AMS Care Wiltshire Limited

Bassett House

Inspection report

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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 was an unannounced inspection, which took place on 13 and 14 September 2018. Bassett House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bassett House provides accommodation with nursing and personal care for up to 63 people, some of whom have dementia. Accommodation is provided in one adapted building. The building has three floors accessed by a lift or stairs. There are communal lounges, dining areas and small satellite kitchens. At the time of the inspection, 54 people were living at the service. Five of the rooms were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery.

At our last inspection in June 2017 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found one breach of the Care Quality Commission (Registration) Regulations 2009. We issued the service with five requirement notices.

At this inspection the service had made all of the required improvements and we rated the service Good.

The home had 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. Statutory notifications had been submitted to us to inform us of incidents as required.

The registered manager was supported by a deputy manager and both were visible. People, their relatives, healthcare professionals and staff all told us they thought the registered manager was open and approachable.

People's medicines were managed safely. Registered nurses administered medicines as prescribed and we observed their practice to be safe. Staff had additional guidance (protocols) for medicines prescribed to be taken 'as required' (PRN) and they explained when medicines could be given.

Care plans were detailed and contained guidance for staff to make sure people were supported safely. Risks had been identified and there were risk management plans in place. These had been reviewed regularly. End of life care had been provided with support from the relevant healthcare professionals. People had been given the opportunity to record their end of life wishes.

We have made a recommendation about the provision of care plans for people who required 1-1 support.

There were quality monitoring systems in place for all areas. Where actions and improvement was required this was completed and 'signed off' by the registered manager. All quality monitoring was shared with the provider so they could also have oversight of the service.

People were protected from potential abuse by staff that were trained and understood how to safeguard them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Recruitment practices were safe. Pre-employment checks had been completed to make sure suitable staff were employed. There were sufficient numbers of staff deployed to make sure people's needs were met. The registered manager monitored people's dependency levels with a tool so that additional staff could be deployed if needed.

Staff were trained and supported. Without exception people and their relatives told us staff were kind and caring. People appreciated the staff approach to their care which they all found to be positive. People had access to health professionals and other specialists if they needed them in a timely way.

There were opportunities for people to follow their interests. Activities were planned with the involvement of people and discussed at 'resident meetings' to make sure they were appropriate. The service employed three activity workers who worked together to offer activities according to people's likes, wishes and needs.

People were supported to have enough to eat and drink. People were supported to make choices about their meals options and where they would like to eat their meals. Staff were available to support people to eat, however the registered manager recognised additional staff at mealtimes would be beneficial. The service was going to recruit more staff into the hostess role which supported mealtimes.

People understood how to complain and complaints were well managed. There were comprehensive complaints records, which documented the outcome and the complainant's response.

The service was clean throughout with no unpleasant odours. Equipment and the premises were regularly maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed safely. Registered nurses administered people's medicines as prescribed and recorded their actions.

Appropriate staff recruitment procedures were followed to make sure suitable staff were employed.

People felt safe and staff demonstrated an understanding of their roles and responsibilities in keeping people free from potential harm.

The service was clean in all areas and maintenance checks were routinely completed.

Risks were identified, managed and reviewed appropriately. Detailed risk management plans were in place.

Is the service effective?

Good

The service was effective.

The service worked within the principles of the Mental Capacity Act 2005 (MCA). Capacity assessments had been completed and best interest meetings held involving relevant people.

Staff had been trained and supported to make sure they were competent.

People were given choice about what they wanted to eat and drink. Staff supported people to eat where needed.

People had been referred to specialist services if needed and saw healthcare professionals appropriately.

Is the service caring?

Good

The service was caring.

Staff interacted positively with people and promoted their

independence. People told us the staff were kind.

People had their privacy and dignity respected. People's personal information was stored securely.

There was no restriction to visiting times. People were supported to maintain important relationships.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and reviewed regularly. There were regular updates when needs changed.

End of life care was provided with support from healthcare professionals. Staff had received training on palliative care.

People had access to activities and the local community.

Complaints were managed and recorded in detail. People and their relatives told us they knew how to complain.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who submitted statutory notifications to the Care Quality Commission as required.

Regular quality monitoring checks were carried out to identify any improvement required. Action was taken in good time as required.

People, relatives and staff all told us the registered manager was visible and approachable. People's feedback about the service had been sought.

Bassett House

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.

The inspection took place on 13 and 14 September 2018 and was unannounced. On day one of the inspection the team consisted of two inspectors, a pharmacy inspector 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. On day two the inspection team consisted of three inspectors.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Prior to the inspection, we reviewed the PIR and other information we held about the service such as notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection, we observed the care and support being provided and talked to relatives and other people involved in people's care. We spoke with seven people, two relatives, 10 members of staff, three registered nurses, the registered manager and the deputy manager. We also spoke with three healthcare professionals.

