qualification in care. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path.

We saw a monthly audit of staff training which helped identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively.

The staff we spoke with told us they felt well supported in their roles and were happy with the training on offer. Regular staff meetings took place to share information; look at what was working well and where any improvements needed to be made.

People living at Bankfield House Care Home told us there was plenty of food and drink available. Two people told us they were enjoying their meal and that they liked the food served. Other comments included "The food is the best thing here, you can have a cooked breakfast you get a choice of main meal and there is plenty of it," "I had poached egg on toast this morning the food is as good as hotel food" and "The food has improved. We now have choices not every day but most days."

We spoke with one of the two cooks who had a good understanding of people's personal preferences, including their likes and dislikes and any special diets such as diabetic or soft diets. In addition there was a board in the kitchen with the names of people who required special diets such as soft diets.

As part of the inspection on day one we observed the lunch being served and on day two we observed breakfast being served. On day two while observing breakfast being served we carried out a Short observational framework inspection (SOFI). During our SOFI we saw breakfast was a sociable and relaxed occasion with staff engaging and interacting well with people. The meal looked appetising and was well presented, with good portions.

We noted that four people were still having breakfast up to 11 am and were relaxed in taking their time and assisted by staff in getting more breakfast and cups of tea on their request. Staff explained to us that some people liked breakfast in bed or liked to have some fruit before they got up to go the dining room. They told us they always tried to cater for each person's individual choices.

Staff told us that people were given a good choice at breakfast and we observed this throughout our visit,



were choices were actively encouraged.

We noted in the communal areas the staff had provided jugs of cold drinks accessible throughout the day and bowls of fruit for people to help themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Bankfield House Care Home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

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

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

During this inspection, we observed staff obtaining verbal consent from people. For example, at meal times we observed staff asking if people would like to come to the dining room for lunch and where they would like to sit. Staff also talked to us about the importance of getting to know people and how they liked things to be done such as how their care should be provided.

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

We looked at three people's care files that showed the service involved other healthcare professionals for example; chiropodists, opticians and district nurses to meet the health needs of people who used the service. People were also supported to attend hospital and doctor appointments.

We saw that staff handover meetings were held at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and that any change in their condition had been properly communicated and understood between the shifts. Information was also recorded in a diary, which staff accessed to help ensure all information about people and the running of the service was being passed over to the oncoming shift.



## Is the service caring?

### Our findings

We observed staff interactions with people and we saw they were good at respecting people's privacy and dignity. People told us the staff were kind and caring and visiting relatives told us they were always made to feel welcome. We observed staff welcoming visitors and offering drinks during their visit.

One of the visitors said "I can't fault the staff, this is one of the better homes I have visited". Two other visitors told us they were very impressed with the care and had no worries or concerns in regard their relative living at the service.

The people we spoke with who were living at Bankfield House Care Home told us they were happy and felt well cared for. One person said, "I like to come into the quiet lounge each day but I can stay upstairs if I want, the staff are lovely and help me with anything I need." Some other comments included: "All the staff are brilliant. They know me and are very good. They look after me. I can talk to them and I can go out when I want to," "The staff know me and call me by my Christian name," "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help" and "Staff understand my care needs I have lived here long enough." Another person told us they didn't feel too restricted as "There aren't lots of rules and regulations as long as I let them know if I am going outside they are ok with that."

People living at Bankfield House looked comfortable and content in their surroundings and in the company of staff.

Staff told us they supported each person with as much choice as possible such as what time they wanted to go to bed, when they got up and what they did in the home. They explained they respected this was their home and they tried to support them in accordance with their personal preferences.

Three staff told us they would have no problems in choosing this service to look after their own relatives if needed. In their opinion they felt that the whole staff team were very caring and they would entrust their own relatives with the staff team.

We saw that people were all well-groomed and appropriately dressed. During day two of our visit the hairdresser was supporting people with their hair and creating a sociable and communal area where people were chatting and enjoying their session.

