

Autism Hampshire

Bassett House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Bassett House is a residential care home providing accommodation for up to five people who require personal care. The service provides support to people with learning disability or autistic people. At the time of the inspection there were four people living in Bassett House. The accommodation is spread over two floors. There were bedrooms on both levels of the home and all bedrooms had a private bathroom.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People appeared happy living at Bassett House. Relatives told us they felt safe, got on well with the staff, and were given choice as to how they lived their lives.

We found the provider ensured people were supported safely. There were sufficient numbers of suitable, motivated staff, however the provider's recruitment process did not always meet the requirements. We discussed this with the registered manager who resolved this during the inspection. Assurances had been obtained for relevant jobs and there was supervision and probation in place to mitigate this. We also found that agencies being used were not checking staff employment history in line with the requirements.

We have made a recommendation about getting assurances from employment agencies.

Processes and procedures were in place to store and administer medicines safely. We were assured appropriate infection prevention and control measures were in place to protect people against the risk of COVID-19 and other infections.

The service was well led. The staff team told us they felt supported by the registered manager. People who used the service and staff were involved in how the service was managed. The registered manager had processes in place to monitor and improve the quality of service people received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was maximising people's choice, control and independence. The care was person-centred and promoted people's dignity, privacy

and human rights. The values and attitudes of the registered manager and staff ensured that people using the service lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was good (published 5 September 2017).

Why we inspected

The inspection was prompted due to concerns received about the provider following inspections of their other locations. We received concerns in relation to staffing, medicines, safeguarding incidents and safe environment.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this report.

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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bassett House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 carried out this inspection.

Service and service type

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

The service had a manager registered with CQC. 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

We gave a short period notice of the inspection to check the COVID-19 status of the home, and to check we would be able to comply with social distancing and other pandemic requirements during the visit. As this was not possible initially the on-site inspection was delayed. Inspection activity started on 14 January 2022 and ended on 2 February 2022. We visited the location on 26 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included

notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers 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 used all of this information to plan our inspection.

During the inspection

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

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 four people's care records and multiple medication records. We looked at four 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 registered manager to validate evidence found. We looked at records sent to us by the registered manager. These included meeting minutes, surveys, and staff training records. We also received feedback from the local authority.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe and safeguarded from abuse in the home. One relative said, "There had been a marked decrease in the number of incidents relating to behaviour and anxiety."
- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect instances of abuse. Staff were confident if they were to raise a concern it would be dealt with appropriately.
- The provider had suitable policies and processes to keep people safe. This included procedures on safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- The provider had processes to identify, assess and manage risks to people's individual safety and wellbeing. These included risks associated with health, behaviour, activities, and epilepsy. People had individual evacuation plans for the event of an emergency in which they had to leave the home for a period.
- The provider assessed and managed risks associated with the environment in which people lived. These included infection control risks during the COVID-19 pandemic. The provider had a fire safety risk assessment in place with regular tests and fire drills.
- The provider took into account the risk of legionella, a potentially fatal infection, with an external risk assessment. Although the provider was flushing pipes and recording temperatures, they were not checking hot water temperatures at the correct position to tell if there was a risk of legionella.

We recommend that the provider checks hot water temperatures in line with their own procedures and external risk assessment.

Staffing and recruitment

- There were sufficient numbers of staff to support people safely and in line with their needs. One relative told us, there were enough staff in place to meet her [relative's] needs and he had a good relationship with staff and that he trusted them.
- The provider's recruitment process did not always meet the requirements. Three of the four staff files we checked did not have full work history. We discussed this with the registered manager who obtained the full histories during the inspection. However, assurances had been obtained for relevant jobs in care or working with vulnerable adults or children. We found that the agencies being used were not checking staff employment history in line with the requirements. There was shadowing and regular supervision in place as well as a period of probation during which their suitability to work in the home was assessed.

We recommend that the provider ensures that agencies used are completing all of the required checks before using their staff.

- Staff training was not always up to date, however, the registered manager was aware of this and put a plan in place during the inspection to rectify this. From speaking with staff and observations made, staff knew people's needs well and this did not have a negative impact on people using the service.

Using medicines safely

- People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was checked. Medicines records were complete and up to date. Staff we spoke to knew the medication and needs of the people they supported well.
- Staff managed and stored people's medicines safely and securely. There were appropriate guidance and protocols, including for medicines to be taken "as required" (PRN).
- There had been good work by the service to reduce the amount of "as required" medication for one person. Their relative told us, "Through positive approach of staff [relative] has been supported to reduce the levels of medicines he takes on a PRN basis in relation to PRN and anxiety. This was very positive as some of the medicines were quite strong and they had the effect of making [relative] subdued or drowsy."

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance, including regular audits in the home. Processes and procedures were updated in line with new COVID-19 requirements.
- 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 using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat 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.

The provider was not recording regular cleaning within the home so we could not be fully assured that cleaning according to the rota was being completed. The provider did have appropriate cleaning materials in use and promised to properly record cleaning going forward.

One person was not able to self-isolate when COVID-19 positive. The service did all they could to reduce the risk of transmission during this time.

- The service was able to allow visiting of the service in line with government guidelines.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff understood the need to report accidents and incidents. The reports were followed up by the registered manager to identify any learning to improve people's care and support.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the home. Staff felt supported to deliver high quality care that led to good outcomes for people. Relatives told us that people were happy living in the home. One relative told us that their [relative] had been at the service for three years and is very happy living at Bassett House. Another relative told us that their "[relative] had settled well within the home and was happy.

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 was aware of the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives. One person's relative said, "(the registered manager) listens to us when we have an opinion or make suggestions." Another relative told us communication with the provider was effective and that the family were kept informed about all key decisions.

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

- Staff were clear about their roles, the risks people had and how to report issues. One staff member told us they would feel comfortable reporting any issues to their (registered) manager if they had concerns.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. This included monthly quality audits to check the home and people's care continued to meet their needs.
- The manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic. These included regular updates on people's testing and vaccination status.
- The provider's recruitment policy did not meet the requirements. This was discussed with the registered manager who said they would ensure that future recruitment policy was in line with the requirements.

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

- The provider involved people who used the service and their families where they could. Use of social stories helped people to understand what was happening in their home.

- Staff felt engaged and involved. There were staff meetings and monthly supervisions which were opportunities for two-way conversations. Staff told us "(the registered manager) is a good manager and very supportive."
- One person had been encouraged with support to go into shops to buy their own clothes. This was because choosing their own clothes meant that they would wear them.

Continuous learning and improving care

- The manager kept up to date with current guidance and standards through local professional forums, online resources and the provider's line manager calls. They were open to suggestions from other agencies.
- The service had improved care by better understanding the behaviour and needs of the people supported. This led to the reduction in medicines for one person. One staff member told us, "In the time since [person] has been at Bassett House there has been a transformation in him." and "There are a lot fewer instances of aggression towards staff which has made it a lot easier to support [person] in the community."

Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with the local authority and medical professionals. People had a yearly review of their health needs with a GP or community nurse to check their care plans continued to meet their needs.