We looked at a range of records about people's care and support and how the home was managed. We looked at 10 care plans, medicines administration records, risk assessments, accident forms, complaint records, four staff recruitment files and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in June 2017 we found medicines were not always managed safely. This was because medicines being administered covertly were not safe. Protocols for medicines to be taken 'as required' (PRN) did not contain sufficient detail to guide staff. This meant the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the improvements required had been made to ensure the safe management of medicines. The deputy manager was the clinical lead at the service and took responsibility for medicines management. Medicines administration records (MARs) were used to record when registered nurses gave medicines. Daily checks were completed by staff to ensure there were no gaps in the recording of medicines administration. We observed nurses administering medicines during our inspection. We found their practice to be safe. Some people had medicines that needed to be given at particular times which was outside of the usual medicine round. We observed the time was highlighted in the medicines folder and alarms were set to alert staff to administer these medicines. This practice helped to make sure people got their medicines as they were prescribed.

Topical creams and other external preparations were applied by care staff and were recorded on a separate administration chart. Body maps were filled in so staff knew where on the body they needed to be applied. Staff had protocols for medicines prescribed to be taken 'as required' (PRN) and they explained when medicines could be given. They contained personalised details to enable staff to give medicines as intended by the prescriber.

Some people were having their medicines given covertly (disguised in food or drink without their knowledge or consent). Medicines can be given covertly as a last resort where people refuse and it was necessary for them to take their medicines consistently. Since the last inspection there have been improvements on how they were managed. We found the relevant records were in place and pharmacists had also been consulted on the best way to administer these medicines.

Medicines were stored securely with access restricted to authorised staff. The room temperature for the medicines room and medicines fridge temperature was recorded daily and showed medicines were being stored at appropriate temperatures. We found the minimum temperature record for the fridge demonstrated it had dipped on occasion. We discussed this with the registered manager who assured us they would make sure the fridge thermometer was reset daily.

At our last inspection in June 2017 we found that risks were not always managed safely. Where risks had been identified the risk management plans did not always provide staff with enough guidance to manage risks. People who required an air mattress did not always have them set on the right pressure. This meant the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the required improvement had been made. People's care plans contained individual risk

assessments relating to moving and handling, falls, tissue viability, nutrition and use of bedrails. People who had been assessed as high risk of developing pressure ulcers had been provided with the appropriate pressure relieving equipment. We checked air mattresses and found the inflation pressure was correct in relation to the person's weight. Bed rail risk assessments were in place for people who used them. People can become trapped in bed rails if they are not used correctly. Where bed rails were in use they were covered with protective casings known as 'bumpers'.

Where people required the use of a hoist we saw moving and handling guidelines that were personalised. There was also a copy available on the back of people's bathroom doors. Guidance stated the type of handling sling required, a serial number, loops on the sling to be used and when the sling had last been inspected for safety. Slings seen in people's rooms matched the description on the guidelines.

Accidents and incidents were recorded and analysed for trends. The registered manager told us any lessons needing to be learned were shared with all staff in meetings, handover or supervisions. When people experienced falls, these were reviewed by the nursing staff with any required or suggested actions recorded. The falls audit showed when the fall happened, the time, place, and whether an injury was sustained. There were progress notes showing what action was taken and what happened next to the person. We saw that the audit included a summary, where any patterns or trends were considered. For example, in the August 2018 audit we saw, 'Most falls are amongst people staying on 'intermediate care', who are encouraged to mobilise and are therefore at higher risk of falls. This is all assessed and care planned for'. Healthcare professionals we spoke with confirmed that the service supported people to take positive risks. They told us the staff did not prevent people from moving but worked with professionals to provide the right equipment and care.

People we spoke with told us they felt safe at Bassett House. Comments included, "I feel very safe because the staff always check on you, I have my door open and they look in and smile, they look out for me", "The staff are here all the time, and they usually come fairly quickly when you call, so that helps me feel safe" and "I'm safe here". Comments from relatives included, "I feel [relative] is safe, the building is all security coded", "I trust the staff here, it's easy to identify who's who from their ID badges and uniforms" and "[relative] is safe, the staff are brilliant."

There were sufficient numbers of staff deployed to make sure people had support when they needed it. During the two days of our inspection we observed there were staff available on each floor. The registered manager told us they used a dependency tool to assess people's needs and provide staff accordingly. They told us this was flexible and could be increased if needed. One person said, "If I need something I ring the bell and the staff are usually here quite soon afterwards." Another said, "There seem to be enough staff, I've never been here and felt that there's no-one around. There's a desk at the end of this corridor and I can always find someone to speak to if I want to ask about something."

