

Sanctuary Care Limited

Basingfield Court Residential Care Home

Inspection report

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21 November 2017

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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 ●

Summary of findings

Overall summary

The inspection took place on the 20 and 21 November 2017 and was unannounced. Basingfield Court Residential Care Home is registered to provide care without nursing for up to 52 older people who may be living with dementia, a physical disability or sensory impairment. At the time of the inspection there were 37 people living there, with one person away having a family home visit.

The service did not have a registered manager. 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.

On 2 and 3 April 2017 we inspected Basingfield Court Residential Care Home and judged the provider to be in breach of three regulations.

Although people told us they felt safe, we found there were shortfalls which compromised people's safety and placed them at risk from receiving unsafe care. These shortfalls amounted to a breach of Regulation 12 of the HSCA Regulations 2014 (Safe care and treatment).

The provider was served with a warning notice in relation to safe care and treatment which they were required to meet by 31 May 2017. We told the provider they needed to take action to meet the legal requirements of this regulation. They sent us a report setting out the action they would take to make necessary improvements to meet the regulation.

At this inspection we found the provider had taken the required action to meet the requirements of the regulation and to ensure people experienced safe care and treatment.

The provider had acted on the risks and shortfalls that had been previously identified to ensure people were safe. Whilst we recognised that improvements had been made to ensure people experienced safe care and treatment, many of the changes had not yet been sustained in the longer term to be fully embedded in practice. The improvements that have been made will need to be embedded to demonstrate that they are sustainable and can be maintained without the additional provider support and oversight. At the time of this inspection the service was only 75% occupied, therefore the provider needs to demonstrate that the improvements are also sustainable when there is an increase in the number of people living in the home. It is too early to state that the improvements are sustainable.

At our inspection in April 2017, the provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided. The provider did not maintain an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. There were shortfalls in the management of the home which compromised people's safety and placed people at risk from receiving unsafe care. This was a

breach of Regulation 17 HSCA 2008 Regulations 2014 (Good governance).

The provider was served with a warning notice in relation to good governance, which they were required to meet by 31 May 2017. We told the provider they needed to take action to meet the legal requirements of this regulation. They sent us a report setting out the action they would take to make necessary improvements to meet the regulation.

At this inspection we found the provider had taken the required action to meet the requirements of the regulation to ensure people were protected from the shortfalls in the management of the home which had compromised people's safety.

At our inspection in April 2017 the provider had failed to demonstrate that sufficient staff were always deployed to meet people's care and treatment needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

We asked the provider to send us a report detailing what action they were going to take to make necessary improvements. At this inspection we found the provider had made the required improvements to ensure sufficient staff were deployed to meet people's needs at all times.

At this inspection we found that the service was currently well led and provider had acted on the risks and shortfalls that had been previously identified.

The plumbing system at the home had been repaired and now worked effectively, providing sufficient hot water whenever required to meet people's needs. The provider had also reviewed their business continuity plan to ensure effective contingency plans were in place to ensure people's safety, should there ever be a future recurrence.

People's medicines were administered safely by staff who had completed the provider's required training to do so. Staff had their competence assessed before they were authorised to administer medicines unsupervised. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

At this inspection the provider had reviewed their medicines policy and procedures. Staff had clear guidance, which ensured that people were supported in the administration of their prescribed insulin only by visiting District Nurses. This assured the provider that people received their insulin safely from external staff, who had completed the relevant training to do so.

People's allergies had been reviewed and accurately recorded. Staff administering medicines were aware of people's allergies. The provider had assured people were protected from the risk of receiving medicines to which they were allergic.

Care plans of people who had been identified to be at risk of developing pressure areas, contained relevant guidance from health professionals to mitigate these risks. Staff understood the action required to minimise these risks, which we observed being implemented in practice, in accordance with people's pressure area management plans.

The provider had assessed the risk to people from the environment and equipment to ensure they would remain safe within the home. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. People were protected from environmental risks and those

associated with the use of equipment.

The interim manager effectively operated systems to assess and monitor the quality of service provided. Complete, contemporaneous and accurate records were maintained for each individual, which clearly explained all decisions made in relation to the care they received. The interim manager had addressed shortfalls in the management of the home, which had placed people at risk of receiving unsafe care. Where incidents had occurred the interim manager had appropriately notified all relevant authorities when required. The interim manager had ensured staff received clear guidance and support to safely manage risks to people's health and wellbeing.

All of the actions identified by the provider's Service Improvement Plan (SIP) in September 2016 had now been completed or were subject to constant monitoring for example; staff culture. Records also demonstrated that all of the actions identified in the provider's SIP created in September 2017 had also been completed.

The provider took action to make improvements to the service identified through their auditing processes. The provider analysed call bell response times to assure that staffing levels ensured people's needs were met safely in a timely fashion.

The management team had identified safeguarding incidents in relation to pressure areas and medicine errors. These had been correctly reported internally and externally in accordance with the provider's policy, local authority guidance and government legislation. The management team had then implemented measures to improve the service and prevent a future recurrence of the incident. The interim manager analysed all incidents to minimise the risks of repetition and to keep people safe.

