

Eldercare (Halifax) Limited

Bankfield Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 January 2018 and was unannounced. It is the fourth inspection where we have rated the service as requires improvement. At the last inspection in June 2017 we found the provider was in breach of four regulations which related to consent to care, safe care and treatment, person centred care and good governance. At this inspection we found they were still in breach of the regulation that related to governance. We found they had improved person centred care although we found there were still issues around bathing and showering. They had improved how they assessed risk to people and how they managed medicines. We found they were in breach of an additional regulation; supporting staff.

Bankfield Care Home is registered to provide care for a maximum of 37 people. The manager told us 11 people were using the service when we inspected. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager although a manager was due to commence three days after the inspection. The manager who was covering the service on a temporary basis told us they would be applying to register as the manager of Bankfield Care Home. 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.

Staff we spoke with understood safeguarding procedures and were confident people were safe. There were enough staff during the day but staffing arrangements on a night meant sometimes people had to wait for care. The provider took action and increased staffing on a night soon after the inspection. We noted some environmental issues around the service which could compromise people's safety; some of these issues were being addressed by the provider, such as a broken passenger lift. Other issues such as a lack of personal protective equipment for staff had not been picked up by the provider.

People felt well cared for and told us staff were caring. People enjoyed the meals and received support to make sure their health needs were met. Systems for making sure people received support to make decisions about their care where appropriate and the care planning process had improved. The range of activities had been limited because of restricted access to communal and outdoor facilities.

Staff received training which helped them understand how to do their job well but there was a lack of support and supervision.

The provider had continued to develop the service but some of their systems and processes were not effective. For example, we found some people did not have access to suitable dining and bathing or showering facilities. These issues had not been picked up by the provider even though people had not accessed these facilities since the lift had broken at the beginning of January 2018. The provider was

responsive when we brought the matters to their attention.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014: Staff did not receive appropriate support and supervision: The provider's systems and processes did not enable them to assess, monitor and improve the service.

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.

The provider had improved how they managed medicines and managed risks to individuals.

Some potential environmental risks had not been picked up through the providers monitoring processes.

There were enough staff to keep people safe during the day but staffing arrangements on a night meant sometimes people had to wait for care. The provider took action and increased staffing on a night soon after the inspection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider had improved how they supported people to make decisions.

Staff received appropriate training although there was a lack of support and supervision of staff.

People were comfortable in their surroundings although the passenger lift was broken and this impacted on their day to day living and quality of life.

Requires Improvement ●

Is the service caring?

The service was caring.

People felt well cared for.

People received person centred support and were treated with respect.

Information was available to help keep people informed about what was happening in the service.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The provider's care planning system was person centred and staff usually had guidance so they understood how to deliver appropriate care. However, care planning around personal care was not specific and this had resulted in people's bathing and showering needs being overlooked.

People were offered a range of activities although this was limited because movement around the service was restricted.

The provider had systems in place to respond to concerns and complaints. However, they did not do this consistently.

Is the service well-led?

The service was not always well led.

The provider had made progress in some areas but this is the fourth inspection where the service had been rated overall as requires improvement.

The provider's quality management systems were not always effective and did not always identify areas where the service had to improve.

People who used the service, relatives and staff felt listened to and had opportunity to share their views although suggestions were not always successfully acted upon.

Requires Improvement ●

Bankfield 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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as 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. The provider had completed a Provider Information Return (PIR) in June 2017. This is a form that asks the provider to give some key information about the service, what the service. Because the form was completed before the last inspection we have not considered the information as part of this inspection.

This inspection took place on 26 January 2018 and was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed how people were being care for. We spoke with seven people who used the service, two visiting relatives, five members of staff and the manager. We spent time looking at documents and records that related to people's care and the management of the home. We reviewed three people's care plans.

Is the service safe?

Our findings

At the last inspection we found the provider was not providing safe care and treatment because they did not always assess and manage risks to individuals properly and did not manage medicines safely. At this inspection we found they had made improvements in these areas and were no longer in breach of this regulation.

