

# Coastal Care Homes Limited

# Bascombe Court

## 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

### About the service

Bascombe Court is a residential care home in Brixham. Accommodation is provided over three floors with lifts available for people who have mobility needs. The service can accommodate a maximum of 46 older people. Some people may be living with dementia. Nursing care was provided by the local community nursing teams.

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

People using the service benefitted from a kind, caring and committed staff team. People and their relatives told us they were treated with kindness, compassion and respect. We observed positive and caring interactions between staff and the people they supported. People were able to be independent as possible and were also provided with prompt, sensitive support when needed.

People were placed at the heart of the service and were as far as possible involved in decisions about their care and lifestyle. People and relatives told us they were listened to and care was personalised.

People's care was delivered safely. The staff team was consistent, employed in sufficient numbers and had the skills, training and recruitment checks to help ensure people were cared for safely.

People's risks were understood and managed well. People's rights and independence were respected and promoted. Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to consent and make decisions for themselves appropriate processes were followed.

People's needs in relation to their health, diet and overall well-being was understood and met consistently.

People lived in a home that was well-maintained, comfortable and designed to meet their needs. People were supported to occupy their time in a meaningful way and people who mattered to them were welcomed into the home.

People lived in a home that had a positive culture and was led by a passionate and committed management team. Staff felt valued in their role and were determined to achieve good outcomes for people. The provider, registered manager and staff had formed positive relationships with health and social care professionals and liaised with these services to help ensure people's full range of care needs were met.

Quality assurance systems were effective in continuing to drive and sustain improvement across the service.

Rating at last inspection: At the last inspection the service was rated as Good (published January 2017)

Why we inspected: This was a planned comprehensive inspection based on the last inspection. The service remained Good.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Bascombe Court

## 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.

#### Inspection team

The inspection was carried out by an 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 service.

#### Service and service type

Bascombe Court 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.

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 unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. Prior to the inspection we contacted the local authority improvement team for feedback. We reviewed previous reports and notifications the provider had sent us. A notification is information about important events such as incidents and accidents, which the provider is required by law to send us.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with 28 people who used the service and seven relatives about their experiences of the care provided. We spoke with sixteen members of staff including the registered manager, locality manager, head of care, senior care workers, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

We reviewed a range of records. This included five people's care records, and four people's records relating to their medicines. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality audits and health and safety checks were reviewed.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. A flow chart was available for staff, so they could easily refer to processes and contact details if they needed to raise a safeguarding concern.
- Staff attended safeguarding training provided by the provider and the local authority. This training was regularly discussed and updated.
- People said they felt safe living at Bascombe Court and relatives said they felt confident their loved ones were safe and well cared for. One person said, "Yes I feel safe, the staff are wonderful." A relative said, "We have peace of mind, we know [person's name] is safe and being really well cared for."
- We observed people were comfortable and relaxed with staff supporting them. People sought out staff when they needed reassurance, felt anxious or unsure. For example, one person was in their bedroom and said they felt unwell. A staff member sat with the person and provided reassuring words and conversation about the day and what was for lunch. This interaction clearly relaxed the person who we later saw enjoying activities in the communal lounge.
- The registered manager had reported concerns appropriately to safeguard people if they felt people were at risk of harm or abuse.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidelines on how to minimise the risk, whilst allowing people to stay as independent as possible.
- Where people were at risk of falls, staff liaised with professionals about how to minimise the risk and considered equipment such as sensor mats, which alerted staff people were moving. This meant staff could support people safely, whilst allowing people to remain as independent as possible in their bedroom.
- When people faced risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration. Healthcare professionals were very positive about the care provided in relation to people's skin. They told us staff were good at ensuring people had sufficient fluids, were repositioned regularly and made relevant referrals if they had any concerns.
- People had safety devices, so they could call for help in an emergency. For example there were call bells in people's bedrooms and bathrooms. We observed staff responded promptly when call bells were used by people.
- Staff were available in the communal areas monitoring people's safety, mobility and interactions with each other.
- People were kept safe as the front door was locked and visitors to the property had their identity checked

and were asked to sign in.

- Environmental risk assessments and checks were undertaken to maintain people's safety. For example, fire and equipment servicing and checks. Personalised evacuation plans were in place for people, which could be used in the event of an emergency such as a fire.

#### Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. People said they felt there were enough staff to keep them safe.
- Staff said there were enough staff to allow them to support people safely. Comments included, "If we need two staff to support someone, we always have two staff. We would never be left to support someone unsafely", and "People's safety is a priority."
- When people required higher levels of support to meet their needs, sufficient staffing levels were in place. For example, some people needed assistance with eating. We saw enough staff were available to support people to enjoy their meals safely.
- Staffing levels were regularly reviewed to ensure they continued to meet people's needs.
- People were supported by a consistent, stable staff team who knew people well.
- A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work in the service. Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character. New staff undertook an initial probationary period with regular supervision by the registered manager during this time.

#### Using medicines safely

- People's medicines were stored, recorded and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- Staff knew people's individual medicines needs well. People who were able told us they received their medicines on time and in a way they wanted and preferred.
- Audits of medicines were undertaken, and staff could describe what action they would take if they identified any medicines errors.
- There were suitable arrangements for the storage and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure medicines were safe and effective.
- Staff undertook regular medicines training. Competency checks were completed to make sure staff continued to have the skills and knowledge to manage medicines safely.
- Staff worked closely with people's doctors and held medicines reviews when required.

#### Preventing and controlling infection

- The home was clean and hygienic throughout.
- Cleaning staff were employed, and cleaning schedules were in place to ensure standards of hygiene were maintained.
- Personal protective equipment, such as aprons and gloves were available for use when supporting people with personal care tasks. Antibacterial hand gel dispensers were available around the home. Staff had attended training in infection control and food hygiene.
- People, relatives and visiting professionals said the home was always clean, tidy and fresh smelling.

#### Learning lessons when things go wrong

- Any accidents and incidents were recorded and brought promptly to the attention of the registered manager. The registered manager checked these reports regularly to identify any trends or patterns so preventative action could be taken to prevent re-occurrence. For example, one person had suffered a number of falls at particular times of day and when they were tired. Following discussion, a sensor mat was put in

place, so staff would be alerted and could go to assist when the person got out of bed. This had helped reduce the number of falls for this person.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The registered manager met with the person, their family and other agencies to find out about people and their needs before they moved in.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- Equipment was available to support people's needs and to promote safety and independence. For example, people had access to an assisted bath and other equipment such as moving and handling equipment to support people safely. People had their own phone lines and access to WIFI, so they could contact relatives and maintain their independence.

Staff support: induction, training, skills and experience

- Before starting work at the service new staff completed an induction. Staff new to care were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff said they felt the induction prepared them for their role and they shadowed more experienced staff before working unsupervised.
- Staff training covered areas identified by the service provider as essential and included safeguarding, infection control, moving and handling and fire safety.
- Training consisted of internal training provided by designated training staff as well as external training providers and specialist healthcare professionals.
- All staff said they felt well supported by their colleagues and management. They said there was time available to discuss their role and reflect on practice. This included regular supervision sessions with the registered manager, staff meetings and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and healthy home cooked diet. People commented, "The food is always lovely." Everyone said they had enough to eat and plenty of access to food and drinks. We saw people being provided with drinks regularly throughout the day. Jugs were kept topped up with fresh juice in the communal parts of the home. People were offered a glass of port after their lunchtime meal.
- Some people, due to their declining health needed to be supported to eat their meals in their bedroom. Enough staff were available to ensure these people received their meals at the same time as others and were given the time and support needed.

- People's nutritional risk was regularly assessed. Referrals to professionals were made promptly when needs changed, for example if people had lost weight, their health declined, or they were thought to be at risk of choking. Staff monitored people's food and fluid intake when it had been assessed as necessary.
- Staff including kitchen staff were aware of risks relating to people's diet. A colour coded tray system was in place to remind staff about the type of support people needed during mealtimes. This helped ensure staff understood how to support people and any potential risks.
- People were supported to eat their meals in a relaxed, unhurried manner. Consideration had been given to the environment to ensure to ensure people could eat their meals in comfortable surroundings. Dining tables were laid attractively with table cloths, flowers and condiments that people could help themselves to. People could choose where they wanted to eat and there was plenty of small tables and seating around the home for people to choose from.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with other agencies to ensure people received effective care. Regular reviews with health and social care professionals were arranged. Healthcare professionals were very positive about how the staff worked with them to provide good care and meet people's needs. Comments included, "They make relevant referrals, but are also proactive and make sure the person is looked after and comfortable while they wait for us to visit", and "There are good outcomes for people, because health needs are dealt with promptly."
- People had routine health checks and were supported to attend hospital and other healthcare appointments if required.
- Some people experienced particular periods of poor mental health due to living with dementia. Staff referred appropriately to the older persons mental health services for advice and professional assessment.
- If people's needs changed and professional expertise was required, prompt referrals were made, and doctors contacted. A relative said, "We always trust they will contact the GP and deal with any health concerns quickly, they always keep us updated".