People's care plans had been updated and reviewed to ensure they reflected people's changing needs to enable staff to support them safely. Staff maintained robust records of the care that had or had not been provided to people to ensure their comfort, welfare and safety.

The provider effectively monitored the service to identify if actions were required to ensure people experienced care which respected and promoted their dignity.

The interim manager provided clear and direct leadership and was readily available and supportive when staff required support and advice.

Staff had the right mix of skills to make sure that people experienced safe care. The interim manager regularly reviewed staffing levels and adapted them to meet people's changing needs. Staff had undergone pre-employment checks to assess their suitability to provide support to vulnerable people.

The service protected people from the risk of poor nutrition, dehydration, and other medical conditions that affect their health. The service had clear systems and processes for referring people to external services, which were applied consistently. Staff made prompt referrals to health professionals when required and acted swiftly on their recommendations.

People and their families had been consulted about decisions regarding the premises and their personal environment. Staff upheld people's rights to make sure they had maximum choice and control over their lives, and support them in the least restrictive way possible.

People were consistently treated with dignity, respect and kindness by staff who made them feel that they

mattered. Staff noticed quickly when people were in discomfort or distress and took swift action to provide the necessary care.

The provider complied with the Accessible Information Standard by identifying, recording, sharing and meeting the information and communication needs of people with a disability or sensory impairment.

The interim manager used the learning from complaints and concerns as an opportunity to drive improvement in the quality of the service.

People were sensitively supported to make decisions about their preferences for end of life care. Staff were aware of national good practice guidance and professional guidelines for end of life care.'

Detailed reference to findings from the previous inspection report have been reduced in the safe and well led domain. These changes will be detailed in the following response in relation to the safe and well-led ratings judgements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The home was safe.

However, the improvements that had been made to ensure people were safe were still a work in progress and had not yet been sustained in the longer term to be fully embedded in practice.

People were protected from avoidable harm and abuse because staff had been trained and understood the actions required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to protect them.

The manager completed robust pre-employment checks and a daily staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People received their medicines safely, as prescribed from staff who had completed relevant training and had their competency to administer medicines assessed regularly.

Staff were trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

Is the service effective?

Good 

The home was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

People had access to outside space that has been assessed for risks, a quiet area to see their visitors, an area suitable for activities and private areas when people wished to be alone.

Is the service caring?

Good ●

The home was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care.

Staff responded promptly, with compassion and kindness when people experienced physical pain and discomfort or emotional distress.

Is the service responsive?

Good ●

The home was responsive.

People were encouraged and supported to develop and maintain relationships with people that matter to them, both within the home and the wider community, and to avoid social isolation.

The provider used feedback, concerns and complaints as an opportunity to learn and drive continuous improvement of the service.

People and their families were actively involved in planning, and making decisions about their end of life care.

Is the service well-led?

Good ●

The home was well-led.

The management team promoted an open, inclusive, and person centred culture which encouraged people and staff to be actively

involved in developing the service.

The interim manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The interim manager operated effective quality assurance and governance systems to implement identified learning to drive continuous improvement in the service.

The interim manager had demonstrated effective partnership working with key organisations, including the local authority, safeguarding teams, clinical commissioning groups and multidisciplinary teams, to support good quality care provision.

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 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 20 and 21 November 2017 and was unannounced. The inspection team included three adult social care 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. The expert by experience had experience of caring for older people.

Before the inspection, we reviewed all the information we held about the service including the Provider Information Return (PIR), previous inspection reports and notifications received by the Care Quality Commission. A Provider Information Return (PIR) 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. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection.

Prior to the inspection we spoke with a senior social work practitioner and a safeguarding and governance officer from the local authority. We also received written feedback on the service from the ambulance service.

During the inspection we spoke with 16 people and four people's relatives. We spoke with day and night staff including 14 care staff, two activities coordinators, the head chef, maintenance staff, the housekeeping manager, the home administrator, the deputy manager, the interim manager, the regional manager and a care development manager. We also spoke with three visiting healthcare professionals.

We reviewed records which included eight people's care plans, ten staff recruitment and supervision records, staffing rosters for September, October and November 2017; people's medicines records and records relating to the management of the service.

Is the service safe?

Our findings

People, their family and friends consistently told us people were safe living at Basingfield Court. When asked if they felt safe one person said, "Yes, very safe. There's people coming in all the time to see if you're alright." Another person told us, "The staff are marvellous and make me feel safe and well looked after." One family member told us their loved one was in a safe and caring environment and received care from staff they trusted.

At our inspection on 2 and 3 April 2017, although people told us they felt safe, we found there were shortfalls which compromised people's safety and placed people at risk from receiving unsafe care. The homes hot water system had failed which caused people and their relatives to worry regarding hygiene and infection control. The provider had not ensured that potential risks to people were always managed safely, for example; risks to people from developing pressure areas, management of their medicines and from receiving an inappropriate diet. Staff did not ensure professional's guidance was always followed or accurately recorded to ensure people received safe care. This was a breach of Regulation 12 of the HSCA Regulations 2014 (Safe care and treatment). The provider was served with a warning notice in relation to safe care and treatment which they were required to meet by 31 May 2017. We told the provider they needed to take action to meet the legal requirements of this regulation. They sent us a report setting out the action they would take to make necessary improvements to meet the regulation.