Medicines were managed safely and stored securely. People told us they received their medicines on time. We found records relating to medicine administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way. We saw daily temperature checks were in place. We noted in the last month one entry was recorded at 25.2°C which exceeded the recommended storage temperature of 25°C. At the last inspection this was identified as an ongoing issue. The manager said they had discussed with all senior staff that any entries above the recommended temperature must be reported, and we saw staff meeting records that confirmed this. The manager said temperature records had not been an issue recently and the entry that exceeded the recommended temperature had not been reported. They said they would speak to the senior member of staff on shift to ensure this did not happen again and would continue to monitor storage temperatures.

We looked at three people's MAR which showed staff had signed these and any handwritten entries were double signed by senior staff. Topical creams were recorded in people's care plans. We saw evidence of these charts with pictures and instructions of where each cream should be applied. Staff who administered medicines had received appropriate training.

We reviewed three people's care records and saw risks had been identified, assessed and managed. For example, care plans showed assessments were carried out for food and fluids, mobility and medication. These identified hazards that people might face and provided guidance around actions staff needed to take in order to reduce or eliminate the risk of harm. We reviewed food and fluid charts for two people. These showed people who were identified as at risk of malnutrition were receiving adequate nutrition and hydration.

We observed some people were able to move around freely and safely in the communal areas of the home unassisted. Other people we saw were assisted by care staff. We observed staff used equipment to help transfer one person. This was done safely and staff explained what they were doing. The person was anxious and staff reassured them throughout the transfer.

People lived in a safe environment although a lack of auditing and planning meant potential risks could be overlooked. When we looked around the service we saw some carpets were worn and decoration was tired. The manager told us new carpets had been ordered for downstairs corridor areas. We showed the manager three small holes in the stair carpet and they agreed to add this to the order. We noted in two toilets some tiles were cracked and surfaces were not appropriately sealed which meant these areas could not be appropriately cleaned. The manager said they did not have a formal decoration plan and the issues we identified during the inspection had not been picked up during the provider's audits.

Certificates and records confirmed checks had been carried out to make sure the premises and equipment were safe although they did not have evidence that one bath chair hoist had been serviced. The manager told us this had been missed when the engineer serviced other equipment. We received confirmation the bath chair was serviced as soon as it was brought to the provider's attention. A fire alarm test was carried out during the inspection. Staff we spoke with told us this was a weekly event. One member of staff said, "It's Friday so the alarm will be tested."

We noted the call bell was not working in some areas of the service. For example, in two ground floor toilets. The provider had arranged for a new call system to be installed and we were told by the manager the work would commence at the beginning of February 2018. Although the call bell system was being replaced they had not identified some call points could not be activated and did not have risk management strategies in place to deal with situations where people could not request assistance. We also noted the locks in the same two toilets compromised safety and privacy. One door had a bolt lock which could result in someone locking themselves in. The other door lock did not work. The manager said the issues we identified during the inspection had not been picked up during the provider's audits.

The service looked clean and there were no odours although personal protective equipment (PPE) such as gloves and aprons was not readily accessible. People told us the home was kept clean. One person told us their bedding was changed regularly. Another person told us staff often cleaned their room. Staff told us they used PPE and followed infection control guidance. However, when we looked around the service we noted on one floor there was only one box of disposable gloves in one person's room, which indicated staff were not changing their gloves when they moved from person to person. The manager said there was never a shortage of supply and staff had been reminded to use PPE. They restocked the service with PPE on the day of the inspection and said they would be working with staff to ensure infection control standards were followed.

On the first floor there were three shower rooms and one bathroom. The bathroom was being used to store equipment which included two mobile hoists, a toilet frame, shower chair and commode chair. The bath did not have a hoist or chair to aid transfer. The manager said staff could use a mobile hoist but did not know if this practice was carried out. One person who lived on the first floor told us they had a shower because they had been told they preferred a bath but had been told they "can't use it."

