

Derbyshire County Council







# New Bassett House Care Home

## Inspection report

Park Avenue New Bassett House  
Shirebrook, Mansfield  
NG20 8JW  
Tel: : 01629537117  
Website: N/A

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### Ratings

Overall rating for this service	Good	
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?	Good	

### Overall summary

# Summary of findings

## 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 consistently safe.

Improvements were needed to how staff managed risks to people.

The provider's safeguarding systems and processes were not always being followed. However, people said they felt safe at the home and found the staff reassuring.

Medicines were given to people regularly and on time.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

There were sufficient numbers of staff available to meet people's needs.

Requires improvement



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard in order to meet people's needs.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served. People's individual nutritional and dietary needs were met.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



### Is the service caring?

The service was caring.

People were listened to and had caring and respectful responses from staff.

People were involved in making decisions about their care.

Staff provided people with dignified care. They gave reassurance when required and respected people's privacy.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

Activities were provided but some people said they'd like more to do.

People told us they would have no hesitation in raising concerns if they had any.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was an open and friendly culture within the home. The registered manager and staff were always available if anyone needed to talk with them.

People using the service and staff were involved in the running of the home.

The provider used audits to check people were getting good care and to make sure records were in place to demonstrate this.

Good



# New Bassett House Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 February 2015 and was unannounced.

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. Our expert by experience for this inspection had experience of the care of older people and people with mental health needs.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with 11 people using the service, five relatives, a visiting health care professional, the registered manager, area manager, and five members of the care staff team.

We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at six people's care records.

# Is the service safe?

## Our findings

During the inspection we saw that one person had an injury. They told us this was the result of a fall. Records showed the injury had been noted, treated, and referred to the district nurse. However there was no explanation in the notes as to how or when this fall might have occurred and the person's falls risk assessment had not been updated following the injury. This meant that consideration had not been given to how the fall happened with a view to preventing further similar incidents.

Records showed this person sometimes walked around the home unsupervised and records showed they had been found on occasions in different parts of the home and had once left the building via a fire exit. However they had no care plan or risk assessment for this. The risks associated with this person's care and support had not been fully identified and measures were not in place to maintain their safety. This meant staff did not have the information they needed to support this person when they mobilised independently.

We also found there were no care plans or risk assessments in place for a person with complex needs who had recently begun using the service. Their assessment documentation, provided by an external agency, noted that they were at risk in a number of areas and needed considerable support and monitoring. However, with no care plans or risk assessments it would be difficult for staff to provide this in a consistent, safe, and structured way.

For example this person needed support with their nutrition and hydration. They had not been weighed on admission or since, and a record which stated 'Complete a nutritional assessment' had not been filled in. Staff were recording this person's food and fluids intake on charts. These showed that the person's intake fluctuated and was and possibly inadequate to maintain their health. But, as there was no associated care plans or risk assessments, staff did not have specific instructions to follow about what to do with this information in order to meet this person's needs.

We reported this to the registered manager who said this person was a new admission to the home and their care plans and risk assessments hadn't been put in place yet.

This is not acceptable as staff need guidance to provide support as soon as they begin caring for people. The registered manager said she would ensure this would be provided as a matter of priority.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of unsafe care or treatment.

Records showed that another person had returned from hospital and staff at the home had found bruising on their body. Staff completed a body map identifying where the bruises were, although there were no measurements or photographs indicating the severity of the bruising. There was no additional information in the care records to show if the bruises had finally disappeared. A referral had not been made to the safeguarding team. There had been no investigation. The reasons for the bruising remained unknown.

The provider did have a safeguarding policy. This was comprehensive explaining the different forms abuse can take and who to report it to. Staff were trained in safeguarding and those we spoke with knew what to do if they were concerned about the well-being of any of the people using the service. But in the above instance appropriate action had not been taken and staff were unable to explain why this was.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes put in place to protect people from abuse had not been operated effectively.

However all the people using the service we spoke with said they felt safe at the home and we received many positive comments about the sense of well-being this gave them.

People told us the attitude of the staff and the security of the building made them feel safe. One person said, "I feel safe here, the building's secure and the staff are nice and reassuring."