At this inspection we found the provider had taken the required action to meet the regulation and to ensure people experienced safe care and treatment.

At this inspection we found that the provider had acted on the risks and shortfalls that had been previously identified to ensure people were safe. Whilst we recognised that improvements had been made to ensure people experienced safe care and treatment, many of the changes had not yet been sustained in the longer term to be fully embedded in practice. The improvements that have been made will need to become embedded to demonstrate that they are sustainable and can be maintained without the additional provider support and oversight. At the time of this inspection the service was only 75% occupied, therefore the provider needs to demonstrate that the improvements are also sustainable when there is an increase in the number of people living in the home. It is too early to state that the improvements are sustainable.

Since our inspection in April 2017 the plumbing system at the home had been repaired and now worked effectively, providing sufficient hot water whenever required to meet people's needs. The provider had also reviewed their business continuity plan to ensure effective contingency plans were in place to ensure people's safety, should there ever be a future recurrence.

Care plans of people who had been identified to be at risk of developing pressure areas, contained relevant guidance from health professionals to mitigate these risks. Staff understood the action required to minimise these risks, which we observed being implemented in practice, in accordance with people's pressure area management plans. Where required, people were being repositioned by staff in accordance with professional guidance, to promote the healing of their pressure areas and to prevent them developing

others. Records confirmed that people had their weight monitored accordance with their pressure area management plans. A visiting community matron told us the management team and staff had improved their monitoring and referral of pressure areas. They told us, "Staff reporting and vigilance has improved so they get us involved from the outset and work with us following our advice and guidance."

The chef was aware of each person's individual dietary requirements, including those who were being supported with pressure areas, and provided meals in accordance with their individual nutrition plans. This demonstrated the provider had ensured that staff had been provided with the relevant information and guidance from professionals to enable them to support people safely.

People's medicines were administered safely by staff who had completed the provider's required training to do so. Staff had their competence assessed before they were authorised to administer medicines unsupervised. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Staff supporting people to take their medicine did so in a gentle and unhurried way. Medication administration records (MARs) confirmed people had received their medicines as prescribed. When staff had supported people to apply prescribed topical creams or ointments records accurately reflected this. Any changes to people's medicines were always double signed and dated.

Where people were prescribed medicines, there was evidence within their care plans that regular reviews had been completed to ensure continued administration was still required to meet their needs. People had medicines risk assessments to manage the risks associated with the use of their medicines.

Staff had clear guidance, which ensured that people were supported in the administration of their prescribed insulin only by visiting District Nurses. This assured the provider that people received their insulin safely from external staff, who had completed the relevant training to do so.

Each person's allergies had been reviewed and accurately recorded. Staff administering medicines were aware of people's allergies. This meant the provider had assured people were protected from the risk of receiving medicines to which they were allergic.

At this inspection each person had a 'PRN' protocol, which described when to use their prescribed medicines, the conditions under which the medicines should be given, the minimum time between doses and the maximum dose in a 24 hour period. 'As required PRN' medicines are those which people take only when needed, for example; to manage their anxiety or for pain relief. Staff administering medicines were aware of people's individual 'PRN' protocols, which ensured they only received these medicines when they were required.

Medicines were stored safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to ensure they remained effective.

There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff administering medicines completed a stock check of each medicine after it had been administered and completed a full stock check daily. The management team completed weekly and monthly medicines audits. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

The regional manager had revised the home's medicine administration system. Regular audits confirmed that the new system had significantly reduced the level of medicines errors. The medicines management

system also ensured all errors were quickly identified and action taken to ensure people were safe.

The provider had assessed the risk to people from the environment to ensure they would remain safe within the home. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. People were protected from environmental risks within the home.

At our inspection in April 2017 the provider had failed to demonstrate that sufficient staff were always deployed to meet people's care and treatment needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken the required action to meet the regulation to ensure that sufficient staff were deployed to meet people's care and treatment needs safely.

The management team completed a daily staffing needs analysis which was based on the dependency needs of people. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. At the time of inspection there were 37 people living at Basingfield Court. Records demonstrated that the provider's assessed staffing level deployed at the time of inspection was sufficient to meet the needs of 42 people.

Most people, relatives and friends (nine) told us there were sufficient staff to respond to call bells in a timely manner but felt staff were always rushed. One relative told us that since our last inspection, "The staff are much better at responding to the call bells."

Most staff (nine) told us there were now enough staff to respond promptly when people required support, which we observed in practice. One staff member felt there were not enough staff to attend call bells promptly or to spend quality time with people. The regional manager had completed regular audits of the staff response times shown by the call bell system. These demonstrated staff consistently responded to people's call bells within the times designated by the provider's policy. Some staff (three) told us there needed to be more staff during the busy breakfast period to ensure people did not have to wait to be supported to get up. The interim manager was looking at shift systems to provide more staff at identified busy periods.