At the time of the inspection the passenger lift was broken which meant people could not mobilise between floors unless they could use the stairs. We noted there were no bathing or showering facilities on the ground floor. Three people who were living on this floor did not have access to a bath or a shower. This had not been identified as an issue by the provider, management or staff. We concluded the provider did have established systems to monitor the quality and safety of the service people received. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In October 2017, the service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

People who used the service, visiting relatives and staff we spoke with told us the care provided was safe. We spoke with staff about their understanding of protecting vulnerable adults. Staff were confident people were safe, and could identify types of abuse and knew what to do if they witnessed any incidents. One member of staff told us, "Safeguarding is about keeping yourself and people safe from any potential harm." Staff we spoke with said they would report any concerns to the management team and were confident they would respond appropriately.

Before the inspection we were made aware that some concerns had been raised around the care that was being delivered to two people who used the service. We received confirmation from the local authority that risk management strategies had been put in place to make sure both people were safe. We were also aware of a safeguarding concern that related to an incident at the service; the investigation was ongoing at the time of the inspection. We will continue to monitor this.

Staffing arrangements worked well during the day but on a night staff did not always respond to people in a timely way. People told us staff were sometimes busy assisting others so they had to wait for care. A night staff worker told us they were concerned what would happen in the event of a fire because only two staff worked during the night, and they didn't think this was sufficient to ensure people could be moved safely. The area manager told us at the inspection and confirmed in writing they had 'highlighted that staffing at the service needed to be reviewed and had suggested that from 8pm to 8am there needed to be three staff on shift.' After the inspection they wrote to us and stated they had 'approval to increase the staffing levels at Bankfield to three night staff and the 'the increase has commenced in the home'.

At the last inspection we reported that the provider carried out recruitment checks before staff commenced employment. The manager told us no staff had been employed since the last inspection.

The management team provided examples of how they had learned lessons and used the experience of inspection and feedback from others to improve their service. The acting manager said, "We have done lots of learning and everyone has worked really hard to improve things for everyone. We are not there yet but have come a long way." Another member of the management team said, "Before we were not told if we were not doing things right. Now we are working with staff and are guided."

Is the service effective?

Our findings

At the last inspection we reported that staff did not receive regular supervision. We were told plans were in place to improve the frequency and consistency of supervisions. We did not breach the provider. Supervision and appraisals are opportunities for staff to discuss their role, personal performance and development with a supervisor.

At this inspection we found they had not improved their supervision process and staff were not receiving appropriate formal support. The manager told us the company policy was to provide staff with six supervisions a year and an annual appraisal. We found they were failing to provide staff with the agreed number of supervision sessions.

Staff we spoke with told us they had not received regular supervisions. One member of staff told us they had "an appraisal a few months ago" but could not recall when they last received supervision. Another member of staff who had worked at the service for a year told us since commencing employment they had only received one supervision session.

We looked at three staff files and saw there was a lack of evidence that staff were being appropriately supported. One file showed the member of staff had only received an appraisal in April 2017. The other two files showed both staff had received supervision in January 2018. However, these only related to handwashing procedures. The manager acknowledged they had not introduced an effective system for supervising staff.

Staff sometimes have to deal with difficult and upsetting situations, for example, the death of a person they have cared for. We found the provider did not have systems in place to support staff during these times. One member of staff talked to us about two recent situations which had been upsetting for them, however they had not had opportunity to speak with a member of the management team about the events. The acting manager acknowledged a support session should have been provided and agreed to organise this. We concluded staff did not receive appropriate support, supervision and appraisal that enabled them to carry out their role and responsibilities. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said staff cared for them properly. One person said, "All the staff are trained. They don't get them if they can't do it, they don't set them on."

