

My Bassingham Limited

Bassingham Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bassingham Care Centre is registered to provide accommodation and personal care for up to 60 young and older adults who have needs associated with dementia and a broad range of medical conditions. On the day of our inspection there were 43 people using the service, 16 of these people lived in the bungalow complex on the site and 27 lived in the main house.

People's experience of the service and what we found:

People lived in a safe environment. Staff supporting them were knowledgeable about their needs and understood their responsibilities in protecting people from potential abuse. The registered manager worked with the local safeguarding teams to investigate and address any issues raised to them.

The risks to people's safety were assessed and measures identified to reduce risk were in place. People's medicines were managed safely and there was enough staff to support people's needs.

People lived in an old building and the provider had an ongoing refurbishment plan in place to maintain the environment. People were protected against the risk of infection as staff followed good infection prevention practices.

There was a good management structure in place, with quality assurance processes in place to highlight any aspects of people's care which needed improving.

People, relatives and staff told us the management team were approachable and staff felt supported in their roles.

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

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

Rating at last inspection

The last rating for this service was Good, published 3 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Bassingham Care Centre

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.

Inspection team

The inspection team consisted of two 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.

Service and service type

Bassingham Care Centre 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. Bassingham Care Centre 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 registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We reviewed our last report and spoke with the local authority about the service. We used all this information to plan our inspection.

During the inspection

As part of this inspection we spoke with the registered manager, deputy manager, the regional manager. We also spoke with 1 registered nurse, the activities coordinator and 7 members of care staff.

We spoke with 6 people living at the service and 2 relatives. We observed people being supported at the service. We reviewed a mix of care records of 5 people, including care plans, risk assessments and monitoring information. We reviewed 7 staff files.

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 Good. At this inspection the rating has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- People told us they felt safe at the service. Staff had received appropriate safeguarding training to support their knowledge of the types of abuse people could be exposed to. There was evidence to show the registered manager had properly investigated any safeguarding issues raised to them.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- People's individual risks were assessed and staff showed good knowledge of how to mitigate these risks. This included supporting people's nutritional needs. Staff showed good knowledge of people's diets and we saw a number of positive interactions between staff and people being supported to eat and drink. Staff worked in line with information in people's care plans to support people's nutritional needs.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- People were supported by safe numbers of staff to ensure their needs were met. People told us staff answered their call bells quite quickly, and relatives told us they felt their family member were safe and looked after well. Staff told us they were happy with the levels of staff in place and felt they were able to meet people's needs.

Using medicines safely

People were supported to receive their medicines safely.

- People's medicines were managed safely. Staff followed safe practices when administering medicines and people received their medicines at the times they needed them. There were regular reviews from health professionals when people required them to ensure particular medicines were still appropriate for their needs.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The service was clean and the management team identified any areas for improvement in their quality monitoring processes. We saw any areas identified as requiring improvement had been addressed. For example, we viewed several audits around the kitchen cleaning and maintenance processes, this showed month on month improvement and reflected our observations of the kitchen.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- There were clear processes in place to learn from events at the service. This was done through handovers, supervisions, team meetings and debriefings after events.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

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 Good. At this inspection the rating has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- The registered manager and their team worked to ensure people's care was individualised and person centred. The information in people's care plans on their needs was up to date and staff showed good knowledge of how to support people. People's care plans contained information on what constituted a good or a bad day for that person and what support was required on both types of day.

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 provider understood their responsibilities under the duty of candour.

- The registered manager undertook statutory notifications to CQC about events at the service and relatives told us the staff at the service were very open with them should any issues about their family member arise.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- The provider supported the registered manager with clear quality monitoring processes to monitor the service. Where people had fallen there was clear analysis of the falls and actions taken. Environmental audits showed when there were areas which needed improvement or refurbishment, and what actions had been taken to improve. People's care records were audited to ensure the reviews staff undertook were up to date.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People were supported to attend regular meetings so they could raise suggestions and have input to areas such as events taking place at the service and menu planning. The registered manager told us there was little response to relative's meetings but they sent out questionnaires to families. Although the response rate

wasn't high, the registered manager told us they had been able to respond to any comments on an individual basis. The registered manager took people's views on the running of the service seriously and had an open door policy so any issues could be raised with them.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- This included end of life care, such as managing syringe drivers for the administration of medicines to support the management of people's pain and comfort when they were unable to manage oral medicines. The registered manager told us they and their staff undertook extra training in areas of interest, including nurses undertaking advanced training in wound care, so people were supported effectively to manage any skin damage they may have.

Working in partnership with others

The provider worked in partnership with others.

- The registered manager told us they worked with the local community nursing hub to ensure good monitoring of people's health needs. There was evidence to show the registered manager and their team had worked with other specialist health teams to support the differing health needs of people in their care. This included the registered manager undertaking training on the use of the continuing health care assessment tool, which is used by NHS teams to give up to date information on people's changing needs to ensure they received quick and effective support.