

# AMS Care Wiltshire Limited

# Bassett House

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bassett House is a care home providing personal and nursing care for up to 63 older people. At the time of our inspection 61 people were living in the service. The service spans across three floors, with a variety of communal spaces on each floor and an enclosed garden.

### People's experience of using this service and what we found

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. However, some assessments were very generic and monitoring documentation was not completed correctly to evidence appropriate care had been given.

On the day of this inspection we observed staffing levels to be sufficient to safely support people. Staff were visible and call bells were responded to quickly. We saw that recruitment checks had not always been fully undertaken to ensure new employees were of suitable character.

The service was clean, tidy and free from any bad odours. The registered manager had good knowledge of current infection control guidance including guidance regarding the COVID 19 pandemic. People were able to receive visitors and safe measures were in place to enable this. The majority of staff wore PPE appropriately; however, we did observe one member of staff going from room to room without changing their PPE. This was addressed.

People's medicines were managed and administered safely. People we spoke with told us they felt safe living at Bassett House and staff were always available to help them.

The service promoted a positive culture. People told us they were happy living at Bassett and praised the management and staff team. Staff were positive about their roles and felt well supported.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. People's relatives felt communication from the service during the pandemic had been good and enabled them to keep in touch with family members. Health and social care professionals gave us very positive feedback about their experiences of working with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 16 October 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about two people's medicine management on discharge and a safeguarding concern raised by paramedics. A decision was made for us to inspect and

examine those risks. At this inspection we did not find any concerns related to these incidents.

We undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make some improvements. Please see the Well-led key question of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach in relation to Regulation 17 Good governance at this inspection. This is in respect to the assessment and recording of risks to people. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bassett House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors, an assistant inspector and a specialist nurse attended the site visit for this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service conducted phone calls to people and their relatives away from site.

#### Service and service type

Bassett House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection to enable us to discuss COVID-19 factors prior to our visit.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and thirteen relatives about their experience of the care provided. We spoke with eleven members of staff including the provider and registered manager.

We reviewed a range of records. This included fourteen people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and plans were in place to minimise these risks. However, we saw at times these assessments were very generic and where there had been changes, not all documentation had been updated and old documentation left in care plans which gave conflicting advice. For example, we saw in someone's falls risk assessment they were hoisted for all transfers, however their fire evacuation plan stated the person should be supported to evacuate walking with a stick. This put the person at increased risk in an emergency of not being assisted appropriately. The registered manager informed us this would be addressed without delay.
- All the care plans we reviewed had a paraffin-based risk assessment for topical medicines. These assessments did not state if the person smoked and was therefore at increased risk or if they were receiving any medicine in line with this risk. The assessments all read exactly the same and yet people had different risk scorings allocated ranging from 13 to 26. This demonstrated the assessments had not been completed in a person-centred way and were not representative of the actual risk to the individual.
- We saw one person had a Do Not Attempt Resuscitation form (DNAR) in place dated April 2020. It stated that this form was to be reviewed if the person recovered from the suspected Covid-19 infection. The registered manager informed us this person had never experienced the illness and that the service did not have a blanket policy approach to DNARs. The registered manager said they would ask the GP to update this immediately. This had not been picked up prior to the inspection to ensure that people received appropriate care in line with their wishes and needs.
- Repositioning documentation was not completed in line with people's assessed needs. For example, we saw people who should have been supported every two and three hours with a position change recorded as spending up to 12 hours in the same position. One person was recorded as being sat up in a chair for 12 hours, however this conflicted with the daily record which stated they had breakfast in bed and in the afternoon relaxed in bed. This person was recorded for seven days as not receiving repositioning support for periods of nine to twelve hours. This meant due to poor recording it could not be evidenced that people had received support in line with their identified needs to reduce the risk of developing a pressure ulcer.
- From the records checked two people were receiving their medicines covertly (Covert medicine is given to a person without their knowledge and often disguised in food or drink). We saw that protocols had been followed correctly, for example, Mental Capacity Assessments, Best Interest Assessments, and pharmacist's administration guidelines all recorded. However, one person who was on two medicines administered covertly, only had one recorded in the documentation. This was discussed with the nurse staff on duty and the nurse then raised with the visiting GP for clarification and in order to proceed correctly.
- The fire risk assessment recorded the assessor had been unable to access the building due to the pandemic and therefore had completed the inspection from the reception area. This limited the validation

of the risk assessment in picking up all potential risks. Some risk assessment actions had not been completed within the timeframes. The registered manager informed us following the inspection they had contacted the local fire service and sourced further training for staff. The rest of the fire information checked met the necessary safety requirements.