On our arrival for this inspection we found there were five night staff on duty, although two of these were agency staff. Both agency staff told us they had received a thorough induction to the home and were able to tell us about people's needs and care requirements. The level of night staff on duty at the time of our inspection was above that shown to be required by the provider's staffing needs analysis.

Staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. The provider assured people were safe as staff suitability for their role had been robustly assessed, before they were deployed to support people.

Staff had access to clear policies and procedures on infection control that met current and relevant national guidance, which we observed staff follow in practice. The home was very clean at the time of inspection and staff managed the control and prevention of infection well. All staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and

hygiene in the premises.

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Staff had completed the provider's safeguarding training and were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities. People and staff told us they would have no hesitation in reporting abuse and were confident the new manager would act on their concerns.

Since our inspection in April 2017 we had been notified by the provider about nine safeguarding incidents, which had been reported, recorded and investigated in accordance with the provider's policy, government legislation and local authority guidance. The provider effectively operated systems to investigate immediately, any allegation that abuse might have occurred.

Is the service effective?

Our findings

People and their families consistently told us the home had made significant recent improvements since the interim manager had been appointed in September 2017, and now felt the service provided to people was effective.

People consistently told us staff understood their needs and knew how they wished to be supported. One person told us, "They [staff] always do their best, they do what they can do for you. The other day I fell and I pressed the button and I couldn't wish for better night and day carers. They were very good." Another person told us, "The carers know when I am unwell before I do and always fetch the nurses and doctor if they're worried." One family member told us, "I like the managing staff they take on." Another relative told us, "Things have definitely improved since the old manager left. The staff now seem more focussed on dealing with things as soon as they happen."

New staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. The provider had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve. This ensured new staff had the appropriate knowledge and skills to support people effectively.

There was a staff induction file which contained a comprehensive induction programme covering a range of care topics. Three agency staff told us the interim manager had given them a comprehensive induction to the home and provided all of the information they required to deliver people's care effectively. Agency staff we spoke with told us they enjoyed working at Basingfield Court because of the support they received from the management and staff. We observed the induction provided to one agency staff who told us it was the most comprehensive they had received.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included the provider's essential training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid. This ensured staff understood how to meet people's support and care needs. Required training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Records confirmed that staff had completed the provider's required e-learning. Some staff (two) told us they often struggled to find time to complete the provider's e-learning. Some staff (five) told us that they thought the provider's e-learning was good, whilst others (five) told us they preferred face to face practical training from a qualified trainer. The provider had scheduled a training programme, which commenced in October 2017 to provide such face to face training in relation to subjects such as safeguarding, the Mental Capacity Act 2005, infection control, dementia awareness and moving and positioning.

At our inspection in April 2017 we found that most staff felt well supported in their role but formal

supervisions did not take place where they could discuss their aspirations, career development, raise concerns or make suggestions to improve the service. At this inspection records demonstrated most staff had received a supervision from the management team and future supervisions had been diarised in accordance with the provider's policy. The provider was in the process of training shift leaders to delegate the responsibility for face to face supervisions to ensure this process became embedded. Staff told us that they were well supported by the management team and that the managers encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records demonstrated that the provider had given consideration to people's needs and rights before applying for any restriction. People's mental capacity had been assessed and the documents describing the type of deprivation of liberty were filed in people's care records.

The provider had policies and procedures providing staff with clear guidance about how to support people who were not able to make decisions about their care or support, to ensure their human rights were protected. Staff followed these by consulting with relatives and healthcare professionals and documenting decisions taken, including why they were in the person's best interests. The interim manager effectively operated a process of mental capacity assessment and best interest decisions, which protected their human rights.

People had undergone an assessment which documented how they communicated their choices, how to involve them in decisions, and the people to consult about decisions made in their best interests. We observed staff seeking consent from people using simple questions and giving them time to respond. Daily records of care showed that where people declined care this was respected. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

Records showed the issue relating to the quality of the meals at Basingfield Court had been long standing. The 'resident satisfaction survey' in 2016 showed only 77% of people were satisfied with the meals. People had told the quality assurance team during their visit in September 2016 'the food must improve' and that 'the quality of the meat was an issue.' People had provided feedback at the resident's meeting of 8 March 2017 that the 'food could be far better' and that the 'meat was hard.'

The head chef left the service in May 2017 and an agency chef provided cover until a permanent replacement was recruited. During this period the interim manager consulted people who were still not happy with the quality of food being prepared. In August 2017 a new head chef was recruited. Two people and one relative were involved in testing meals provided by the head chef before they were selected. Since the head chef has been in post people consistently felt the food provided had improved but sometimes the meat was still too chewy. The head chef has addressed the quality of meat with the provider who nationally use a single vendor for all of their food supplies. The interim manager has undertaken to provide a solution to the quality of their meat supplies.

When new people moved into Basingfield Court their dietary needs were discussed as part of the care planning process. The head chef then received a dietary notification sheet which detailed any food intolerance and the person's likes and dislikes. The head chef reported they would meet with new people and talk to them about what they liked and disliked and would also check their care plan. There was a white board in the kitchen which recorded people's dietary preferences, types of special diet required and any relevant medical conditions, such as diabetic. At the time of inspection no one currently required a soft or pureed diet. People's nutritional and hydration requirements were assessed and there was guidance for staff about how to support people appropriately to eat and drink enough.