Staff we spoke with told us they received regular training and were equipped with the knowledge and skills to do their job well. The manager sent a copy of the training matrix after the inspection which showed staff had received a variety of training which included fire safety, dignity, choice and diversity, safeguarding adults, care planning, dementia awareness, first aid, health and safety, manual handling and person centred care. The manager also sent us a training planner which showed training opportunities were being arranged for staff. The manager told us they had a structured induction for new staff but no staff had started working at the service since the last inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the provider was developing systems for complying with the MCA but this was not sufficient to ensure staff were acting in accordance with the legal framework for making particular decisions. At this inspection we found they had improved their systems further and were meeting legal requirements. We spoke with staff about their knowledge of the MCA and found they understood their responsibilities. One member of staff said, "People can make their own choices but I may not be the safest for them. If not we would look at a best interest decision which would involve people their families and any professionals involved in their care." Another member of staff said, "People are given choice of what they would like to eat, wear and how they are cared for." Care plans showed us evidence of where people had been assessed in relation to capacity. These had been supported with family involvement. For example, we saw in one person's care plan a capacity assessment had been completed for the use of bed sensor. We saw the provider maintained a DoLS tracker to monitor applications and authorisations.

Before people came to live at the home the provider completed a pre-admission assessment. This helped ensure the home could provide the care and support the person needed. They also gathered details of people's histories, preferences, likes and dislikes. Risk assessments and care plans were then developed. The provider used standard documentation which covered key areas of care, such as nutrition, mobility, and medication. Documentation also prompted assessors and reviewers to consider people's preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.

People told us they were comfortable in their environment although the passenger lift was broken and this impacted on people's day to day living and their quality of life.

At the beginning of January 2017, the provider had notified us that the passenger lift was not working, and this had resulted in people who were unable to use the stairs having to remain on one floor. When we carried out the inspection the lift was not working and the provider anticipated that would take a further four to six weeks before it was repaired. We saw confirmation the provider had arranged for the lift to be repaired but the engineer had to wait for parts.

The service was provided over three floors; two people were accommodated on the second floor; six people on the first floor and three people on the ground floor. The provider told us they had made temporary arrangements to make sure people's needs were met during this period. Staff we spoke with told us the arrangements, although not ideal, were working well. One person who could not access the ground floor told us they would like to go outside. A visiting relative told us they wanted to see the lift repaired.

The provider used vacant rooms and had set up lounge areas on the first and second floor. People on the ground floor used the existing lounge and dining areas. However, on the first and second floor there was no dining area so people ate their meals on over chair tables. When we brought this to the attention of the management team they agreed to review the dining arrangements.

At lunch we observed staff were well co-ordinated and served people's meals on individual trays. Plates were covered which helped ensure food was served hot. On the ground floor dining tables had cloths, and

were set with cutlery and condiments before the meal was served. The menu was displayed in pictorial and written format. Menus were not available on the first and second floor.

On the day of the inspection people were offered fish, chips and peas or corned beef hash with peas and carrots. One person did not want a meal from the menu and was served tomato soup. We saw people enjoyed the food. Staff provided support at meal times and checked people had enough to eat and drink.

People were generally positive about the quality and variety of meals. One person said, "It isn't bad, it's not perfect. It keeps us going." They told us had plenty of choice and said, "Oh yes out of three or four you can have what you want, I enjoyed fish and chips today. I enjoyed the rice pudding." Two regular visitors told us they always observed drinks and snacks being served.

People had access to healthcare services when they needed them. One person who had recently been discharged from hospital told us they had been unwell and said, "Staff rang for an ambulance for me." Another person told us they had seen the GP and said, "If it's serious they come straight away, the same day." A visiting relative told us staff contacted health professionals if health concerns were identified. They said a dentist had visited their relative and also told us, "[Name of person] had a few breathing problems, they rang an ambulance and rang me."

We saw evidence in three people's care plans which showed they regularly visited or had been visited by other healthcare professionals such as the district nurse and local doctor. Staff told us people's health care needs were well managed and the GP or district nurse was contacted straight away if needed. They also said the optician and chiropodist visited when required.