The failure to maintain accurate and complete records in respect of people's care was a breach of Regulation 17 Good governance (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had already identified that documentation was not where it should be and understood that there was a conflict between the actual care people received compared to what staff recorded. The registered manager told us, "We are still working very hard on recording and it's a work in progress." One health professional told us, "I have not had any concerns whilst visiting the service, all staff act appropriately with the residents and the paperwork is always appropriately completed."
- Staff had a good understanding when we spoke to them about risks to people and were clear and consistent about how to manage these.
- Some people were unable to use a call bell to request assistance. For these people we saw that there was a system of recording regular wellbeing checks to ensure they remained safe. People had good information recorded around managing care relating to specific health needs including continence and catheter care.

#### Staffing and recruitment

- On the day of this inspection we observed staffing levels to be sufficient to safely support people. Staff were visible and call bells were answered promptly.
- All the staff we spoke with felt they had enough staff to provide the level of care needed. Comments included, "There are enough staff, we are not rushed" and "Yes enough staff. They listened when we needed more." On each floor a 'resident companion' staff member was available to support with activities and food and drink assistance.
- No concerns were raised by people or relatives in respect to staffing levels commenting, "The staff are all very good and look after me very well and they understand my needs", "When I call for the staff they come fairly quickly" and "There always seems to be enough staff and someone passing."
- We saw that recruitment checks had not always been fully undertaken to ensure new employees were of suitable character. For example, not all staff had satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults. Some evidence of conduct came from colleagues, peers, or had been provided in a personal capacity rather than their last employer.
- Not all application forms were fully completed, including reasons for leaving previous role in care; or gaps in employment history and there was no evidence that omissions had been followed up. This meant that extra safety procedures that may have needed to be put in place upon employment had not been identified.

During the inspection the registered manager took action to address and mitigate these concerns and following the inspection further wrote to us to explain that they had tightened their recruitment checks in light of this.

We recommend that the provider reviews their recruitment process to ensure robust procedures are followed and their ongoing monitoring of recruitment files.

Systems and processes to safeguard people from the risk of abuse



- People we spoke with told us they felt safe living at Bassett House and staff were always available to help them. Comments included, "I feel safe because they look after us very well. I am well cared for 24 hours a day" and "I feel safe because they are considerate and look after you and there are not really any worries."
- Relatives felt comforted that their family members were kept safe saying, "She is safe and happy in their hands" "[Relative] is safe there because of the care, I used to visit every week and everyone was so nice, that I felt comfortable that they were caring for her. I feel I can trust them there" and "I have no worries about Bassett House [Relative] is well protected."
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager told us safeguarding information was shared with staff and lessons learnt where needed commenting, "I like to think I am approachable and they [Staff] know they can come to me at any time."

#### Using medicines safely

- Peoples' medicines were managed and administered safely.
- People received their medicines from staff who were trained to do so, and evidence showed they had regular assessments to ensure they remained competent.
- We observed the safe administration of medicines and the nursing staff on duty had a good working knowledge of peoples' medicine needs.
- People's medicines records were well organised, complete, and up to date. We saw evidence of how people who were not able to verbally express pain was assessed using a pain assessment chart.

