

My Bassingham Limited

# Bassingham Care Centre

## Inspection report

2 Lincoln Road  
Bassingham  
Lincoln  
Lincolnshire  
LN5 9HE

Tel: 01522788215

Website: [www.my-care.co.uk](http://www.my-care.co.uk)

Date of inspection visit:

21 August 2017

22 August 2017

Date of publication:

04 October 2017

## 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

This inspection took place on 21 August 2017. 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 51 people were using the service. Twenty of these people lived in the bungalow complex on the site and 31 lived in the main house.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people and the staff who cared for them. Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place which provided clear information about the care people required. People knew how to make a complaint and there was a clear complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There were robust quality monitoring procedures in place.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Bassingham Care Centre

## **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.

We visited the service on 21 August 2017; this was an unannounced comprehensive inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people who use the service) and asked them for their views. In addition, the provider completed a 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.

During our inspection we spoke with 12 people who were using the service and three relatives. We also spoke with four members of care staff, the activities co-ordinator, the registered nurse, the chef, the head of the housekeeping team and the registered manager. We briefly spoke with the regional manager we looked at the care plans of four people and any associated daily records such as the daily log and medicine administration records. We also looked at a range of records relating to the running of the service such as training records and quality audits.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at Bassingham Care centre and that staff helped them maintain their safety in a number of ways. One person told us they felt "very safe" they told us they had a key so they could lock their room if they wanted to. The relatives we spoke with also felt that their loved ones were safe living at the home. During our visit we observed that the atmosphere was calm and relaxed and staff intervened quickly when anybody showed any signs of distress. One relative told us staff were, "absolutely marvellous" with their family member, very patient, very good at diversion, and calming the person.

The staff we spoke with were fully aware of their responsibility to protect people from the risk of harm and abuse and clearly described how they would do so. Staff told us they would not hesitate to report any concerns about people's safety to the registered manager and felt they would be taken seriously. One member of staff told us the registered manager was managing safeguarding issues and worked with the local safeguarding teams and health professionals to ensure people who used the service were safe. The provider ensured staff were provided with the required skills and training to understand their role in protecting people. There were clear procedures in place for staff to follow when they wished to report anything of concern.

Risks to people's health and safety had been appropriately assessed, and were well managed. A large number of people who lived at the service had complex needs in relation to living with mental and physical health conditions and we saw that staff had knowledge of the risks to the people they supported. Measures identified in people's risk assessment were in place to ensure their safety. For example some people who lived in the bungalow complex had personal alarm call buttons on wrist bands or neck fobs. This allowed people to remain as independent as possible whilst remaining safe. Steps were taken to ensure that the building was kept in a good state of repair and appropriate safety checks were regularly carried out.

The people and relatives we spoke with felt that there were sufficient staff to meet their needs in a timely way. Staff we spoke with felt the registered manager responded quickly if they were short staffed. Staff and the registered manager told us that due to the rural area and complexity of the differing needs of people at the service staff recruitment could sometimes be difficult. As a result the service used long term agency staff from one agency and offered temporary living accommodation for these staff. The registered manager told us they were committed to ensuring continuity of care for people who lived at the service, and she worked to continue to recruit suitably trained and experienced staff. We spoke with one staff member who had joined the service as an agency worker but had enjoyed working at the service and had accepted a permanent contract.

People received their medicines as prescribed and at the correct time. One person told us, "I'm on tablets morning dinner time, tea time and bed time, they bring them at tablet time." We saw that appropriate systems were in place to ensure that people received their medicines as prescribed and at the correct time. Medicines were stored safely and at an appropriate temperature to ensure they continued to remain effective.

## Is the service effective?

### Our findings

People were cared for by a staff team who received appropriate training and felt well supported. One person who used the service told us of staff's care and competency when using the hoist to move people. They said, "They treat them (people being hoisted) very gently when they are in it." One relative told us, "Staff all seem very competent, very well trained." The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. The records we looked at showed that staff received relevant training as well as regular supervision with their line manager.

We observed staff asking people for their consent before providing any care. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were systems in place to ensure people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received.

People were supported to eat and drink sufficient amounts to maintain their health and people commented positively on the food. One person said, "The food is very good, a choice of two. If you change your mind you can have the other one or they will do you something else." Staff we spoke with had a good knowledge of people's diets. Where required we saw there had been appropriate referrals to health professionals such as the Speech and Language Therapy (SALT) team who provide advice on the types of diets people who have swallowing difficulties require. Kitchen staff had access to information about people's specific dietary requirements and catered for these.

The people we spoke with confirmed that they had easy access to healthcare support and advice when required. One person told us they had discussed a particular health issue with the senior care staff member that morning and they had agreed a plan to ensure this was managed to the person's satisfaction. The registered nurse told us care staff were very good at highlighting any issues of concern to them and we saw people with particular health issues had clear information in their care plans about how these should be managed. The registered nurse also told us the team at the service worked closely with the relevant health professionals to ensure people's needs continued to be met. The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them.