In one person's care plan it stated 'to see a chiropodist every 10 weeks due to having diabetes'. We were unable to find evidence of chiropodist appointments in the person's care records. A senior member of staff told us, "They will have had a visit I just can't see this recorded anywhere." They agreed to follow this up.

Is the service caring?

Our findings

People were treated with kindness and respect. People who used the service and visitors told us staff were kind and caring. One person said, "Yes, I'm quite happy with everything I've got so far. Just ask for a cup of tea and you get one." Another person told us staff knocked on their door before entering. A visiting relative told us, "Staff have been great here. I've been coming for four years. I know they have stuff to do but they are very friendly. I've no problems with them." Another visitor said, "I like what I've seen here."

People told us staff understood their needs and preferences. One person told us they liked to have a joke with staff and said staff knew them well. Another person said, "Staff know more or less what we like."

During our visit we saw staff were caring. They chatted to people and recognised when people needed support. For example, one person was unsure whether they wanted to attend a pre-arranged appointment. Staff reassured the person, encouraged them to consider options and checked they were happy when they had made the decision. The person decided not to attend, and staff followed this up and ensured others were informed. When staff administered medicines and supported people at mealtimes we saw people were given individual support and time without being rushed.

Visitors told us they felt welcome when they visited Bankfield Care Home. One visitor said, "Things seem very nice here. I'm made welcome, very much so." We saw staff offered the visitor and the person they visited hot drinks and cupcakes. A visiting relative told us they visited most days and were offered meals and drinks. We saw they sat with their relative and ate lunch. This was a positive experience for both.

Staff we spoke with were confident people received good care. They discussed how they ensured people's privacy and dignity was respected. For example, knocking on people's doors and ensuring people remained covered as much as possible during personal care. One member of staff said, "We always try to encourage people to be as involved as possible, if they need help we will support them. People are well looked after." Another member of staff said, "Care is good, it is their home."

Observations were positive, however, we observed one member of staff singing 'happy birthday' to one person even though it was not their birthday. This caused confusion and demonstrated that the member of staff had not taken appropriate steps to find out about the person. Another person was not wearing their glasses when we arrived at 7.30am. It was not until 10.20am that the manager noticed and brought their glasses. It was evident from the person's response they were very happy to be wearing their glasses.

When we looked around the service we saw there was information displayed around the service which helped to keep people informed. In the entrance there were notices and leaflets around activities, how to make a complaint and a service user guide. The rating from the last inspection and minutes from a January 2018 resident and relative meeting were displayed. Picture menus were used to help people choose their food although these were not available in all areas of the service. Care records were stored securely which ensured confidentiality was maintained.

Is the service responsive?

Our findings

At the last two inspections we have found care was not always appropriate or planned in a way that ensured people's needs were met. At the last inspection we reported the care planning process had improved but this was not sufficient to meet regulation. At this inspection we found they had made further improvements and we concluded they were no longer in breach of the regulation. However, there were issues around bathing and showering.

Care plans covered most areas of people's care needs and had clear guidance around the support they required. For example, with mobility, medication, nutrition and hydration. However, the provider had not included sufficient detail around personal care. There was no information around people's preferences for showering or bathing, which resulted in these areas of need being overlooked for some people. One member of staff said, "We do ask people if they would like a bath or shower." However this was not documented in daily notes. We looked at handover sheets for January 2018 and saw only one entry of a shower for one person. One person told us they could have a shower "more or less when I want, oh yes, once a week."

People's needs were assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Care records showed how people who used the service, their families and other professionals had been involved in the assessment process.

The manager had started helping people identify their end of life care wishes although this was in the early stages which meant people's wishes might not be known and respected. A member of staff had been completing a questionnaire with people which covered how they wanted to be cared for if they became unwell. The manager said they were continuing to gather information would start developing end of life care plans as soon as they had sufficient information.

Some people told us they were happy with the activities that were provided whereas others said they would like more stimulation. One person told us, "I've got enough." Another person told us "It's a bit quiet." Another person said, "They haven't really done much it's on and off." Another person said, "Yes, for me. Sometimes I like to do nothing but rest." One person told us they would like to go outside but could not because the lift was broken.