## Is the service safe?

Relatives also said they thought their family members were safe in the home. One relative said, "I never worry about my [family member] now they're here. I know the staff will make sure they are safe."

People and their relatives told us they thought there were always enough staff on duty to keep them safe and meet their needs. One person said, "There are enough staff. Although they are busy at peak times I never feel rushed in my care."

The registered manager said she was satisfied with the staff hours in the home. She said she used a 'dependency tool' to calculate how many staff hours she needed each week. She said the amount was variable, for example if a person using the service was ill, she could put more staff on to ensure people had the support they needed.

Records showed staff turnover at the home was low, which gave people using the service continuity of care, and the provider employed a team of ancillary staff who were responsible for cleaning and cooking. This meant care staff could focus on providing support to the people using the service.

The staff records we checked showed that staff only started work at the home when satisfactory references, criminal records checks, and other required documentation was received. This helped to ensure that people were protected against the employment of unsuitable staff.

People told us they were happy with how their medicines were given to them. They said they were given out regularly and on time.

The provider's contract pharmacist last inspected the provider's medication systems in June 2014. The report noted that the temperature of the medication room was over 25 degrees centigrade, the recommended maximum temperature for rooms where medications are kept. The pharmacist told the provider to monitor the temperature, and take action to reduce it if necessary, for example by using a fan.

During our inspection we checked the medication room. We found staff had not kept a temperature log for the room so we could not see whether the temperature had remained within safe limits since the pharmacist's inspection. We discussed this with the registered manager who said a temperature log would be kept, as instructed by the pharmacist, from the day of our inspection. This will help to ensure that medicines remain in a usable condition while in storage.

We sampled people's medication records and found them mostly to be in order. However one person was recorded as occasionally spitting their medication out. There was no care plan or risk assessment for this. This meant staff did not have a contingency plan in place for this eventuality. We discussed this with the registered manager who agreed to put a care plan and risk assessment in place as a matter of priority.

# Is the service effective?

## Our findings

At our last inspection on 29 August 2014 we found that the provider did not have suitable arrangements in place to ensure staff were trained and supported to enable them to care for people safely and to an appropriate standard.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that appropriate staff training and support was in place and the staff we spoke with were satisfied with their induction, training and supervision arrangements.

People using the service told us they thought the staff were well-trained. One person said, "The staff have the correct skills to care for me." Another person commented, "The staff communicate very well and are quick to help you. They seem to know what they're doing."

We saw staff supporting people in the lounges and dining rooms. We saw them doing this with patience and skill. We observed one member of staff assisting a person to move from a wheelchair to an easy chair. The staff member used the hoist competently and talked with the person throughout the manoeuvre to give them reassurance.

We spoke with four members of staff about their training and support. All said they'd had a thorough induction followed by the training they felt they needed including health and safety, care skills, and the safe handling of medication. Training records confirmed this.

Staff said that formal supervision had taken place, although it had been intermittent. The registered manager told us that new supervision plans were now in place to ensure supervision was carried out on a regular basis. Supervisions give staff the opportunity to discuss and reflect on their work and training and development needs. Staff told us they felt well-supported by the registered manager and could approach her at any time to discuss their work and any concerns they might have.

At our last inspection on 29 August 2014 we also found that the provider did not have suitable arrangements in place in order to ensure that people's consent to care and treatment was sought in line with legislation and guidance.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that staff had followed the Mental Capacity Act 2005 code of practice. Records showed that mental capacity assessments had been carried out for people who needed them. Best interests meetings had taken place for those who did not have capacity to consent to aspects of their care. These had involved people using the service, their relatives, and health and social care professionals. This showed that efforts had been made to establish people's consent to care and treatment.

Staff had also been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards and those we spoke with understood the principles of this legislation. The registered manager was aware of the role of the local Deprivation of Liberty Safeguards team and the circumstances under which she would refer a person using the service to this team.

People told us they had plenty to eat and drink. One person said, "I get enough to drink during the day. The food is very good and I get two choices of main meal and it's always hot when served." Another person commented, "I get more than enough to drink during the day and there's nothing wrong with the food either, the portions are good and it's always hot when served."