The new winter menu was introduced the week before our inspection. The head chef told us they have no authority to change the menu. The interim manager and head chef had arranged a tasting session so people and their families can give feedback on new additions to the menu.

The provider's guidance directs the head chef to provide two main meal options at lunchtime, with one being a vegetarian option. At the time of inspection there were no vegetarians living in the home. We raised this issue with interim manager as to whether this was restricting the choice for people who were not vegetarian. The interim manager advised the only way they could influence a change in this policy was to produce evidence that residents and families did not like the dishes offered. The interim manager said they would address this at the food tasting event with people and their families. There were alternatives such as jacket potato, assorted salads, sandwiches and omelettes available on request.

We observed the lunchtime meal service on both days of our inspection. The day's menu was printed and placed on each dining table and in the hallway. People were offered two choices for lunch just before it was served. We observed lunch being served both in the dining rooms and the communal lounges.

Interactions between people and staff were positive and people were talkative and relaxed. People seemed to enjoy their meals despite their comments about the food and had enough time to eat at their own pace. We saw staff sitting and supporting people with their meals in a dignified and sensitive manner. Portion sizes were varied based on individual needs and preferences. We saw people served meals which were not on the menu. Most people had a pleasant lunchtime experience.

Staff were able to tell us about people's likes and dislikes. We observed examples of good practice in between mealtimes, where staff patiently supported people with drinking fluids. Staff were seen to seat themselves at the same level as the person and support people appropriately at their pace without rushing them.

People living at the service had a range of health conditions. Staff supported people to gain access to health care professionals as required. The interim manager had developed good links with local health and social care services. The Community Matron and District Nurses visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice. The Community matron told us the interim manager and staff had listened to their advice and implemented their guidance effectively.

Where people had complex and continued health needs, the interim manager always sought to improve their care, treatment and support by identifying and implementing best practice. The service worked with healthcare professionals to ensure people's additional or changing needs were supported. District nurses visited the home when needed to dress wounds and provided staff with specialist training, for example; supporting people with their catheter and stoma care. On the first day of our inspection we spoke with a visiting healthcare professional who confirmed the interim manager had requested their support and

guidance in relation to enhanced care support through a joint pilot scheme with the care commissioning group.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists whenever they needed them. People, relatives and healthcare professionals told us the interim manager made prompt referrals when healthcare support was required when people's health deteriorated.

People had access to outside space that has been assessed for risks, a quiet area to see their visitors, an area suitable for activities and private areas when people wished to be alone. Decorations and adaptations to the premises had been laid out in a way that was accessible and helped to promote independence.

Is the service caring?

Our findings

Staff had developed caring, meaningful relationships with people. People consistently told us they were supported in their day to day care by staff who were kind and gentle. People told us they were happy living at Basingfield Court, which was their home. One person told us, "My girls [staff] treat me like their own family. They are so kind and caring even when they are very busy they have time to make me feel special."

The interim manager had cultivated an inclusive atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Relatives consistently praised staff who had worked at the home for a long time for their caring attitude, especially when there had been staff shortages. When asked what made the staff 'special' one person told us, "Before the new management, staff were run ragged but still made time to have a chat." A commonly recurring theme from conversations with people and their families was how the attentive, caring nature of the staff made them feel their wellbeing mattered to them. Throughout the inspection, staff showed care and concern for people's wellbeing.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this, for example; one person's wellbeing had improved significantly due to staff encouraging them to join in with musical activities. On both days of the inspection, we observed people enthusiastically singing their favourite songs with staff.

We observed one member of staff gently encouraging a person to drink some fluid to ensure they did not become dehydrated. Staff then compassionately supported the person whilst they took their temperature and enquired about how they were feeling. The deputy manager then arrived and spoke with the person in a kind manner before arranging for staff to support the person to return to their room. We confirmed that the person was then subject to monitoring until they were seen by their GP later that day.

Whilst staff were supporting people communal singing other staff members engaged compassionately one to one with others who did not wish to take part. One person who experienced anxiety and disorientation was supported by a staff member who was gently stroking their hand and speaking to them quietly in accordance with their care plan.

People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them. We observed one person who was living with dementia and was displaying behaviour which may challenge others due to their anxieties. A member of staff promptly intervened in a sensitive manner, which reassured the person and other people nearby who had become worried.

We observed people who had disorientated after sleeping in chairs. Staff immediately provided gentle reassurance, which eased the people's anxieties and improved their wellbeing. We observed staff were consistently attentive to people, particularly if they were alone, and regularly checked whether they required any support. We observed staff engage with people offering different things to do or engaging in meaningful conversations about what they were doing and things which were important to them, such as their families.

Throughout the inspection we observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported to move staff engaged in day-to-day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them.