Some people did share with us they felt that mealtimes required additional staff to support them. Comments included, "I feel they are rushed sometimes. I've never had to wait [for care] personally but I see them at mealtimes they've got so many meals to deliver and it looks very hectic" and "Sometimes there's a wait [when you ring] especially at mealtimes which are busy". The registered manager told us they were recruiting for additional staff to fill the hostess role which supported care staff at mealtimes. The registered manager told us that they were going to provide additional training to housekeeping staff as they had asked to be able to support people at mealtimes. This would then provide additional staff at mealtimes which was a busy time.

The service used agency staff, mostly at night. The registered manager told us they used the same agency

and requested the same workers to ensure continuity as much as possible. One person said, "I'd say there are enough staff, I've never had problems getting help and they're ever so good at night, I'm so grateful." One relative said, "They never seem to have staff who don't know the residents. I never feel that the staff don't know what they're doing with [relative]."

Recruitment was safe as the necessary pre-employment recruitment checks had been completed. All staff had references, a full employment history, proof of identity and a check made with the Disclosure and barring service (DBS). This check makes sure no unsuitable staff are employed to work with adults at risk.

Staff we spoke with were knowledgeable about the different types of abuse. All staff had received training in safeguarding adults and refresher courses when needed. Staff understood their responsibility to identify concerns and knew who they would report these to. One staff member explained, "If someone shows changes in their personality, or they may become very reserved, they might have unexplained marks, or they may make comments that indicate concerns, they could be signs to indicate abuse." The staff member told us, "If I had concerns, I would speak to the nurse, or the registered manager." Staff also knew who they could report concerns to outside of the organisation. One staff member said, "I know I could speak to safeguarding at the local authority, or I could contact CQC."

The environment was clean and free from unpleasant odour throughout. We spoke with the head housekeeper. They explained that one housekeeper worked on each floor which ensured there was someone available when needed. People told us they were happy with the standard of the cleaning. Comments included, "The cleaning is really very good, they are in here two or three times a day hoovering and cleaning or dusting and polishing", "The room is kept clean and I have clean bed linen every day which is excellent" and "The cleaning is good, everything here is always kept clean." Staff had access to personal protective equipment such as aprons and gloves. We observed that they wore these items when needed.

The service was inspected in August 2017 by an environmental health officer from Wiltshire Council who had awarded the kitchen a '5' rating. This meant that the kitchen had very good hygiene standards. Staff received food hygiene training and refreshers when required. One member of staff required an update which the registered manager told us would be organised promptly.

The building, garden, décor and furnishings were well maintained. One maintenance staff member told us, "The staff all log anything that needs doing in the folder on the ground floor, but to be honest usually someone speaks to us and it gets fixed before the issue even makes it to the folder." They explained, "If there is something that is needed then we can go and buy it. You can't underestimate the importance of keeping a home looking nice as it is people's home." They continued, "There is someone available Monday to Friday, and on weekends we are on call." Records evidenced that equipment, fire and water systems were serviced and checked regularly or as required.

Good

Is the service effective?

Our findings

At the previous inspection in June 2017 we rated Effective as Requires improvement and a requirement notice was issued for concerns relating to consent. We found that mental capacity assessments had been removed from people's records. At this inspection we found the required improvement had been made.

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. We found the service was working within the principles of the MCA. Within each care plan for capacity the service had written a summary of the person's needs following the five principles of the MCA. Staff we spoke with understood the MCA and how it applied to their work. One member of staff told us, "People are given choice. Even if they lack capacity about big decisions, people can still make decisions about what they wear and what they would like to eat."

Assessments of people's capacity had been completed where appropriate. Where people had been assessed to lack capacity, the registered manager had ensured a best interest meeting had been held. The provider's documents for recording best interest meetings contained a series of tick boxes. This did not always help to make it clear who was involved, only the role. We discussed this with the registered manager during our inspection who told us they would review the document. The outcome of the decision was recorded and if needed supporting care plans put in place.
Relatives who had legal authority to act on behalf of their family member told us they had been involved in decision making. One relative said, "I have Lasting Power of Attorney (LPA) for financial decisions and my sibling has health and welfare, we've both been involved in making decisions on [relative's] behalf, such as the move here." Another relative told us, "I've got LPA for health and welfare and I've been involved in decisions such as having these bedrails. We discussed the risks and safety needs. I've also spoken with the doctor."