We observed the support provided to people during lunch time. No-one had to wait longer than 10 minutes for their meal and the portion sizes were adequate with second helpings available if people wished. If people needed assistance to eat this was provided, as was adaptive cutlery. Staff socialised with people as they ate which contributed to the pleasant atmosphere in the dining room.

Records showed that people who needed extra support with their nutrition and hydration were monitored and, where necessary, referred to specialists. For example, people who had difficulty swallowing were referred to the SALT (speech and language therapy team). Care plans showed that advice given was being followed.

People told us staff supported them to see healthcare professionals if they needed to. One person said, "If I need

## Is the service effective?

to see a doctor I just ask and the staff make an appointment for me.” Another person commented, “We know when the doctor is coming and if I ask them the staff will make sure I see him.”

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person’s health

they discussed it with them and their relatives, where appropriate, referred them to the appropriate health care services, and accompanied them to appointments if requested.

We spoke with a health care professional who regularly visited the home. They told us staff were always welcoming, had knowledge of people’s needs, and were cooperative and helpful. They said the staff understood people’s needs, referred them to health care professionals when necessary, and followed any advice or instructions given.



# Is the service caring?

## Our findings

People told us the staff were caring and kind. One person said, "Staff treat me with respect and observe my dignity. Staff are very caring, they give hugs and are very kind to me." Another person commented, "The staff seem to genuinely care for me."

A visiting relative told us they were happy with the attitude of the staff. They said, "We can speak with the staff about anything. We speak as friends and they call us by name. The atmosphere is very relaxed and open. We could not wish for more." Another relative said, "My [family member] feels the staff are very caring and they make her feel secure."

During our inspection we observed positive relationships and engagement between people using the service and staff. People were listened to and had caring and respectful responses from staff. Two people using the service told us that staff were always helpful, supportive, and sensitive to their needs. One person told us, "We can ask them for anything and they will always make sure we are well looked after."

People told us they were involved in making decisions about their care. One person said, "I'm able to have a bath whenever I want, I just have to ask." Another person commented, "The staff always talk to me about what they are doing and ask me what I want."

Relatives also said they were involved in their family member's care. One relative told us, "I feel fully involved. If the staff are worried about my [family member] they phone

me at home and I'm always made welcome when I visit." Another relative said their family member had preferred going to bed and getting up times but could always have a 'lie in' if they wanted to.

Two other relatives told us staff were good at communicating with them. They said staff phoned them regularly and always made a point of talking with them when they came to the home. This made them feel included in their family member's care.

Some people using the service said they knew they had care plans and understood what they were for. One relative said their family member's care plan had been discussed with them and other health care professionals. Other people weren't sure if they had seen their care plans, but said staff talked with them about their care on a regular basis.

People told us that staff provided them with dignified care. One person said, "Staff treat me with respect and observe my dignity, they seem to genuinely care for me and they are very gentle when moving me."

Two members of staff gave us examples of how people's privacy and dignity was preserved and respected. For example, they said they always knocked on doors before going into people's bedrooms and always obtained people's consent before providing them with support. They both said it was vital when supporting people with personal care.

We observed that staff were consistently caring in their approach to people. They provided reassurance when required and respected people's privacy, for example by knocking on bedroom doors before entering.

# Is the service responsive?

## Our findings

People told us they received support that was right for them, in order to meet their needs. One person said, “Staff are always encouraging me to walk round whilst they hold my arm and this suits me as I want to be as independent as I can be.” A relative commented, “They [the staff] know exactly what my [family member] wants and how to care for them.”

The care records we saw were personalised and reflected the needs of the people using the service. Assessments had been carried out prior to people coming to live at the home. Records contained information about their health, personal care, and social needs. There was also information about people’s chosen lifestyles, choices and preferences.

Some people had a record of their social history in their records. This included details of their past education, work, interests, hobbies, family dynamics, and aspirations. Staff said this information helped them to care for people responsively as it gave them an insight into the people’s lives and how they might like their support to be provided.

We saw examples of responsive care being provided. One person’s care plan said they needed to be seated in a particular way for comfort and health reasons. We met with this person and saw that staff had made them comfortable in the way advised in their care plan.