We observed staff consistently promote people's independence, for example; by encouraging them to walk whenever possible, rather than using a wheelchair. We observed staff supporting people to mobilise out of chairs and encouraging people to stand by themselves whilst providing gentle support and reassurance. People were involved in making decisions about things that affected them, for example; people were encouraged to manage their personal hygiene and appearance.

Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in. When people chose to spend time in their rooms we saw people's personal effects and refreshments were within easy reach. People had been involved in decisions about the decoration and content of their rooms and were surrounded by treasured personal objects.

People and, where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress to maintain their personal dignity. Staff always knocked and asked for permission before entering people's rooms. People said staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

Staff took their time with people and did not rush or hurry them. People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day-to-day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

We observed meaningful interactions encouraged by staff to support people with sensory impairments, adopting techniques such as kneeling in front of visually or aurally impaired people, to ensure they were face to face to establish good eye contact or to make themselves be heard. Staff knew people's life stories, their interests and likes and dislikes which enabled staff to engage in conversations about topics other than the person's support needs.

Staff had completed relevant training and understood their responsibilities in relation to equality and diversity. They were able to explain how they ensured people had their different religious and cultural

customs and values respected, such as being supported to practice their individual faith and decisions dictated by their beliefs.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home, including those held on computer, were retained securely to ensure they were only accessible by those authorised to view them.

Is the service responsive?

Our findings

At our inspection in April 2016 whilst there was evidence of the provision of a range of activities, people told us these were not meeting their expectations. Due to concerns raised by relatives we recommended that the service found out more about training for staff, based on current best practice, in relation to the provision of appropriate activities to meet the needs of people living with dementia. At this inspection we found the provider had taken the required action to improve activities.

Care provided to people living with dementia was appropriate to meet their needs and preferences. People were stimulated by structured activities provided by external entertainers and the home staff. All staff had undertaken dementia awareness training which was consistently demonstrated during their interactions with people. We observed staff promptly engaged with people who appeared confused or required reassurance. People living in the home looked clean and well-groomed throughout our inspection. People had received personalised care that was responsive to their needs.

In August 2017 the provider appointed a new activities leader, who was an experienced dementia ambassador in their previous role. The interim manager appointed the activities leader as the homes' dementia champion with responsibility to improve the experience, care, treatment and outcomes for people living with dementia in the home. A dementia ambassador is a skilled member of the workforce, working across social service settings with a key role in disseminating information and supporting training and learning. At this inspection people consistently made comments about the improvement in the activities and provision of outside visits. One person told us, "We get treated so well here, we get taken out for meals." Another person said, "Things are much better now. The girls who do activities are always asking what we want to do and there just seems to be more enthusiasm and encouragement." One person told us, "Most of the time I don't want to get involved so staff come and see me in my room which makes me feel they care."

The home notice board displayed the two activities of the day and there was also a printed weekly list of activities. Activities listed included chair aerobics, quizzes and bingo. Records demonstrated that in addition to the planned programme of activities staff also arranged external activities, for example; People told us they enjoyed the recent visit to Café Rouge, which followed on from the 'Cruise Week'. During 'Cruise Week' people experienced the delights of foods from each country as well as themed activities.

The activities team had established some new social groups to develop meaningful relationships between people living in the home, for example; the poetry recital group and the respective gentlemen's and ladies clubs.

The activities team were enthusiastic and had engaged with local business organisations on joint initiatives, for example; their garden project. The activities leader also spoke with passion about another initiative with a local artist and a planned exhibition displaying paintings of people living at the home.

The activities team recorded details relating to each activity with regard to each individual's involvement

and the impact on their wellbeing, which allowed them to evaluate the particular activity. For example, this recording had identified that the provision of musical activities had encouraged one person to come out of their room more frequently to socialise with friends. Records demonstrated this had a significant impact on their happiness and general wellbeing. People's activity records documented the level of contact people had with staff to demonstrate that they were not socially isolated.

The activities team also identified the interests of people who did not wish to socialise in groups, for example; one person loved to read romantic novels, so they arranged a visit to a local 'Jane Austen' exhibition.

The home had engaged effectively with a local church group to support people's spiritual needs and held joint meetings alternating between the home and the church. The home had also engaged in an initiative to decorate an 'Advent Shed' which would be taken to the church at Christmas time. All external visits were supported by staff who volunteered on their days off. The activities team were also proud of their development of new volunteers from the local community.

Since our inspection in April 2017 the provider had fully reviewed each person's care plan, together with their families where appropriate, to make them more person centred. Care plans we reviewed reflected how people would like to receive their care and treatment, and included all the information staff would require to know how to meet people's needs.

People, and where appropriate, their relatives were pleased that they were able to stipulate their needs and preferences and influence their care plan. Relatives consistently told us they appreciated the time and effort the management team had invested in encouraging their participation in their family member's care planning. We spoke with one person who was new to the home and their family. They told us the interim manager was very kind and praised their attention to detail. The person told us they had three meetings where the staff explored everything about their life and arranged to come back when they were getting tired.

People and their families told us they felt the staff were flexible and responsive to their needs, for example; in relation to their morning and night time routines. People were able to choose what time they wished to go to bed and get up. One person told us, "Yeah they're very good. When I want to get into bed, they will come and put me into bed." Another person told us, "I like to get up early and they (night duty) always come and help me."