Information was present in people's care files about their individual likes and dislikes, hobbies and interests. For example, preferred retiring and getting up times, religious beliefs, and what their hobbies and interests were. This personalised information helped staff to provide care and support based on people's personal Preferences and helped staff better understand the individual.

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

relatives and friends and with the staff.

Information was on display in the reception area about the support available to people to help them to cope emotionally with care and treatment.

The registered manager told us that nobody was currently using the services of an independent advocate but details of a local service were available in the main reception area of the home. An advocacy service provides an independent advocate who is a person who can help access information on a person's behalf and / or represent a person's wishes.

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

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

## Is the service responsive?

### Our findings

At the previous inspection, we found that accurate, complete and contemporaneous plans of care were not being kept which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

At this inspection, we found there had been sufficient improvement in this area and the regulation had been met.

During the inspection we looked at the care files for three people who used the service. We saw that people had a 'support plan' which included activities of daily living. We noted that these had been reviewed on a monthly basis to ensure they were up to date and accurate. Following the last inspection the registered manager and the registered provider explained they were in the process of changing the care records to a new format to help them improve the care plans to show person centred care and choices made by people. One file had a mixture of new care records ready to be implemented however staff were recording on the old style care plan documentation until the new style was implemented. This was confusing to read because the two care files offered similar information. Some of the care records in this file had been signed and dated but some other records although were detailed had not been signed or dated by the person completing the records. This was discussed with the registered manager who advised they had recently employed new staff which meant they would be able to now fully concentrate on implementing the new recording system so they would just one format in place.

During our discussions with staff we found they were aware of people's individual preferences, likes and dislikes around their daily lives and the importance of this. In the care files we reviewed, we saw plans of care were in place for areas such as washing and dressing, nutrition, mobility, falls and medical conditions. Some parts of the plans of care contained details of people's personal preference for example, what time people liked to go to bed and get up, their religious requests, what activities they liked and hobbies and what food preferences they had. We found that staff were able to clearly describe people's individual care needs and how they met those needs.

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

The registered provider told us if it was appropriate and the person was able, they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision. On day one of the inspection we noted staff supported someone to look around the home and encouraged them to stay and have a cup of tea and meet the staff team and other people living at the home.

We saw a 'Resident information pack & Statement of Purpose' was available for people to access in the main the reception area. This pack included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, the resident's charter, activities, pet policy, information

regarding the facilities available including meals, getting to know you forms, complaints procedure, plus other relevant information. This meant that relevant information about the service was available for people to access.

During the inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack' and was display in the main reception.

At our previous inspection we saw a complaint log was kept which contained the nature of the complaint, the date and time of the complaint and who received it. We saw the last recorded complaint was received in August 2017 and appropriate action had been taken. We saw following one complaint that a new recording chart had been implemented for one person living at the home. This showed that the complaint had been taken seriously and action had been taken as a direct result of the complaint made.

The people we spoke with who lived at Bankfield House Care Home told us they had not made a complaint but would do so if they were not happy with something. One person told us, "I'm fine I have no complaints, the staff are very good and go out of their way for me."

The visitors we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the management team to discuss anything.

We saw minutes of meetings held in 2017 for people living at the home. One relative was aware of these meetings and knew they could attend if they wanted to. The minutes of the meetings were detailed and included information about various topics discussed by everyone including, the activities programme, meals and menus, the capital expenditure and planned decoration, and plans to start providing jugs of juice and bowls of fruit in the lounges. One person was aware of the meetings but told us they chose not to go to them but knew she could attend anytime. The provider told us that they held regular resident/relatives meetings which could be used as a forum for people to raise any issues or concerns they had.

The home employed the services of an activity coordinator two days a week. We saw that people were assisted to engage in a wide variety of meaningful activities of their choosing. Some of these activities included armchair exercises, holistic therapy, reminiscence groups, musical entertainment, canal trips, trips to the theatre, outings to the garden centre, herb planting in the garden and a variety of games. On day one of our inspection saw people enjoying armchair exercise and then a game of beetle drive. We saw that a summer BBQ had taken place the day before our inspection and the people we spoke with said it had been a great success and they had enjoyed the day.