An activities worker was present on the day of the inspection. We observed they spent time with people on an individual basis. They were kind and caring and people enjoyed their company. They sat with people and completed word search puzzles and read from a 'daily chat' newspaper. One person read out jokes from the newspaper. Another person told us, "We see her most days."

The activity worker explained that since the lift had broken they had spent their time across each floor which ensured everyone received some social activity and stimulation. They told us they were not offering a planned activity programme but provided more individual and small group activities. They said they offered one to one support, skittles, dominoes, manicures, hand massage, singing and charades.

They told us an external facilitator visited monthly and carried out an armchair exercise session and a singer was due the week after the inspection. We saw photographs of a recent visit which involved people handling reptiles. One person told us they enjoyed it and "had a snake up my arm".

The manager said since the lift had broken it had been frustrating for some people because they could not access outdoors and the usual communal areas which were based on the ground floor. They said staff were being encouraged to spend more time with people and the activity worker was focusing activities. The manager said they would continue to monitor social activities.

People told us they were comfortable sharing concerns with staff or the management team. They also said they knew how to make a formal complaint. The complaints procedure was displayed in the entrance of the home. We asked to look at complaints that had been received since the last inspection and were handed a complaint's file. This contained copies of two complaints; one from July 2017 and one from August 2017. We saw the July complaint had been investigated and resolved. The complaint from August 2017 had no evidence this had been investigated or resolved. The manager told us they had no information or correspondence related to the complaint and did not know the outcome of any investigation.

When we reviewed the audit file we saw two complaints had been received in December 2017. The audit file evidenced both complaints had been investigated and resolved. For example, a concern was raised around poor outside lighting; in response an electrician had installed additional lighting. There was no reference to either complaint in the complaint's file and this meant the overview of complaints' activity and people's feedback could be lost. The manager updated the complaint file on the day of the inspection.

The compliments file did not contain any evidence that the serviced had been complimented. However, it was evident from discussions with staff and the management team they had received positive feedback and compliments. The manager said they would ensure people's feedback was captured.

Is the service well-led?

Our findings

At the last three inspections the service has been rated as requires improvement. At this inspection they have been rated again as requires improvement. We found the provider had made improvements since the last inspection but further improvements were required. They had improved systems for assessing and managing risks to individuals and management of medicines. However they not made sufficient progress in relation to supporting staff and governance arrangements, and were in breach of the two associated regulations. Staff received better training but systems for supervising and supporting staff were still not effective. The provider had introduced more monitoring processes but these still needed to be developed further.

At the last two inspections we have found care was not always appropriate or planned in a way that ensured people's needs were met. At this inspection we found they had made improvements but there were still issues around bathing and showering although they were no longer in breach of the relevant regulation. The findings of this inspection and the provider's inspection history have demonstrated there are shortfalls in the way the service was led.

The service did not have a registered manager. A manager had been covering the role on a temporary basis since the registered manager left in July 2017. A new manager had been recruited and was due to commence three days after the inspection. We were told they would be applying to register with the Care Quality Commission.

The provider had introduced a range of audits since the last inspection. However, it was evident from the inspection findings they were still not monitoring all aspects of the service effectively. We saw the audits had been carried out regularly and covered areas such as medication, infection control, care plans, accidents/near misses and weights. Some were effective and had driven improvement. For example, a medication audit completed in December 2017 identified some people did not have protocols for 'as required' medicines. These were introduced following the audit. However, we found the care plan audit did not identify that people's personal care needs had not been identified and were not being met.

The manager sent a weekly report to the provider. This covered complaints, compliments, safeguarding, maintenance issues, outstanding human resource issues, audits completed, quality assurance questionnaires and staff training. This ensured the provider was kept informed and had an overview of what was happening at the service.

