

Sanctuary Care Limited

Basingfield Court Residential Care Home

Inspection report

Huish Lane
Old Basing
Basingstoke
Hampshire
RG24 7BN

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Tel: 01256321494

Website: www.sanctuary-care.co.uk/care-homes-south-and-south-west/basingfield-court-residential-care-home

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Basingfield Court Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

The service supported older people, some of whom were living with dementia. At the time of our inspection there were 49 people living in the service.

People's experience of using this service:

- We received positive feedback about the service and the care people received. The service met the characteristics of good in all areas.
- People received safe care. Medicines were managed safely and there were enough skilled staff deployed to meet people's needs and keep them safe.
- People were supported by skilled staff who had completed the appropriate training.
- Staff had respectful caring relationships with people they supported. They upheld people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
- There was a positive, open and empowering culture. Staff roles and responsibilities were clear. Staff worked in partnership with professionals to deliver care and support and maintained links with the local community.

Rating at last inspection:

At the last inspection the service was rated Good overall with a rating of requires improvement in safe. At this inspection the service was rated Good overall.

Why we inspected:

This was a planned, comprehensive inspection of the service.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

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

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 had improved to good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Basingfield Court Residential Care Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by two inspectors and two Experts by Experience. An Expert by Experience is a person who has experience of using services, or of caring for someone who uses services. Both experts had experience of caring for older people who used services.

Service and service type:

This service is a care home. It provides care for older people, some of whom are living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give the service any notice of our inspection visit.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the site visit we spoke with 12 people, the regional manager, the registered manager, the deputy manager, three members of care staff, the activities coordinator and the chef. We also completed a lunchtime observation and observed people receiving care and support in communal areas.

We reviewed eight people's care plans and six people's medicines administration records. We also reviewed the provider's service development plan, the accident log, eight staff supervision records, six staff recruitment files, the provider's complaints policy and five people's end of life care and support plans.

After the site visit we spoke with three further members of care staff and reviewed additional evidence sent to us by the provider. This included the staff training matrix, feedback from the activities coordinator about activities people had enjoyed and results from the clinical commissioning group's analysis of improvements in the service .

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection we identified the provider had acted on risks and shortfalls that had been previously identified to ensure people were safe.
- Improvements had been made to ensure people received safe care and treatment, however, insufficient time had passed to show these improvements were fully embedded in the home.
- At this inspection we found the provider had continued to make improvements which were fully embedded. This meant people received safe care and treatment.
- The provider used effective systems and processes for assessing and monitoring risk.
- People's care plans contained individualised risk assessments in areas including the risk of choking, the risk of a person being underweight or malnourished, the risk of a person falling and the risk of a person developing a pressure sore.
- Risk assessments were completed using nationally recognised tools such as a screening tool for the risk of malnutrition. They also contained specific guidance for staff to keep people safe from these risks and prevent them experiencing harm.
- Risk was also managed using the provider's business continuity plan, which contained details of measures for staff to take in case of fire, or interruptions in water or power.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at Basingfield Court. One person said, "At home I used to have falls but I have not had any here as staff will walk with me and that make me feel safe." Another person said, "I do feel safe here, if I didn't feel safe, I would report it to the management."
- Staff understood their duty to keep people safe and reported risks promptly. This was evidenced in the provider's accident records.
- Safe systems and processes were in place to ensure people were protected from the risk of harm. This included the provider's safeguarding policy which contained guidance for staff about actions to take if they suspected someone was being abused.

Staffing and recruitment

- The provider had used safe methods to recruit staff who were suitable to support people. This was confirmed in the staff files we reviewed.
- Rotas we reviewed for the four weeks before the inspection showed there were enough staff to keep people safe and support their needs and choices.

Using medicines safely

- The provider used safe systems to manage medicines. People were given their medicines as prescribed by

staff whose competency to do so had been regularly assessed.

- Medicines were stored appropriately in locked cabinets or refrigerators. We saw that staff had recorded daily temperatures for both the medicines storage room and the refrigerators. This ensured medicines were stored safely, according to the manufacturers instructions.
- Medicines administration records we reviewed were completed accurately with no unexplained gaps.
- Staff completed regular audits of medicines. Results of these audits were included in the provider's overall development plan and showed appropriate actions were taken to correct errors or omissions.

Preventing and controlling infection

- People were protected from the spread of infection by suitably trained staff, who had completed the provider's mandatory infection control and prevention training.
- Protective equipment such as gloves and aprons were available and we saw that staff used these appropriately when providing care and when serving people's meals.
- The provider had an infection control policy in place which staff followed.