People experienced personalised care and support from staff who were responsive to people's individual needs and preferences which enhanced their wellbeing. People and relatives consistently told us the new manager was dedicated to finding creative ways to enable people to live as full a life as possible. Activities was an agenda item at the monthly 'residents' and 'family' meetings and the new programme of activities was being evaluated to identify further activities people would like to try and those which had not been successful.

Families told us they were always welcomed into the home and were encouraged to visit at any time and as often as possible to maintain their loved one's emotional wellbeing and prevent them from the risk of feeling socially isolated. People were encouraged to maintain and develop relationships that were important to them.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand, for example; using short sentences and plain English. Staff understood and

respected that some individuals required more time to respond than others. One member of staff told us, "The dementia training was really good at making you think about people's needs and making sure they understood and taking time when they were confused." Throughout the inspection, we observed staff positively interacting with people in ways that met their needs.

The provider had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory loss. This enabled staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

Care plans and related risk assessments were reviewed weekly by senior staff and more frequently when required to ensure they reflected people's changing needs. People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. Staff were able to describe the care and support required by each person.

Handover meetings were held at the start of every shift which provided the opportunity for the management team and staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. The provider had a detailed auditing system for all care plans and associated monitoring records, which they fully reviewed monthly.

At our inspection in April 2017 people reported they did not always feel listened to and did not feel the management took action to address their concerns. The provider held monthly residents and staff meetings where they sought feedback from people. For example, the manager had addressed people's concerns regarding the cleanliness of the home by appointing a new housekeeping manager. People were consistently asked for their views about the activities provided. People were provided with feedback on issues raised at the meeting and through newsletters. People, family and staff told us they had been consulted with regard to extensive building improvements to make the home more dementia friendly. The interim manager demonstrated the provider's processes for seeking feedback in various ways, including service user surveys and staff surveys. Processes were in place to seek people's views to develop and improve the service.

The interim manager valued concerns and complaints as an opportunity for driving improvement within the home. The provider had a policy and arrangements in place to manage complaints. People were provided with information about how to make a complaint, in a format which met their needs. This information also included details of external organisations to contact if they were unhappy with the provider's response, such as the Care Quality Commission and the Local Government Ombudsman.

At the time of inspection there were no people being supported with end of life care. One relative told us staff had sensitively supported them and their family member to make decisions about their preferences for end of life care.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'. We reviewed one person's care plan which showed their individual religious beliefs and preferences had been considered.

The home worked with healthcare professionals, including palliative care specialists and others, to provide

a dignified and pain-free death, respecting people's advanced decisions and wishes. Senior staff were aware of national good practice guidance and professional guidelines for end of life care.

Is the service well-led?

Our findings

Since our Inspection in April 2017, the provider had put a new management team in place. Immediately after the inspection the provider's area director and area manager provided daily support to improve the quality of the service and develop the management skills of the registered manager and two deputy managers. At the end of April 2017 the registered manager and two deputies left the provider's employment. The management of the home was taken over by the provider's area director, and regional manager supported by the provider's care development manager. In June 2017 an interim manager was appointed whilst the provider recruited a new registered manager to drive and embed the necessary improvements in the service. This interim manager resigned in September 2017 and was replaced by another interim manager. In June 2017 the provider appointed a new housekeeping manager and a new chef in August 2017. At this inspection the provider had recruited a new home manager, who was to assume their responsibilities on 12 December 2017 and a new deputy manager who was appointed on 1 November 2017. The new manager has confirmed their intention to become the registered manager of the service and is currently completing relevant processes to demonstrate their suitability to fulfil this role. The area manager was able demonstrate that the provider had endeavoured to recruit a registered manager with the necessary skills to sustain and embed the improvements made at the earliest opportunity.

At our inspection in April 2017, the provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided. The provider did not maintain an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. There were shortfalls in the management of the home which compromised people's safety and placed people at risk from receiving unsafe care. This was a breach of Regulation 17 HSCA 2008 Regulations 2014 (Good governance).

The provider was served with a warning notice in relation to good governance which they were required to meet by 31 May 2017. We told the provider they needed to take action to meet the legal requirements of this regulation. They sent us a report setting out the action they would take to make necessary improvements to meet the regulation.

At this inspection we found the provider had taken the required action to meet the requirements of this regulation and had acted on the risks and shortfalls that had been previously identified. The service was currently well led by the interim manager, deputy manager and area manager.

The interim manager effectively operated systems to assess and monitor the quality of service provided. Complete, contemporaneous and accurate records were maintained for each individual, which clearly explained all decisions made in relation to the care they received. The interim manager had addressed shortfalls in the management of the home, which had placed people at risk of receiving unsafe care. Where incidents had occurred the new manager had appropriately notified all relevant authorities when required. The interim manager had ensured staff received clear guidance and support to safely manage risks to people's health and wellbeing.