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found there were people with a DoLS authorisation in place. The service had met the conditions attached to these authorisations. The registered manager had also applied to the local authority for DoLS authorisations for people and was waiting for assessment. The registered manager told us they kept these applications under review and notified the local authority of any changes.

People were positive about the food and drink provided at the service. Comments included, "The food is very good, and there's enough of it, there's a good choice", "There's plenty to eat and in fact I ask for small portions, as they're a bit over enthusiastic", "It's lovely food, I go to the dining room and some of us have a nice chat over lunch which I enjoy", "They fill up the jug in your room and they're very good about that, plus I get plenty of cups of tea" and "The food is okay, we had beef lasagne today and it was well cooked". One

relative told us, "I think food is done really well, the fluid intake is brilliant and the staff feed [relative] who has become reluctant to do anything now. [Relative] now asks for drinks which they didn't before at their previous care home."

People had access to food and drink when required. There were two different options of meal at each mealtime. People could have what they wanted to both eat and drink. Choice was also available for people who required a pureed diet. People could eat their meal where they chose. This could be in the dining room, their own room or the communal lounge area. Staff offered support that was personalised. We observed staff sitting with people to support them to eat and verbal encouragement was given. People had the equipment they needed to maintain independence, such as plate guards and adapted cutlery. Support to cut up food was offered discreetly and with minimum fuss.

People's preferences were considered when designing the menu's. The head chef explained, "We take it all on board and tweak the menu to reflect this. We also get ideas from the management and resident meetings. Sometimes people just fancy a change and people have changing tastes." They told us that they also tailored what was provided to meet the individual preferences of some people. For example, "One gentleman loves a spicy curry. We take our usual curry that we make and prepare him a separate portion and make it that bit hotter, so it is to his liking." The head chef took pride in explaining, "My favourite thing about working here is that I know what I do makes a difference to people. I get to go home knowing that everyone is well-fed, anyone who had any issues with their food had them dealt with, people are not going to bed hungry."

The catering staff were aware of people's likes and dislikes, as well as any dietary requirements. The head chef said, "When the staff do the resident of the day, the chefs will go and have a chat with the person and get their input about what they like and don't like. If there is something specific that someone wants, we will go to the shop to get it for them." When new people were admitted, the head chef explained, "we get a kitchen check list and it has all their dietary requirements, such as soft diet, specific likes and dislikes."

People saw healthcare professionals when they needed them. A local GP completed a 'weekly round' which meant they visited the service every week and was available to their patients. People's records demonstrated that professionals such as chiropodists, physiotherapists, occupational therapists and opticians were involved in people's care. Referrals were timely and people were supported to attend external appointments or supported to see professionals privately in their own rooms. One person told us, "The doctor comes in from Chippenham weekly and is very, very nice and listens to you". One relative told us, "The GP is really good and [relative] has been able to keep the same one. We feel the doctor listens to us and we feel involved."

People's needs were assessed in line with best practice guidance to make sure the service was effective in meeting their needs. Registered Nurses used a range of nationally recognised assessment tools for skin assessment, oral health, nutrition and behaviour. For example, the service used a Malnutrition Universal Screening Tool (MUST) to assess people's needs in relation to nutrition. Once a score had been calculated this information would form the basis for the care plan and support given.

People and their relatives told us support was being provided by staff who were skilled in their roles. Comments included, "I'm confident in the staff, when I fell over they knew what to do and looked after me well, if anything they were a bit over the top worrying about me", "The staff seem knowledgeable and they make you feel confident because they keep you informed", "I feel that if there are any issues or changes, they [staff] would know what to do, I'm confident in their ability. They would contact me if there were any issues and it's been reassuring that we've worked together to resolve things" and "They [staff] seem to have the

right skills, there's a good mix and they will discuss with me how to approach things. I'm kept informed, communication is brilliant."

Training was provided and staff told us they felt they had access to any training they needed for their roles. Training was provided in subjects such as dementia awareness, equality and diversity, mental capacity and record keeping. The registered manager was a moving and handling trainer and made sure staff received both practical and theory related training on the subject. Safeguarding training was provided annually and discussed at team meetings or supervisions. Staff were positive about the training they received and could ask for additional training where needed. One staff member said, "Can't think of any areas where I am lacking training, but I would feel comfortable asking if I needed more." There were some gaps in COSHH (Control of Substances Hazardous to Health) training, which the provider deemed mandatory. The registered manager provided verbal assurance that these would be addressed promptly, to ensure the team were all up to date in their training. They told us the COSHH training was organised as an ongoing event so that all staff could attend.