#### Preventing and controlling infection

- We were mostly assured that the provider was using PPE effectively and safely. People had boxes of masks outside their bedrooms for staff and visitors to use, however we observed that several boxes had been left open. This meant that masks may have been more likely to be contaminated. The majority of staff wore PPE appropriately; however, we did observe one member of staff going from room to room without changing their PPE. The registered manager told us they would address these concerns immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and Incidents were recorded and reviewed by the registered manager. These records were then analysed for trends and patterns to drive improvement and reduce future risk.
- Staff told us there was a procedure for medicine error reporting and management and were familiar with how to report an error when it occurred. One nurse said, "Lessons had been learned in the past when one medication error had occurred" and that the staff had been reassessed and supported by the deputy home manager.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Audits were regularly undertaken in areas including medicines, infection control and incident and accidents. However, concerns around inaccurate documentation and recording for risk assessments, monitoring information and recruitment files had not always been picked up in order to take timely action.
- The provider conducted regular visits and was present during this inspection. On visits the provider would review audits and provide any support needed to the registered manager.
- The registered manager shared a new infection tool that had been put in place and trialled which they were now taking forward as it had proved to be more robust. We reviewed the home falls audit and saw this considered patterns and trends for falls that had occurred within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture. People told us they were happy living at Bassett and praised the management and staff team. Comments included, "It is very well run and organised. The nicest thing here is the general treatment, the atmosphere and the wonderful staff", "It is well run, and I know who the manager is. I have been to meetings and they act upon things" and "It is very well run and organised and is friendly and homely."
- Relatives felt their family members were treated well and the service was well run commenting, "It is well run, and they are always communicating and helpful", "I can always approach them, and they keep me well updated. [My relative] is marvellous now from how they were last January" and "The best thing is the manager. They care about how [Relative] would feel. They always do lovely things there."
- Staff were positive about their roles and felt well supported by the management team commenting, "Very happy, the closeness between the team and management, makes you want to work there and care for everyone", "I do feel valued and supported. I also feel confident", "She [Manager] is definitely approachable and we see her a lot, we can talk to her she's always there" and "My managers are there when I need them, they do listen to me and I do feel visible all the time."
- Health and social care professionals described positive experiences of working alongside the service saying, "They have a very good team and extra staff to keen the residents entertained and they help to meet individual patients needs wherever possible", "I have always found staff to lead by example, having knowledge readily available when required" and "I have always had great confidence in the staff, I feel that

when a manager knows her residents by name and information about them this shows a great commitment and ability in supporting them in a person centred manner."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.
- One health professional told us they felt confident things would be acted upon saying, "Whenever I have raised concerns the management team have taken prompt actions."

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

- During the pandemic the way the service engaged with people and relatives had needed to change slightly, due to the home being closed for periods of time. We saw that relative meetings had taken place online and minutes recorded.
- People's relatives felt communication from the service during the pandemic had been good and enabled them to keep in touch with family members. Comments included, "I have good contact and get letters about what is happening. It is well run and organised", "I have face time and zoom meetings and then they e-mail me to keep me informed of what happened in the meeting" and "The best thing is the approachability of the team and they act immediately. It is very good."
- Staff attended regular staff meetings, so they knew what was happening in the service and had completed a feedback survey in December 2020 with positive responses given. One staff spoke about the positive way in which they had been supported during the pandemic commenting, "They (Management) have been upfront with what's happening in the home and any changes they have let us know quickly."

Continuous learning and improving care

- Actions were in place following reviews of service operation and delivery of care to ensure identified improvements were addressed.
- The registered manager was aware that documentation recording continued to need improvement and was addressing this with staff.
- We observed the registered manager questioning a staff member about the meal support they were providing to one person. The staff was able to give a reasonable explanation as to why they needed to support the person in that way. This demonstrated the registered manager observed the delivery of care on their walk arounds and was happy to question staff in their approach if required.
- Staff told us they were happy could not think of any improvements to the service at this time.

Working in partnership with others

- The registered manager maintained good working relationships with other healthcare professionals. This meant that the service worked collaboratively with different professionals in order to maximise outcomes for people.
- Positive feedback from health and social care professionals was received including, "The staff at Bassett House are always available to answer my queries and work in a great multi-disciplinary manner" and "My overall experience of Bassett House is how responsive they are to support in a person centred approach, willingly, accommodating and tailoring individual needs and requests with passion and particularly the warmth that is felt from smiley happy faces. It really is a pleasure to work within this establishment."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records were not always completed accurately in line with people's assessed needs.  Regulation 17 (2) (c).