

Esteem Care Ltd

Banksfield Nursing Home

Inspection report

20 Banksfield Avenue
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Preston
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PR2 3RN

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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

About the service

Banksfield Nursing Home is a care home providing personal and nursing care for up to 42 people aged 65 and over. At the time of this inspection the service was supporting 27 people. The service provides dementia care on the ground floor and nursing care is provided on the upper floor.

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

The provider had not addressed all of the issues we found at the last inspection, we found the systems in place to manage and oversee people's medicines were unsafe which placed them at risk of harm.

Safeguarding processes were in place to protect people from the risk of abuse. Staff were aware of procedures and had received training and knew what actions to take. Staff had been recruited in a safe way. The manager made sure enough staff were on duty throughout the day and night based on an assessment of people's needs. However, some feedback we received indicated some people thought the home was short staffed at times.

We looked at infection prevention and control measures under the safe key question. We were assured the infection prevention and control practises were satisfactory.

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

Training records for staff showed they had completed the required training to meet people's needs. Referrals to other professionals were being made to support people's health needs. People and their relatives told us their health had improved while at the home. People were complimentary about the food they received and told us their individual needs were catered for.

People and their relatives told us they were satisfied with the care provided and they found staff were very caring, kind and respectful. There were a variety of activities available to people and these included activities for those, at risk of social isolation, when cared for in bed or who chose to stay in their rooms. Actions had been taken to respond to complaints and used to improve people's experiences.

The provider and manager had responded to and addressed most of the concerns we found at the last inspection. Various audits had been undertaken to monitor the quality and safety of the service. However, medicine audits and oversight did not identify the concerns we found during the inspection. Staff and people told us the improvements made since the last inspection of the service were making a positive difference.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 September 2022) and there were breaches of regulations. At this inspection we found the provider remained in breach of those regulations.

At our last inspection we recommended that the provider ensured the call bell system was fully functional and reliable and oral hygiene assessments and oral care were consistently completed. At this inspection we found the provider had acted on improving oral care assessments and providing the necessary equipment to completed oral care. The recommendation made about the call bell system was partially completed as the provider had ensured the current call bell system was functioning. The provide was also in the process of identifying the most appropriate new system to install.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management and oversight of medicines at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Banksfield Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, one was a medicines inspector 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.

Service and service type

Banksfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Banksfield Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a recently registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and commissioners who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the home and 7 relatives about their experiences of the care provided. We spoke with 7 members of staff including the registered manager and the company's director of operations. We reviewed a range of records both on site and remotely. This included 9 people's medications and care records, accident and incident records and staff recruitment records. We looked at a variety of records relating to the oversight of the quality, safety and management of the service.

After the inspection

We remotely accessed peoples electronic care records. We continued to seek clarification from the management team to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider did not have systems that were adequately established to ensure the safe use of medicines. This placed people at risk of harm. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Records for adding thickening powder to drinks, for people who have difficulty swallowing, showed people's drinks were not always made correctly, therefore we could not be assured people were safe from the risk of choking.
- The recorded quantities of medicines in the home were not always correct, therefore we were not assured people were having their medicines as prescribed.
- Records to show people's topical preparations were applied were not always in place and completed, therefore we were not assured people's skin was cared for properly.
- We found medicine administration records did not always include all of the person's prescribed medicines, therefore we were not assured people received all of their medicines safely.
- We found topical preparations were not always stored safely, this meant people were at risk of harm. We also found waste and unwanted medicines were not stored safely in line with current guidance.
- We found plans to support staff with the safe administration of 'when required' medicine were not always person centred and did not always include all information to guide staff how to support the person.

Systems had not been established sufficiently to ensure using medicines in the home was done safely. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to mitigate risks we identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider ensured the call bell system was fully functional and reliable. The recommendation was partially met as the provider had ensured the current call bell system was functioning. The provider was also in the process of identifying the most appropriate new system to install.

- The staff had identified and managed risks to people's safety. Any potential risks were recorded in the care

plans and gave guidance to staff about the actions to take to ensure the safety of people they were supporting.

- The manager reviewed risk assessments regularly and when people's needs changed. This meant staff had up to date information and guidance about how to maintain people's safety.
- The manager reviewed accidents and incidents to ensure appropriate actions were taken and identified where lessons were learned in order to prevent a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "I spend most of my time in bed and I feel very safe." Relatives told us they were confident staff kept people safe. One relative told us, "The staff keep my [relative] safe and cared for."
- Staff had completed training in safeguarding people from abuse. They understood how to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken.