Learning lessons when things go wrong

- Staff we spoke with understood the importance of talking about incidents to identify actions to take to prevent reoccurrences. Staff were clearly able to identify preventative measures taken to reduce the risk of a person falling, such as increased supervision and support.

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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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were fully assessed by competent staff.
- People's care plans contained comprehensive assessments. These included assessments of mobility, nutrition and mental health needs.
- Staff completed assessments using evidence based tools such as the provider's dependency score, which determined the level of support people needed with different activities such as moving around and eating and drinking. According to the scores people were given, staff had recorded the type of support people needed and numbers of staff to deliver this support in their care plans. One person needed help with eating and drinking due to their risk of choking. Staff had written specific instructions about the supervision and food this person needed during meals to prevent them choking.

Staff support: induction, training, skills and experience

- People were supported by skilled staff who had completed the provider's mandatory training and induction.
- Staff were encouraged and supported to complete further, relevant training by the registered manager. This included nationally recognised qualifications in health and social care.
- Staff were supported through a structured programme of supervisions including regular one to one meetings, six-monthly reviews and yearly appraisals. Records showed staff and their supervisors identified training and development needs and reviewed progress in these meetings.

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

- People were offered a variety of freshly cooked meals from a menu which was regularly updated. Alternative meal choices were made available to people if they chose not to eat from the daily menu.
- Nutritional supplements were given to people at risk of being malnourished. For those people with specific eating and drinking needs, staff referred appropriately to professionals such as speech and language therapists.
- Cold drinks and snacks were available at all times and we observed that people were able to access these without support.
- We observed two mealtime sessions on two inspection site visit days. People appeared to be enjoying the food and mealtimes were a social occasion.
- Staff had acted on people's requests and arranged baking sessions which people said they had enjoyed. Cakes baked by people had been served to their relatives during meetings.

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

- People were supported to live healthier lives through accessing timely support from healthcare professionals.
- During our inspection visit we noted people received visits from district nurses. The registered manager told us that people received regular visits from healthcare professionals as needed. This included a chiropodist, who ensured people received care and treatment for their feet.
- People's care plans contained information about referrals and appointments with health care professionals such as opticians and occupational therapists.

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

- The building was adapted to the needs of the people living there.
- There were some well lit, spacious communal areas for people to eat and socialise in.
- At the time of our visit several areas of the home were being adapted to be more suitable for people's needs. This included plastering and redecorating to make corridors and communal areas lighter.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People received support from staff who understood the principles of the MCA and applied them when caring for people.
- We saw that staff continually asked people's permission before giving any care, such as supporting people to take their medicines or with eating and drinking.
- People's care plans contained detailed assessments of their capacity to make decisions regarding every aspect of their care and support. If people were unable to make informed decisions about their care and support, decisions were made by qualified staff in the least restrictive way possible. This was recorded in people's care plans.
- The registered manager had submitted appropriate applications under the Deprivation of Liberty Safeguards. They had notified us of these applications in line with legislation.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "The staff are very caring and kind, they know how I like things done." Another person told us, "I am very happy here, the staff are wonderful. I get on well with them and they chat with me and share a joke. I think they are very caring. The ones that I know well ask about my family and grandchildren. Some are more like family to me."
- During our inspection we observed many instances of staff speaking with people kindly and in a friendly way. Staff knew people well, took time to speak with them and responded to them quickly if they needed assistance. Staff made the most of moments throughout the day to spend time with people to help them feel valued and we saw they often shared jokes with people.
- Staff spoke with confidence about people's social histories, interests and needs. People's care plans also reflected people's individuality and showed staff had spent time planning individualised care and support.