Adapting service, design, decoration to meet people's needs

- The provider ensured the environment was comfortable, safe and met people's needs.
- The home was bright and spacious, which supported people to move around easily. There were plenty of communal areas and seating for people to sit and spend time on their own or with others.
- Handrails, ramps and lifts supported people to mobilise safely and independently around the home.
- People had access to large communal bathrooms as well en-suite facilities in their bedrooms.
- People's bedrooms were decorated to suit individual taste and included plenty of personal belongings and necessary equipment to meet the person's needs.
- Communal areas had been decorated attractively and included areas for people to sit and occupy their time. For example, a library was situated off the dining area, with comfortable seating for people to sit quietly and read.
- The home was surrounded by beautiful gardens and views over the sea. On the day of the inspection people were sat out in the garden enjoying the sunshine with relatives and staff.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People were supported to make choices and day to day decisions about their care and lifestyle. Staff understood people's rights and checked people understood and were happy before care and support was provided. For example, staff administering medicines checked with a person if they were happy for their medicines to be given and described the tablet and what they were for as they were given.
- People's care records included information about people's choices, and ability to consent to decisions about their care. For example, one care plan stated, "I mostly have capacity to tell staff how I prefer my needs met, however, I sometimes need prompting to allow me to fully understand my care needs."
- The provider and registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to aspects of their care. Any restriction had been regularly reviewed.
- Meetings had taken place when people had been assessed as not having capacity to make decisions about their care. For example, a meeting had taken place with a person's family and doctor to discuss end of life medicines. The meeting helped ensure any decisions were made in the person's best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. People said, "I can't fault the staff, I really can't put into words how happy I am here". Other agencies were very positive about the care provided to people. The registered manager told us they had been contacted by a healthcare professional who had been so impressed by the care they had observed by a staff member supporting a person in hospital.
- Relatives were very positive about the care their loved ones received. Relatives told us, "The care of residents is wonderful, we are completely happy, such a relief, we can't fault them".
- We observed staff treated people with patience and kindness. When people were being supported to mobilise using transfer equipment staff provided reassurance and an explanation about what was happening. Staff walked slowly behind people mobilising with frames. This helped ensure people remained safe and unrushed.
- People were cared for by staff who knew them well and showed a genuine interest in their needs and lifestyle. Relatives were welcomed into the home and staff had formed positive relationships with people's families and others who mattered to them.
- Staff undertook equality and diversity training and respected people's differences and lifestyle choices. A staff member said, "We don't treat people all the same as everyone is different, but we treat people fairly, and respect them". People's religious needs were met.

Supporting people to express their views and be involved in making decisions about their care

Where possible people were actively involved in decisions about their care and lifestyle. • Questionnaires, newsletter and residents' meetings were used to gather people's views. A comments box and feedback forms were available for people, relatives and visitors to complete about the quality of the service.

- People and relatives confirmed they were involved and active participants in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example choosing what to wear, and activities they wanted to partake in.
- People who had chosen to return to their own homes to live were supported when possible to do so. The registered manager said, "We may not always think this is the best thing or want people to leave, but if that is what people want we help them to regain their skills and independence so that they can go home."
- People said their privacy and dignity was respected. People who liked their own privacy and space were

respected by staff. Some people preferred to stay in their rooms and staff accepted this but also checked frequently that people were comfortable and content.