The provider's quality assurance team had audited the service regularly. Following each audit, a service improvement plan (SIP) was produced with expected completion dates; however, these had not always been met. At this inspection we confirmed that all of the actions identified by the provider's SIP in September 2016 had been completed or were subject to constant monitoring for example; staff culture. Records also demonstrated that all of the actions identified in the provider's SIP created in September 2017 had also been completed. This demonstrated that the provider was taking action to improve the service.

At this inspection care plans showed that required improvements had been made, which was confirmed by the visiting community matron. This demonstrated that the provider had taken action to improve the quality and safety of the care people experienced.

The regional manager had completed regular audits to ensure staff responded to call bells promptly. This demonstrated the provider analysed call bell response times to assure that staffing levels ensured people's needs were met safely in a timely fashion.

The provider's quality audits completed in February 2017 identified 56 actions that had not been completed from previous audits. At our inspection in April 2017 these actions had not been addressed. At this inspection we found that all outstanding actions identified in audits undertaken in February and April 2017 had been completed. This demonstrated that the provider took action to make improvements to the service identified through their auditing processes.

The management team had identified safeguarding incidents in relation to pressure areas and medicine errors. These had been correctly reported internally and externally in accordance with the provider's policy, local authority guidance and government legislation. The management team had then implemented measures to improve the service and prevent a future recurrence of the incident.

At our inspection in April 2017 we found the registered manager had failed to take action in relation to their own audits. At this inspection we found that all of the areas identified to require improvement been addressed, for example; the provider had begun to address issues raised in the annual staff survey, had provided information to people about external services, had created a comments and suggestion box and had established a staff dignity champion. This demonstrated the provider effectively monitored the service to identify if actions were required to ensure people experienced care which respected and promoted their dignity.

The interim manager and senior staff demonstrated how all incidents were analysed daily, weekly and monthly. This demonstrated the provider used all incidents and near misses as an opportunity to minimise the risks of repetition and to keep people safe. In the context of this report a near miss is any unsafe event that results or could have resulted in personal injury or damage to property or equipment.

At this inspection the interim manager demonstrated they had completed the required analysis of medicine errors. The interim manager had exercised the provider's duty of candour to inform people, and their relatives where appropriate, where potential harm had occurred. The interim manager had assured that medicine incidents were thoroughly investigated and analysed to reduce the risk of recurrence.

At this inspection we found all care plans had been reviewed and updated to reflect people's current needs. People living with conditions such as diabetes and epilepsy now had care plans which reflected their current needs. However, one person's care plan stated they lived with dementia but did not provide information to staff about how to support the person with their dementia. The interim manager reviewed this care plan and completed a dementia support plan with the person and their relative before the inspection was completed.

Staff had undergone training in relation to dementia and knew about the person's diagnosis and the support they required to meet their needs.

The interim manager, area manager and care development manager had provided a lot of support to update and improve the care plans to ensure they accurately reflected people's current needs. However, the area manager and interim manager had identified that care planning skills of other senior staff needed to be improved before the provider's current level of oversight was removed. The interim manager demonstrated the programme of training and support they had scheduled to be completed by designated staff to achieve the necessary improvement in this regard.

Records confirmed that every morning the heads of department held a meeting which discussed any changes to people's needs and the deputy manager then ensured the appropriate action was taken. Every day two people were nominated as "The Resident of the Day" which meant they were seen by all of the relevant managers to discuss their needs and wishes. This ensured their needs were fully reviewed by all department heads at least once per month. This was in addition to reviews completed by people's designated key workers. People's care plans had been updated and reviewed to ensure they reflected people's changing needs to enable staff to support them safely.

At this inspection we observed staff complete care records and activity records shortly after delivering support to people. Staff maintained robust records of the care that had or had not been provided to people to ensure their comfort, welfare and safety.

We observed three comprehensive handovers where people's changing needs were discussed. Staff were provided with a handover sheet which detailed people's needs and support requirements. This ensured new and agency staff had access to relevant information to enable them to meet people's needs. Three agency staff told us they had more comprehensive inductions and handovers at Basingfield Court than other services they supported.

The interim manager, the regional manager and the regional director were fully aware of the cultural issues which had developed within the service and the needed to address these to ensure staff began to work as a team for people they supported. Actions had begun to ensure staff understood both their responsibilities and were enabled to express their views of the service directly to the provider. At this inspection we found the provider had taken action to create a more open and inclusive environment.

People and relatives consistently told us that there had been a significant improvement in the demeanour and teamwork of the staff. One person told us, "This a much happier place. The carers want to be here and are now working as a proper team. All the backbiting has stopped." Staff consistently told us there was now a positive atmosphere within the home and that they looked forward to going to work. Most staff we spoke with told us they were proud to work at Basingfield Court and of the service they provided.

People, relatives and staff told us the interim manager provided clear and direct leadership and were readily available and supportive when they required advice. Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive continuous improvement. People and family members told us they were given the opportunity to provide feedback about the culture and development of the service.

At our inspection in April 2017 records showed management were not routinely rostered to work at weekends. Therefore people and their relatives did not consistently have the opportunity to speak with management at weekends if they needed to raise an issue. At this inspection we found the interim manager

and deputy manager had arranged to work alternate weekends so there was always a member of the management team available.