New staff were provided with induction training which incorporated the Care Certificate. The Care Certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. Once the induction was completed staff were signed off by the registered manager as competent. One staff member told us, "I covered everything for my initial training, then worked through the care certificate once I got started in the role. The initial training was three full days covering everything. I also did shadow shifts." Another staff member said, "My induction was good, I have done lots of training courses as part of it, health and safety, manual handling, communication and mental capacity."

Staff had the opportunity for regular supervisions from their lead nurse and the registered manager. One staff member said, "Supervision meetings are between one to three months, they help us see what we can do, where we can improve and what has gone wrong." We saw supervision records evidencing that training needs were identified in the supervision process. The records showed that where needs were identified, the staff member was promptly booked onto the appropriate training session.

The premises at Bassett House were purpose built. People and their relatives told us they were happy with the environment and their rooms. Comments included, "I like this room, being on the ground floor. One of the reasons I come here is because I don't like lifts, and I like to walk about, and when it's nice, I can go outside in the garden", "I like my room, the bed is comfortable and I can get into the en-suite. The staff wheel me in there, there's enough room" and "My room is very nice, it's a good size and I've got everything I need here to be comfortable". One relative told us, "There are lots of different sitting areas where families can go and relatives can
Interact."

Corridors and doorways were wide enough to accommodate equipment such as hoists and wheelchairs. All rooms were en-suite but there were also communal bathrooms and toilets if people preferred to use them. Aids were available in bathrooms to support people who required assistance to mobilise or balance. The service used colour to differentiate between the floors in the building. This aimed to help people to orientate. For example, the furnishing and carpets in the communal lounges were blue on one floor and green on another.

There was a secure, landscaped garden with raised beds and garden furniture. It was on one level with paths which made it wheelchair accessible. The staff had made an area of shops from garden sheds. Each shed had been themed to a particular shop and painted in bright colours. The registered manager told us that the

aim was for people to be able to go out to the shops whilst staying safe. They said it was beneficial for people living with dementia who might not be able to go out on their own. It helped to maintain independence.

Good

Is the service caring?

Our findings

People told us they were supported by staff that were kind and caring. Comments included, "The staff are very kind, they can't do enough for you", "The staff are lovely", "The staff are all very pleasant and willing, they always help me with anything I need" and "The staff are helpful, they're absolutely marvellous, and they make sure you know what's going on, they keep you informed so there's nothing to be anxious about." One relative told us, "The staff are caring and helpful, nothing is too much trouble, you can discuss things with them."

People were made to feel welcome when they moved into Bassett House. One person told us about when they had moved in how caring the care staff were. They said, "The care staff are very dedicated, and they were so welcoming and kind when I first came. I didn't know what to expect, and they put me at my ease and made me feel at home. One kindly gave me a shower, the first one in two weeks, as I didn't get one in hospital, it was lovely!" The head chef told us, "We introduce ourselves to new residents and welcome them. To help them feel more at home, on the day they are admitted, we ask them 'What would you really like for dinner tonight?' It is unlikely to be what we have on the menu, but that is no problem, we will make them something just for them, to help them feel welcomed." They told us that familiar food can be very comforting to people when moving to a new environment.

People were called by their preferred names. What people preferred to be called was recorded in their care plans. The staff tried to gather information about people's life history before or soon after moving in. The service used 'This is Me' booklets to provide staff with information about the person's life history. These booklets gave staff information about people's past lives and interests which helped staff understand what was important to the person.

Birthdays were celebrated. The head chef said, "When it is people's birthdays, we make them a cake and then join the care staff to sing happy birthday to them. Some families like to use the cinema room and have a party, we prepare lots of food and make sure someone is on hand to serve the food for them." Two people celebrated a birthday during our inspection. We observed staff all came to sing happy birthday, each person had their own birthday cake and a small party was held which included anyone who wanted to join in.

The registered manager gave us examples of how they provided support to meet the diverse needs of people using the service. They told us there were a combination of fourteen different nationalities living and working at Bassett House. People's families had been encouraged to come in and help to cook food from different countries. People were supported to contact local communities from different countries if they wished. For example, one person was supported to contact the local polish community. As a result, members of that community came into visit the person and share stories of life in Poland. This gave people the opportunity to maintain links with their culture and speak in their first language.

People could have visitors without any restriction. This helped them to maintain their important relationships. One person told us, "My [relative] comes to get me at two o'clock every day, and we go shopping or to have tea. I'm free to come and go, and I like to spend most of my time with my family." One

relative told us, "We can come in and out whenever we want, I'm in every day, and I've brought the cat in before, because [relative] loves animals. That wasn't a problem." There were details of a local advocacy service available. An advocate is someone who can speak up independently for a person if they need them to.