We found that some improvements were needed to care plans for people with mental health needs. For example, one person was assessed as occasionally behaving in a way that might challenge staff and other people using the service. Although the triggers were described, there was little information for staff on what to do when this happened. When we spoke to staff about this they did know how to respond appropriately to this person, despite their being no guidance for them in the person’s records. However if, for example, staff who did not know this person well were providing care for them they would not necessarily have the information they needed.

We brought this to the registered manager’s attention and she said she would review people’s mental health care plans to ensure they contained the detail staff needed to meet people’s needs.

During the inspection a couple of people using the service told us they thought there should be more activities in the home. One person said, “Apart from playing dominoes there is not a great deal to do during the day.” Records showed this issue was also raised at the last ‘residents’ meeting’ in November 2014.

We discussed this with the registered manager. She told us the home’s activity co-ordinator had left the previous year and the provider was in the process of recruiting a new one. She said some recent improvements had been made to activities provision, for example themed coffee mornings open to the local community had been introduced. However she said she accepted that some people using the service would like to do more, and said she would look at increasing activities in the short term while waiting for a new activities co-ordinator to be recruited.

People said they would have no hesitation in raising any concerns they had with the registered manager and staff. Comments included, “I definitely feel able to speak with staff about any concerns I have, they are always ready to listen”, and, “If anything at all was bothering me I would tell the staff and I’m confident they would help me.”

The provider’s complaints procedure was on display in the home and included in the statement of purpose. A user-friendly pictorial version called ‘We’re Here to Listen to You’ was also on display. This gave the telephone number of the provider’s complaints hotline. This was run by staff who could assist people who needed support to make a complaint.

Information on the role of the Ombudsman was available in the home but we could not find any information on how people could contact an advocate if they wanted one. An advocate is a person who provides independent support to people who need it. We discussed this with the registered manager who said she would rectify this.

# Is the service well-led?

## Our findings

People told us the culture in the home was open and friendly and the registered manager and staff were always available if anyone needed to talk with them. One person said, “The manager and staff are always checking if we’re OK and if we’re happy. They ask us what food we’d like and if we have any suggestions about anything.”

People also said they were happy with the standard of the service provided. A relative told us, “My [family member] tells me that she’s never being cared for as much as she is cared for here.”

Records showed people were involved in how the home was run. They held regular meetings where people discussed aspects of the home that were important to them including menu choices, activities, holidays, decoration, and staffing. People who did not want to attend these meetings were consulted on a one-to-one basis to help ensure their views were heard too.

Staff told us their views were also sought in the running of the home. One staff member said, “The manager asks us for both positives and negatives (about the home). If we suggest improvements then she listens. We run the home as a team but we also know it’s the residents’ home and they’re the important ones.”

Staff also told us they felt supported by the management team. They said senior staff were available and on-call at all times to assist and give advice. One staff member told us the registered manager and other senior staff had been particularly supportive in helping them maintain their work/life balance.

People using the service, relatives, and staff all told us they would be happy to approach the registered manager if they wanted to discuss any aspect of the service. One person using the service said, “She’d be my first port of call if there was anything at all I needed to talk about. She’s in charge and I have faith in her and she’s always telling us to speak out if we need to.”

Most people we spoke with knew who the registered manager was. One person told us, “She’s always working and I often see her in the lounge or the dining room.” A relative said, “The manager and the staff always find the time to talk to me and my [family member] and they make us feel part of the home.”

The registered manager had substantial experience in running care homes. She worked flexibly sometimes covering early mornings, evenings, and weekends so should be able to support all her staff and check the home was operating effectively. She was supported by the provider’s service manager who visited the home every couple of weeks to meet with people using the service and staff, and to check that records were in order.

The provider carried out annual quality audits of the service. These covered all aspects of the service and included feedback from people using the service, relatives and staff. At the last quality audit the provider noted that medication records were in need of improvement. The registered manager took action to rectify this, doing her own monthly audits and providing staff with further training in record keeping.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**People were not protected from the risk of unsafe care or treatment.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Systems and processes put in place to protect people from abuse had not been operated effectively.**