Three of the people who lived at Bankfield House Care Home told us they enjoyed the activities but would like more trips out. Two other people told us they preferred to stay in their rooms and did not want to join in the activities.

## Is the service well-led?

### Our findings

At time of inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the manager had been registered with CQC since 13 March 2017 and was present throughout the two days of inspection.

At the previous inspection, we found the registered provider had failed to fully establish and operate effective systems to assess, monitor and improve the quality of the service which was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Good governance.

At this inspection we found improvements had been made but there had not been sufficient improvement in this area, and the provider remained in breach of this regulation.

It was of concern that the shortfalls found during the inspection in the lack of regular and consistent recordings of the cooked food temperatures and fridge and freezer temperatures had not been identified by the quality audit systems. In addition to this it was of concern that the poor recording of the kitchen cleaning schedules had not been identified prior to the inspection. For example we saw the cleaning schedule stated that the three freezers should be cleaned on a monthly basis. We looked at the records from the day of inspection to 23 April 2017 and there was no recorded evidence that the cleaning had been undertaken. We also saw that the cleaning schedule stated the grill and fryer should be cleaned on a weekly basis. We saw they both looked clean but when we looked at the records from the date of inspection to 23 April 2017 and there was no recorded evidence they had been cleaned.

We found that an audit of staff personal files had been undertaken and were regularly reviewed and checked. However, as already discussed earlier in this report, we identified some shortfalls in the records to ensure there was evidence of consistent management of all staff training, supervision and induction records.

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

The service had set out a series of checks to show how they monitored standards at the service. We looked at the checks that individual teams were responsible for such as the cleaning schedules, staff personnel files and a monthly mattress audit. As already stated in this report the provider had developed a monthly audit that, with the exception of the kitchen, encompassed all areas within the building. The audit was used to show they were checking the environment and the records and overseeing all elements of management within the service.

We saw that accidents and incidents were being recorded and following an accident or incident staff wrote a supporting statement which provided further details to ensure all appropriate action had been taken. From

looking at the records we saw that appropriate action been taken. For example we saw for one person a 'falls monitoring' form had been implanted to monitor if further action was required.

There was a clear management structure in place and staff were aware of their roles and responsibilities.

We spoke with the registered manager and three members of staff who were all clear about their own roles and responsibilities. They all told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately. We observed throughout the inspection that the registered manager and the two directors were visible within the home and were interacting with people and their visitor's.

The people who we spoke with who lived at Bankfield House Care Home knew who the manager was and told us they thought she was, "Very organised and fair." One person said, "I know the manager and she is easy to talk to and listens to me."

Regular staff meetings took place to share information, look at what was working well and where any improvements needed to be made. We looked at monthly minutes for 2017 and staff signed each one to show they had read the minutes. The agenda covered lots of informative information such as, training, activities, safeguarding, infection control, maintenance and they had recently discussed the report regarding the Grenfell fire and its recommendations on checks.

We saw staff had access to policies and procedures that had been purchased from an independent organisation who reviewed them on an annual basis or sooner if required. This meant that staff had access to up to date good practice guidance.

The registered manager and the registered provider were aware of the importance of seeking the feedback of people using the service and their families. We saw that quality questionnaires had been sent out in May 2017. We saw the results been analysed and a summary had been produced. Some of the comments received included: 'everything is excellent,' 'Very well cared for,' 'Excellent care' and 'food lovely and plentiful.' We saw one negative comment was received from a relative and appropriate action had been taken to address the comment.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that, with the exception of the safeguarding notification, already referenced in this report that was sent to CQC retrospectively, accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager.

We saw the CQC quality rating certificate was displayed in the office and the main reception area of the home, where people visiting the service could easily see it. At the time of this inspection the provider did not have a website where the latest rating would also be displayed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not fully protected people against the risk associated with an illness to a person which could result from food not being stored effectively or food not being served at a safe temperature.</p> <p>Regulation 12 (2) (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found the systems to monitor the safety and quality of the service required further development to ensure full compliance with the regulations.</p> <p>Regulation 17 (1)</p>