Staff were aware of the importance of respecting people's rights to privacy and dignity. We observed staff knocking on people's doors and waiting to be asked in. When people were being supported with their personal care we saw that doors were closed. One person told us, "I do feel that my room is private, staff always knock first." Another person told us, "The staff are very careful when they're washing me, they keep me covered up and they always make sure the curtains are drawn because my room is overlooked by another building. The staff are all very respectful." When people needed help it was provided without drawing attention to people. For example, one person spilt their drink at the table a staff member cleared it up discretely without any fuss.

People's independence was promoted as much as possible. Healthcare professionals told us they found the staff had embraced their requests to promote people's independence. They told us that at times, it might be quicker and easier for care staff to do things for people. The staff at Bassett House had not taken this approach and took the time to encourage people to do as much for themselves as possible. This approach to promotion of independence had contributed to a high success rate for people staying in 'intermediate care' to return to their own home. One person told us, "The staff are really helpful, but they let you do what you can and be independent."

We observed and people told us that the staff responded appropriately to emotional distress. Staff responded swiftly to any requests from people or if they heard people becoming distressed. Staff had time to sit with people to chat or listen. One person told us, "The other day I was feeling down, really low. [Member of staff] noticed so she came in and brought me a cup of tea, put her arm around me and said, 'I haven't seen you smile all afternoon, what's been the matter?' She's very sympathetic."

Staff used different ways to communicate with people. We observed they made sure they were down on the person's level, they used facial expressions and hand gestures. We saw that one person struggled to communicate verbally. The staff had produced a book containing pictures, signs and emojis to support the person to communicate their wishes, wants, feelings and needs. The deputy manager told us this worked well for the person and enabled them to communicate effectively with staff and their visitors.

Where possible people were supported to be involved in making decisions about their care and support. People told us they were always offered choice. Comments included, "You can do what you like, they [staff] do offer you a choice every day" and "I can follow my own routine, they let me get on now, as I'm independent." Staff told us they supported people to make day to day choices. One staff member said, "We have menu's, but one person can't hear very well, so I always show her the menu, and we ask people what would they prefer. We also show people different clothes to see what they would choose."

Confidential information about people was kept securely and only accessed by those with authority to do so. Care and support records were stored in offices on each floor that were secure, handover meetings between staff were held in the care offices with the doors shut.

Good

Is the service responsive?

Our findings

At the previous inspection in June 2017 we found the service required improvement and a requirement notice was issued for concerns about care planning. At this inspection we found the improvements required had been made.

Prior to admission a senior member of staff completed an assessment of the person's needs. This was recorded using an assessment tool which was then used to start the care planning process. People had an individual care plan which we found to be detailed and covered all of their needs. Care plans were in place for areas such as communication, personal hygiene, continence management and moving and handling. There was a summary of needs and detailed guidance for staff to follow to support the person. Care plans were reviewed on a monthly basis by the nursing team.

We found the service was meeting the Accessible Information Standard (AIS) which is a framework put in place from August 2016. The AIS makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's needs in relation to any sensory loss such as hearing or sight impairment had been recorded in their care plan. The service used a communication care plan and a sensory care plan to record needs. There was good detail about how people communicated and the support they would need. There was information available to people in large font and the registered manager told us other formats would be sourced if people required them. There was also pictorial information available for people. For example, the menus were produced both in text and picture format. They were available on the dining tables so that people could see a picture of the option available on the day.

Where people had short-term health needs we saw that care plans had been devised. For example, one person had an infection. This meant that they were experiencing some symptoms which affected their needs. We observed the service had put in place a care plan for the infection which gave staff guidance on additional support the person may need. This included additional support with their mobility and orientation as there was increased levels of confusion. The nursing staff told us once the infection was cleared the short-term care plan would be removed.

Where people had specific health needs there was detailed care plans in place to give staff guidance on how to support the person. One person had a specific medical condition that affected many aspects of their care. In addition to a care plan relating to the condition, information on how it may specifically affect their support needs was also recorded in other plans, such as those for mobility, continence and skin care. If people had wounds or catheters there was detailed guidance for staff to know what the person's needs were and what care they needed. Records in care plans showed that plans had been reviewed regularly by the nursing staff.

Some people experienced increased anxieties which could result in distress. Care plans for those people had guidance about how to support people's anxieties and distress. We saw that distress assessment tools had been used to give staff guidance. The tool recorded what people may say, do and how they may appear

when they were content and when they were distressed. For example, one person could become very anxious during personal care. The care plan recorded that staff were to use a calm approach and give lots of encouragement. Staff we spoke with were aware of the guidance and told us they found a calm approach worked for that person.