Staffing and recruitment

- The provider carried out checks on new staff to ensure they were suitable to work in the home. These included checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager continually assessed people's needs via a dependency tool to ensure staffing levels were sufficient to support people. However, we received some negative feedback about staffing levels which included, "Staff appear under pressure sometimes and I think the home can be short staff of staff on occasions" and "Sometimes I have to wait a long time for my buzzer to be answered" and "I think more staff are needed".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People had been supported to visit the home in line with current government and local guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection we recommended the provider ensured oral hygiene assessments and oral care were consistently completed. At this inspection we found the provider had acted on improving oral care assessments and providing the necessary equipment to complete oral care. The recommendation has been met.

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Relatives told us they thought their relative's health had improved since being in the home. One person said, "The staff are very observant of [relative] health and report any issues promptly." Another said, "My [relative] is in better health since moving to Banksfield."
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met.

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

- People's needs were assessed before admission to the service to ensure their needs could be met by the service.
- People and their relatives were regularly included in developing their needs assessments and care plans.
- The manager and staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We do some training online and some is by a trainer."
- People told us they were happy with the care they received. One person said, "The staff seem to know what they are doing."

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

- Staff provided the appropriate level of support people needed with their nutrition.
- People told us they enjoyed the food served. One person trying to lose weight told us, "The chef is very good and provides me with great food." Another person said, "I am struggling eating at the moment, but the staff give me different things to try."

- The staff referred people to external professionals when necessary for support with eating and drinking needs.

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

- The provider had a programme of maintenance and redecoration of the environment that was still ongoing.
- The provider had improved some bathroom facilities on the nursing unit that would minimise risks associated with infection control.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a policy on seeking consent and assessing mental capacity. Records showed people's consent had been sought.
- DoLS authorisations had been applied for people where there were risks in relation to their capacity and safety.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People we spoke with confirmed that this was the case.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People and their relatives were very complimentary about the staff. One person said, "Staff really do care for me." Another person told us, "The staff are a very good group of people." A relative said, "The staff who care for my relative are kind and caring."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "The staff are very respectful."
- We observed people were treated equally and their diverse needs were supported by the staff.

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

- People and their relatives told us they were able to share their views on the care they received. We observed staff giving people choices and asking for their opinion.
- Records were written in a respectful way and demonstrated that people were consulted about care and decisions for their wellbeing and the level of support they required.
- Where some people lacked the ability to make decisions we saw staff made every effort and encouraged people to make daily choices and involved them in doing so.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People and their relatives told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. Staff understood people's communication needs and knew how to meet them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. Activity coordinators worked with people to keep them engaged and stimulated.
- People who were at risk of becoming socially isolated told us they had been fully included in the activities available on a one to one in their own rooms.

Improving care quality in response to complaints or concerns

- The provider had an effective procedure for receiving and managing complaints about the service.
- People knew how to make a complaint about the service. Staff said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- The manager and staff worked closely with external professionals to support people at the end of their life.
- The staff team had relevant training and experience of caring for people at the end of their life.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management of the oversight of the quality and safety in the home was not always consistent.

At our last inspection the provider did not have systems that were adequately established to ensure the monitoring of the quality and safety of the service mitigated all the risks relating to the safety and welfare of people who lived at the home. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- While the provider had made further improvements in various areas, we found records and the medicines management systems to be unsafe and still needed to be further improved.
- Various audits had been undertaken. However, we found those related to the management of medicines were not robust. Action plans were not always completed to show progress or when actions had been completed. Even though these had been completed by and overseen by the senior management team.

Systems for the recording and oversight of medicines had not been established sufficiently to ensure using medicines in the home were managed safely. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; Continuous learning and improving care;

- The provider took action following our last inspection to review the quality of the care provided and the experiences of people and staff. There was evidence of an improving picture of people's experiences and quality of care. One person told us, "The manager is trying very hard to improve the home."
- We noted an improvement in the monitoring of people's clinical needs and in the engagement of external professionals. People we spoke with confirmed their health needs had improved.
- The manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met.

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

their equality characteristics

- The provider had systems to gather the views of people and relatives. People using the service and their relatives felt their contributions were respected. One person said, "The new manager is very approachable and always willing to listen."
- Feedback from staff was very positive. Staff told us they were confident they could make suggestions and felt listened to. We noted the morale within the staff team was very positive about the improvements that had been made and feedback from staff supported this.
- The staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.

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

- The manager and their staff knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required by law.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established sufficiently to ensure using medicines in the home was done safely. This placed people at risk of harm. This was a continued breach of regulation

The enforcement action we took:

apply conditions to location registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems for the recording and oversight of medicines had not been established sufficiently to ensure using medicines in the home were managed safely. This placed people at risk of harm. This was a continued breach of regulation

The enforcement action we took:

apply conditions to location registration