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

- People told us they were consulted on their views about how they wanted their care delivered. They were actively involved in planning their care and support. One person said, "I did a care plan when I came in and they are quite regular at updating it."
- Care plans and supporting documents were reviewed regularly so that care reflected people's changing needs.
- The provider used different methods to gather people's views. This included regular, informal conversations and regular meetings with people.
- Meeting minutes showed people had chosen to use fundraising money to purchase equipment and tools for gardening. Staff had recorded this and bought people's chosen items for the garden.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and upheld their dignity and privacy. One person said, "They generally treat you with respect, I can't praise them enough." Another person told us, "[Staff] treat you the way they would want their own family treated. You say you're cold, they'll dash off and get you a jumper or a blanket. Thoughtful, never 'I'm busy I'll do that later.' You need something, they are straight on it."
- Staff we spoke with told us about how they respected and upheld people's privacy, dignity and independence. This included ensuring people's doors and windows were closed when they were being supported with personal hygiene and staff discreetly attending to people if they needed assistance to use the toilet.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care which was planned around their needs and preferences.
- Staff sought people's views on their preferred activities. Meeting minutes we reviewed showed people had requested that a supper club be arranged so they could cook and enjoy a meal together. The registered manager told us this had been an enjoyable occasion which people had dressed up for.
- People told us that staff adapted to their needs and preferences. One person told us, "They [staff] are very accommodating. I like to get up early so they always try to get to me as one of the first people they help."
- The provider complied with the Accessible Information Standard, which aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.
- The registered manager told us about communication aids staff used to support a person with a visual impairment. They said, "We've got large print books for people - staff communicate by writing. ...if [people] wanted [information] in large print, [activities coordinator] does it in large print and we send it by email to all the families."

Improving care quality in response to complaints or concerns

- People told us concerns raised were addressed by staff. One person said, "If I needed to complain I would go to the manager, I haven't needed to." Another person told us, "I would go to the manager if I needed to make a complaint. They do take complaints on board and try to resolve them."
- The provider had a complaints policy in place. During our inspection we saw several people approach the registered manager and staff to speak to them in the office. This showed staff were approachable and available.

End of life care and support

- Staff put plans in place to support people if they needed care and treatment at the end of their lives.
- Senior staff had completed training in assessing people's end of life care needs. Assessments we reviewed included people's preferences around where they would like to be in their last days, what types of treatment they would wish to receive and details of next of kin.
- The registered manager had supported several staff to complete training in this area and had made plans to deliver training to all staff using best practice guidance and support from a specialist nurse. They said, "I did a small training programme for everybody [to] make sure staff know what to expect." The registered manager talked to us about supporting staff to care for people with terminal illness in emotionally challenging situations. They were sensitive to the needs of both people and staff in this area.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with talked how staff worked with them to meet their needs. One person said, "I was involved in the care plan when I came in - they asked me what help I needed and what I could do for myself. Then they said what they thought I needed help with from the point of view of being safe and we sort of met in the middle."
- The registered manager had a vision to provide individualised care and help people lead happy, healthy lives. This was clearly communicated to the staff team.
- The registered manager was supported by a regional manager and by a skilled deputy manager and senior team. They delegated tasks appropriately to trained, senior staff to help ensure the service ran smoothly.

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

- The registered manager used effective systems and processes to monitor and improve quality and safety at Basingfield court.
- The registered manager maintained an overall service development plan. This included required actions, staff responsible for actions and timescales for completion of actions. Regular audits of different aspects of the service such as care plan reviews and home improvements were incorporated into the plan.
- The provider's regional manager also completed regular reviews of the development plan and provided support to the registered manager. This ensured the registered manager's audits were effective in maintaining and improving quality and safety in the service.
- Staff roles were clearly defined and staff understood their responsibilities. During our inspection we observed staff taking the initiative to ensure people received care and medicines in a timely way.

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

- People, staff and the public were engaged in the service in a number of ways, including fundraising and social events.
- Staff maintained community links through inviting local school and scout groups into the home for special events such as Christmas. People's relatives were also invited to the home for summer fairs and other events.
- Staff had made links with church groups who also visited people at Basingfield Court to provide friendship and spiritual support.

- The activities coordinator told us a group of local mothers had arranged to hold a mother and baby group at Basingfield Court to benefit the people living there. They told us "The children do what they want - their mums engage with the residents. It's a nice experience, it gets such a fantastic response."
- The registered manager told us people from a local shop had raised funds to support the people living at Basingfield Court so they could go on day trips.

Continuous learning and improving care

- The registered manager maintained an up to date log of accidents and incidents. Records we reviewed showed staff had acted when incidents occurred to prevent reoccurrences.
- Staff we spoke with told us about the measures they had taken to prevent people suffering from further incidents.
- The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

Working in partnership with others

- Staff worked effectively in partnership with professionals from agencies such as health and social care to ensure people's received appropriate care and support. People's care plans contained records of meetings and discussions with social care professionals for example.
- Staff were working in partnership with the clinical commissioning group (CCG) to reduce the number of people being admitted to hospital from the home. Results from the most recent CCG analysis showed a 42% decrease in people being admitted to hospital in an emergency and a 41% decrease in people at the home attending the hospital accident and emergency department.