There were people living at Bassett House who required additional supervision due to behaviours that could challenge. There was some guidance available for the member of staff allocated to support them however this was not consistent. We found not all those people had a care plan in place to direct staff on the management of the behaviours, such as how they should communicate with the person or appropriate interventions. We discussed this with the registered manager and deputy manager who told us they would ensure that additional guidance was put in place.

We recommend that the service seek advice and guidance from a reputable source, about providing care plans for people who require 1-1 support for their behaviour.

Additional monitoring for people was recorded on a 'well-being chart'. This was kept in people's rooms so that staff could record their actions as they completed their activity. The 'well-being chart' recorded activity such as re-positioning, nutrition and hydration and all personal care. Those seen were completed appropriately and in full. For example, it was recorded that one person living with dementia liked to be supported with washing and dressing as soon as possible when they awoke. They liked to be smartly dressed and to wear their hearing aids. At 8:30am on the second day, they were found to be up and dressed smartly. They had their hearing aids in and had eaten breakfast. Their 'well-being chart' showed that they had been supported to wash.

The service provided end of life care and had provided staff with training on palliative care. People had been able to record their end of life wishes in their care plan. The registered manager told us that not everyone had wanted to record their wishes and this request was respected. Once a GP had assessed a person as nearing the end of their life the whole care plan was reviewed and a more responsive record put in place. Registered nurses worked with other professionals to make sure that people were free from pain and as comfortable as possible. Where required appropriate end of life medicines had been prescribed.

One of the activity workers told us once a person was assessed as being at the end of their life they reviewed the activity care plan. They told us this tended to be a more sensory based activity programme based on people's wishes. One person who was at the end of their life had a sensory based activity plan in place that guided staff to use an aroma box in their room. The box provided gentle lighting and smells which were based on the person's likes. We saw their room was warm, quiet and the lighting subdued. There was quiet birdsong being played which the person liked. The person's relative said they were happy with the care and support provided and commented "There are some nice staff. They're all good really, very caring."

Staff we spoke to were proud of the care they provided people at their end of their life, and the support given to the families. One staff member said, "I love working with end of life care, you can really help people have a dignified experience and you also provide care to their family members." They also told us, "We try to offer people's relatives a meal in the evenings if their family member is end of life as they should not have to go home and cook, they need our support too."

People were aware of the activities taking place and told us they enjoyed what was on offer. Comments included, "There are one or two very good entertainers who come here regularly, good singers", "I've been out to coffee this morning, it was nice to get out, and I enjoyed it", "I enjoy it when we have Songs of Praise", "I enjoy the entertainment and getting into the garden" and "I can join in various activities. We did some

flower arranging yesterday and none of us were very good, but we enjoyed it."

There were three identified activity workers at the service who co-ordinated their approach to provide activity over seven days of the week. There was a monthly plan in place available on notice boards around the service. This information was provided both in text and pictorial. One activity worker told us they planned activities at meetings with people so they were involved in making sure activities were suitable. The plan was regularly reviewed and activities were evaluated. If people did not like or enjoy a particular activity it was removed from the programme and another could be tried.

There were a range of activities on offer. We saw that activities such as reminiscence, crafts and arm chair exercises were on the plan. All staff were involved in supporting activities. Staff told us they enjoyed doing activities on the spur of the moment depending on how the person was feeling. One member of staff told us, "One person loves knitting, we knit with her, she taught me how to knit, she likes being able to do that activity with us." Another said, "Every day is a different day, even dancing in front of them, or spending time telling people stories are all activities." People could be part of groups at the service depending on their interests. There was an active poetry group, a whist club and a choir.

There was a complaints policy and procedure which people told us they would use if they needed. People we spoke with had not needed to use the complaints procedure but they said, "I'd talk to the [registered] manager, who seems to be very nice, if I needed to, but I haven't needed to" and "I've never needed to complain about anything, but I'd talk to [staff member] if I needed to." One relative told us, "Any little queries I've had, have always been dealt with. I think if I had a concern, they'd look into it and I would get feedback. I'm a fairly critical person and it's difficult to fault them [staff]." We reviewed complaints records and found they were routinely investigated and recorded in full. The outcome was recorded and whether the complainant was satisfied with the outcome. The registered manager signed off all complaints and made sure the right corrective action had been taken.

Good

Is the service well-led?

Our findings

At our last inspection in June 2017 we found the registered manager at the time of that inspection had not notified us of specific events. Registered services must notify the Care Quality Commission by law of any incident of serious injury or abuse. We issued a requirement notice. We also found that quality monitoring was not robust and had not found the shortfalls identified during our inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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 registered manager had commenced their role following the previous inspection as the previous registered manager had left.