## Is the service caring?

### Our findings

There were positive and caring relationships between people living at the home and staff and people praised staff's caring attitude. One person said, "I love being here, I do really. You are warm and cared for, looked after." Another person told us the staff were, "Very nice." They told us the staff would have a joke with them. They went on to tell us about how staff worked to help people celebrate their birthdays. They said, "Staff bake a cake, and we have a bit of a party with the person, they give them cards and presents." The relatives we spoke with were also complimentary about the way in which staff cared for people. During our visit we observed that staff were kind and caring and also enjoyed sharing a laugh and joke with people when appropriate.

Staff respected the choices people made and clearly understood the importance of doing so. One person told us it was their choice not to have breakfast and they weren't pressured into having anything they didn't want. Other people told us they were able to get up and go to bed when they wanted. People's care plans provided information about their likes, dislikes and their life history. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered. Some people wished to remain as independent as possible and this was reflected in their care plans. When speaking with staff it was clear they understood the individual choices people had made and adapted the care they provided to respect people's choices.

People's religious and cultural needs were assessed and provided for. There was a religious service held regularly at the service for those people who wished to attend. We saw people who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves. The registered manager told us there were a number of people who used this service and we saw advocacy services were promoted on notice boards at the service.

People told us they were treated with dignity and respect by staff. One person said, "They treat us as we are, adults." One relative commented, "They (staff) look after [name] so well, [name] always clean." They told there had been a problem with their relation accepting personal care but that staff seemed to know how to deal with things discreetly so their relative responded to their care. We observed that staff were polite and respectful when speaking with people and also gave people space when it was apparent they wished to be left alone. The staff we spoke with clearly described the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. Where necessary, there was clear information in people's care plans about any personal care that needed to be carried out and how this should be done. This took into account people's wishes and preferences.

## Is the service responsive?

### Our findings

The people we spoke with told us that they were happy with the care they received and that it was responsive to their needs. One person told us, "I get all the help I need." This person lived in one of the bungalows at the service and told us staff supported and encouraged them to keep their home clean, tidy and personalised. Two people we spoke with in the bungalows told us they managed their own personal care and had the equipment they needed to enable them to do this. The relatives we spoke with also felt that their loved ones received appropriate care that was responsive to their needs. One relative whose relative lived in the main house said, "[Name] had quite a few falls when they first came." They said that staff had worked with the person to encourage them use their frame so these had been reduced. . "

The staff we spoke with had a good understanding of the differing care needs of the people who used the service. A daily record was completed to confirm the care and support provided to people, including any time specific support such as assisting a person to change their position. There were care plans in place which detailed any assistance people required as well as tasks they could carry out independently. These were regularly reviewed and updated as required. Staff told us they were updated about any changes in people's needs at the start of each shift they worked.

There were a wide range of activities provided within the main house and in the communal area of the bungalow complex and people were either supported or went independently on excursions into their local community. This helped people to maintain their interests or visit places they enjoyed. The activities co-ordinator had a comprehensive programme of activities for people to take part in, should they wish. The service was working to develop positive links with the local community and had hosted a summer fete for the village in the service's grounds this year which was attended by local residents and businesses and well as family and friends of people who lived at the service.

There was a clear complaints procedure in place and the people and relatives we spoke with knew how to complain. However no one we spoke with had made any formal complaints or had felt the need to. Everyone we spoke with told us they could and would go to the registered manager if necessary. One person said, "They look after me well, I've nothing to complain about. If I had a problem I'd talk to them (staff)." People and their relatives were provided with a copy of the complaint procedure when they first started to use the service and it was also displayed in a prominent place in the home.



## Is the service well-led?

### Our findings

The people and relatives we spoke with commented that there was a positive, open and transparent culture at the home. They felt the management team and staff were approachable and that they listened to people. The staff we spoke with also commented positively on the ethos of the service and told us they enjoyed working there. The staff we spoke with said that they would have no hesitation in reporting anything of concern or if they had made a mistake.

We received numerous positive comments about the registered manager, one person said, "She is lovely, she's very friendly, always comes to talk to you." A relative commented, "She (registered manager) seems to run the place very well." There was a clear management structure in place and the registered manager led by example. The registered manager was supported by other members of the management team and they shared responsibility appropriately. The registered manager told us she had recently found her high workload difficult to maintain and had spoken to her regional manager who had arranged for her to be supported. The registered manager told us she felt the senior managers had been responsive to her needs. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with understood their roles and what they were accountable for. They told us that the management team provided clear leadership and led by example as well as listening to their views. The provider ensured that sufficient resources were available to enable smooth day to day running of the service as well as investing in improvements to the home. For example, we saw some areas of the service had been refurbished and others were in need of refurbishment. There was an on-going programme of refurbishment and redecoration in place and we were shown the on-going improvement plans for the service.

People and relatives were regularly asked for their views on the quality of the service being provided. Satisfaction surveys were distributed on an annual basis. There were regular meetings for people living at Bassingham Care centre to discuss the on-going building works, activities and food provision. The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. Any issues that were identified were then acted upon, such as ensuring the medication administration records were correctly completed.