The provider had carried out 'provider visits'. We reviewed the report from January 2018 and November 2017, and a service action plan. We saw from these records that some aspects of the service were being appropriately monitored but there were gaps where issues were not picked up or reported on correctly. For example, the report from January 2018 stated the whole dining experience was to a good standard. It did not identify that some people did not have access to an appropriate dining area. The report also stated people had end of life care plans but this did not reflect the inspection findings. We saw they were monitoring staff training and work highlighted in a fire risk assessment. They had requested quotes for a

new bath chair, carpets and repairs to the passenger lift.

Staff we spoke with told us they enjoyed working at Bankfield Care Home. They told us the service had improved since the last inspection. One member of staff said, "A lot of things have changed for the better. We can see things getting done and it's a nice place to work now." Another member of staff said, "The manager is good. We get good support from her. We have monthly staff meetings so they keep us informed of what's happening." Another member of staff told us they had suggested the service required more wheelchairs at a staff meeting and 'they sorted it'. We saw new wheelchairs had been purchased.

People had attended meetings where they were encouraged to share their views. However, suggestions were not always followed through. We saw topics such as entertainment, activities and meals had been discussed. We reviewed two action points from the meeting in October 2017 and found actions did not meet people's requests. It had been agreed an additional CD player would be purchased. The manager said a CD player was purchased but the original CD player had broken so they still only had one. At the time of the inspection there was no CD player on the ground floor. In October 2017 it was also suggested and agreed the piano should be tuned. We saw a piano tuner had checked the piano in November 2017 and said it was not in a condition to tune. No further action was taken. At the meeting in January 2018 we saw they had not reviewed the previous actions so the lack of progress and any follow up actions to address the outstanding issues were lost.

Accidents and incidents were recorded. However, when we reviewed individual forms we saw these were not always completed fully. Sometimes information was missing and sections were left blank. The manager had raised this as an issue at a staff meeting and reminded everyone that all records must be completed correctly.

The manager completed a monthly accident/incident analysis. This included date, time, nature of injury, a brief description and if the person was admitted to hospital. They totalled the number of accidents and incidents each month. However, the analysis did not identify patterns and trends. For example, there was no process to look at when incidents occurred or the type of incident i.e. falls. There was no comparison of what had happened in previous months so if there was an increase it might not be picked up. After the inspection the manager sent us a more comprehensive analysis that they were going to introduce.

Although the provider had made improvements and introduced more auditing of their systems and processes, we found their quality management systems did not identify some key issues. This included a lack of bathing facilities, a limited dining experience for some people, toilet doors that did not ensure privacy and an insufficient supply of personal protective equipment that is essential for controlling the spread of infection. We concluded the provider did not operate effectively systems and processes. The systems and processes did not enable the registered person to assess, monitor and improve the service or assess, monitor and mitigate risk. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had opportunity to provide feedback about the service. They said they attended handovers daily and regular team meetings. We reviewed team meeting minutes from October, November, December 2017 and January 2018; topics of discussion included care planning, health and safety, training, mealtimes and medication. We saw staff received updates regarding the service, for example, the current position regarding the lift.

People who used the service and visitors told us they were satisfied with the service they received. Comments included, "I think the service is very good", "We are all happy. I think the staff stand out, they'll do

anything they can for you" and "It's quite pleasant. We've got plenty of room, it's easy going". When we asked one person if they would like to see anything improve they told us, "I don't know. It's a standard home, you don't live off the best of the land but you live well." Another person said they wanted the lift mended.

The provider had asked people to complete a survey in December 2017 and received feedback from four people. The questionnaires covered areas such as helpfulness of staff, choice of food, cleanliness of people's room, consideration given to privacy and activities within the home. The feedback was positive; 15.25% responses were rated as excellent; 73.4% were rated as good and 11.4% were satisfactory.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effectively systems and processes, and the systems and processes did not always enable the provider to assess, monitor and improve the service or assess, monitor and mitigate risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff received support and supervision which ensured they understood how to do their job properly.