At this inspection we found the improvements required had been made. The new registered manager was aware of their responsibilities to report any incidents and events. We had received statutory notifications from them appropriately. There were quality monitoring systems in place. We found regular audits were undertaken which covered subjects such as care plans, housekeeping and medicines management. Where shortfalls were identified, action plans were created, with actions assigned to different roles. For example, an infection control audit identified sealant required replacement around a sink. This was assigned to the maintenance staff member. The maintenance staff member told us, "We recognise that our role has a big part to play in terms of infection control. The building needs to be well-maintained in order for it to be properly and safely cleaned." We saw that actions were completed in a timely manner and there were no longstanding or recurring issues highlighted in the audits.

The registered manager received weekly reports from each unit. These reports from the nursing staff provided information relating to key areas such as incidents of pressure ulcers, weekly audits of nutrition, fluid balance and reposition charts and people's weights. Completed reports seen showed that any actions in response to findings had been recorded. The manager then compiled a weekly 'directors report' for the provider which contained information received from the unit weekly returns. The 'directors report' also contained monitoring information about areas such as complaints, staff training and any other matters for the provider's attention. This ensured that both the registered manager and the provider had oversight of all areas at the service.

People told us they thought the service was well-led. They knew who the registered manager was and felt able to talk to them if needed. Comments included, "I've never had any problems, if I did I'd speak to the manager who seems very nice", "They're looking after me; they are nice people. I like it here" and "I found the manager to be enthusiastic and approachable". A relative who visited regularly said they felt that the home had improved since the change in the management team. They were complimentary about the manager and deputy manager saying, "They listen and get things done." Another relative said, "They [management] listen and take on board what you say. It is a great thing that if you've got a worry, you can bring it up. The manager will listen and accept that you know your relative." A healthcare professional told

us, "The manager is open and honest, they share their actions and are quick to respond when needed." They went on to say the registered manager was always asking them for ways in which in the service could improve.

Without exception all the staff told us they enjoyed working at the service and with people who lived there. Comments included, "A lot of things are good about working here. Working here we have to have compassion, courage, empathy, have to be naturally caring, we are dealing with human beings, it is fantastic to work here", "I enjoy my job. I just like helping people, I used to do it for my nan and I realised it is what I want to do" and "I love it here, the residents are the focus of what we all do." In return people told us they appreciated the staff. Comments included, "I can't say they [staff] are good, because they are just fabulous, they are more than good." they help me with everything I need", "I have an illness that means some days I'm not as strong as others, but they [staff] help me know what I can do and help me with what I can't" and "I can't praise them [staff] enough."

Staff were appreciative of the positive and open culture at the service. Staff we spoke with all told us the registered manager and deputy manager were supportive and approachable. Comments included, "They [management] really support us if we are struggling; they don't just leave us. There has been a big improvement in the home and a lot of training. They try to meet with us a once or twice a week", "This manager is fantastic" and "They [management] are very supportive. The deputy manager does little training sessions with us and they are both always around. They are not frightened to pick up on bad practice." The registered manager had introduced 'well-being sessions'. These were identified sessions where staff could meet with them and discuss any concerns or personal issues. Staff also appreciated visits from the provider. A member of staff told us, "It's really good that the owners visit the home at least once or twice a week. I have never known that in other homes. They always ask us and the other staff how we are."

Team meetings were regularly held for all members of staff. One member of staff told us, "We have team meetings, but I have been here for three years and never had any big challenges." Staff told us they felt supported and part of a good team. One member of staff told us team work at the service was "Excellent". We observed all members of staff communicated with each other throughout the day and offered to help each other if needed. For example, during our inspection there was a large delivery. We observed all available members of staff worked together to make sure the products were safely put where they needed to be.

People and their relatives could give feedback about the service informally and formally. There was a suggestions box in the front foyer with feedback forms available. These could be completed anonymously if people wished. The service used a system called 'resident of the day' which meant each day one person on each floor was identified as the 'resident of the day'. This process made sure that all heads of department went to see the person and gather their feedback for their area. For example, the chef would visit 'residents of the day', so would the head housekeeper and the nurse in charge. Feedback was gained and if needed changes made. There were regular 'resident meetings' which gave people the opportunity to discuss any issue or concern. There were also relative meetings which were chaired by the registered manager. One relative told us, "Overall my feedback would be that there's nothing that they [the service] could do better."

The service worked in partnership with various other organisations and professionals. People staying at the service for 'intermediate care' were supported by various healthcare professionals such as physiotherapists and occupational therapists. Feedback received from the team was positive about the support they receive from the staff at Bassett House. The registered manager told us they were meeting with the local clinical commissioning group. The purpose of the meeting was to discuss how Bassett House could help respond to older people's needs in the local area.