- We saw staff knocking on people's doors and waiting before they entered. One staff member said, "That could be our grandparents, we want people's privacy and dignity respected."
- People were respected for their individuality. We observed people were dressed as they liked and had important belongings with them. For example, ladies had their handbag, jewellery they liked and had their nails painted. Staff intervened quickly to reposition people's clothing to protect their dignity, and suggested people changed clothing if it was soiled.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The initial assessment process was thorough to support people's move to Bascombe Court and to ensure people's needs were known and could be met by the service.
- Each person had a care plan detailing their needs and how they chose and preferred to be supported. Staff were familiar with this information and were able to tell us about people's needs and daily routines. It was noted some care plans lacked detail in certain areas. For example, one person's plan had limited information about their social and leisure needs. This was discussed with the registered manager who assured us they would review and update the records of people discussed.
- Staff were flexible and responsive to people's needs. For example, when people's needs changed due to deteriorating health and age the service worked closely with health professionals so they could support people to continue living at Bascombe Court.
- People's preferences were understood and respected. A relative said, "[person's name] was insistent they wanted a bath every day, and they did just that." Staff told us about people's preferred routines, such as when people wanted to get up, go to bed and how they liked to spend their day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans.
- Staff knew people well and adapted their communication style accordingly. For example, if people were living with dementia staff knew how to keep information and choices simple and clear.
- One person, due to their cognitive decline had difficulty forming words and communicating their needs. The registered manager had liaised with speech and language services who had helped staff communicate with the person using a pictorial communication board. We saw staff using this to help the person choose what they wanted for lunch.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to occupy their time in a meaningful way. A weekly activity plan was in place and people were told each day what would be happening in the home. We saw some people joined in with a reminiscence quiz and a music activity.
- Items were available around the home to add interest and to help people occupy their time. A library area

was available with plenty of books and comfortable seating. Papers and magazines were available to people in the communal lounge as well as an area for people to watch TV or listen to music.

- Throughout the inspection we saw visitors coming and going from the service. Relatives and friends were known by staff, and the positive interactions helped create a warm and homely atmosphere.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. This was visible to people who used or visited the service.

- People and relatives said they knew who to speak to if they had a concern and trusted their concerns would be listened to and acted on.

- Staff and management responded promptly when they were told or thought people had any concerns in relation to their care.

End of life care and support

- Staff had undertaken training in end of life care.

- At the time of the inspection the service was not providing end of life care to anyone. However, visiting healthcare professionals were complimentary about the end of life care that had been delivered to people in the past.

- Cards had been sent to the provider and staff by relatives when their loved ones had passed away.

Correspondence included, "The care [person's name] received was excellent and the manager and staff are lovely. [person's name] was extremely happy here and they made the last few weeks of life very happy and comfortable, giving us peace of mind."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and other senior staff within the organisation were well known to people, their families and staff. We were told by people and staff the management were visible in the home, and "hands on." We observed the leadership team engaging with people, relatives and staff throughout the inspection.
- The registered manager was passionate about the service and the people they cared for. Relatives said, "We have full trust in the manager, they will always call us to reassure us everything is ok." Other agencies were positive about the leadership of the service.
- The culture and atmosphere of the service was warm, welcoming and inclusive. Staff were valued for their contribution and their ideas and views were listened to and respected.
- Staff smiled and interacted positively with people as they worked. Staff understood the values of the service and this was evident in the way they worked and the practices we observed.

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

- We found the leadership team to be honest and open. They were motivated and committed to providing high quality care. The registered manager and locality manager were present throughout the inspection and were open to suggestions and feedback.
- People and relatives told us management were approachable and listened to their views and feedback.
- The service acted within its duty of candour, that is, to tell relevant people when something went wrong.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the provider, locality manager and senior care staff. The provider and locality manager visited the home regularly. During their visits they met and spent time with people and staff as well as undertaking quality checks and overseeing improvements.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular checks of the environment, medicines and records. A maintenance worker was employed to help ensure any environmental tasks were dealt with promptly as well as having responsibility for overall health and safety. Training and supervision of staff was also monitored and overseen by the registered manager and locality manager.

- The registered manager was aware of their regulatory responsibilities. For example, notifications were made promptly, and the Provider Information Return had been submitted on time.

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

- People's relatives and staff views were sought. This helped ensure on-going improvement of the service.
- The outcome of questionnaires and feedback was made available to people along with action plans to address any issues raised.
- Meetings were held with people to discuss issues such as the environment, meals and activities.
- Information was available for people about the provider and how the service was run and managed. This included information about the services values and ethos as well as a copy of an annual development plan for the service.

Continuous learning and improving care. Working in partnership with others.

- The registered manager and locality manager attended local conferences to keep up to date with best practices and changes in legislation. The registered manager used an online care managers network, which they said helped them get ideas and improve their knowledge.
- The registered manager had good awareness of the care sector and needs of older people. Changes had been made to aspects of the environment to meet people's changing needs and preferences.
- Registered managers from within the organisation supported each other and shared ideas and best practice.
- The provider, registered manager and staff worked closely with other agencies to help ensure the best outcomes for people. Feedback from other agencies was consistently positive.