Care Quality Commission

Sanctuary Care Limited

# Basingfield 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 |

## Overall summary

The inspection took place on 17 and 18 February 2015 and was unannounced.

Basingfield Court provides personal and nursing care for up to 52 older people, some of whom live with dementia, whilst others may have a physical disability or sensory impairment. At the time of our inspection 42 people were living at the home. The home is purpose built, with accommodation over three floors and most people have their own rooms with en-suite facilities.

The service is required to have a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The previous registered manager at Basingfield Court had been on leave since May 2014 and left the service on 31 January 2015. During the inspection we spoke with the manager who had been in post since 11 December 2014 and the provider's regional director. They told us that they had begun the selection process and were hopeful to appoint a registered manager shortly.

We last inspected this service on 5, 10 and 11 September 2014 and judged the service to be in breach of four

# Summary of findings

regulations, relating to people's care and welfare, managing medicines, staffing levels and assessing and monitoring the quality of the service. The provider sent us an action plan showing how they would make improvements to address these concerns. At this inspection we found the provider had made the necessary improvements in all areas where there had previously been breaches in legal requirements.

Since the inspection in September 2014 the provider had recruited more suitable staff and had increased the daily staffing levels. People's needs had been appropriately assessed and reviewed regularly.

We observed medicines were administered safely in a way people preferred, by trained staff who had their competencies assessed annually by supervisors.

The manager had demonstrated clear and direct leadership. They had ensured systems were operated effectively to identify and manage risks and had monitored trends from identified accidents and incidents. They had taken action to improve the quality of the service and ensure that necessary learning was passed on to staff.

People at Basingfield Court told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to relevant guidance. They were able to recognise if people were at risk and knew what action they should take if required.

People's safety was promoted through individualised risk assessments. Where risks to people had been identified there were plans in place to manage them effectively. Staff understood the risks to people and followed guidance to safely manage these risks.

Staff recruitment processes were robust. There were sufficient staff deployed to provide safe care and treatment. Staff understood their roles and responsibilities to provide care in the way people wished. They were responsive to people's specific needs and tailored the care delivered for each individual.

People's health needs were looked after and any concerns were promptly escalated to health care professionals for advice and guidance, which was then followed by staff. Staff were trained to deliver effective care, and where required, followed advice from specialists. This included training in caring for people with specific health conditions.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager had taken the necessary action to ensure staff recognised and maintained people's rights.

People's needs in relation to nutrition and hydration were documented in their support plans. People were supported appropriately by staff to ensure they received sufficient to eat and drink. Meals reflected people's dietary needs and preferences. When necessary people had been referred to appropriate health professionals for dietary advice, which was then implemented by staff.

The provider aimed to enable people to maintain their independence and socialise as much as possible. People's dignity and privacy were respected and supported by staff who were skilled in using individual's unique communication methods.

When complaints were made they were investigated and action was taken by the provider in response. Complaints were analysed by the provider for themes and where these had been identified action had been taken.

The manager promoted a culture of openness and had made changes at the home to improve people's care and staff morale. There was a clear management structure and systems in place to drive improvements.

# Summary of findings

## 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.

Good

Risks to people were quickly identified and safely managed by staff.

Staff understood how to protect people from any form of abuse. Safeguarding incidents had been identified, reported to relevant agencies and actions taken by staff to reduce the risk of re-occurrence.

People's medicines were administered safely.

There were enough experienced, skilled and knowledgeable staff to make sure people were cared for safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

**Is the service effective?**
The service was effective.

Good

Staff received appropriate training and supervision to support people effectively with their general and specific care needs.

Staff were aware of changes in people's needs. Staff ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. People's consent had been sought. Staff demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink of their choice, which met their dietary requirements. People were supported to eat a healthy diet.

**Is the service caring?**
The service was caring.

Good

People received care and support from friendly, kind and compassionate staff. Staff provided support in a respectful and sensitive way.

Staff encouraged people to make choices about their own care and how they wished to spend their time. People's preferences about their care were known and understood by staff.

Staff had developed positive and caring relationships with people who were treated with dignity and respect. Everyone had their own room, personalised with their own belongings and memorabilia.

**Is the service responsive?**
The service was responsive.

Good

Care was personalised and based on people's wishes and preferences. Staff understood people's specific needs and provided care in accordance with their wishes.

People were supported to pursue social activities to protect them from social isolation.

People were provided with information about how to complain. Concerns or complaints were listened to, investigated and acted upon promptly by the provider.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

People told us the service was well managed. The manager provided clear and direct leadership.

There was an open and caring culture throughout the home. Staff morale was good and people's needs and welfare were a priority.

Systems were in place to monitor the quality of the service and deliver improvements in care. There was a clear management structure and staff understood their roles and responsibilities in relation to keeping people safe and happy.

Records were accurate and securely stored.

# Basingfield Court

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection of Basingfield Court took place on 17 and 18 February 2015 and was unannounced. The inspection team consisted of two CQC inspectors.

Before the inspection we reviewed the information we held about the home, including previous inspection reports, any events the provider had notified us of and any concerns raised about the service. This helped us plan our inspection.

We had not asked the provider to complete a Provider Information Return (PIR) before our inspection, but the manager produced any information we required promptly. A PIR is a form we sometimes ask providers to complete, which includes key information about the service, what the service does well and any improvements they plan to make.

Prior to our inspection we spoke with local authority commissioners and two healthcare professionals who were involved in the support of people living at the home. During our inspection we spoke with 15 people and four of their relatives to obtain their views on the quality of care provided at Basingfield Court.

We used a number of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about them.

During our inspection we observed how staff interacted with people and used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also observed how staff cared for people across the course of the day, including activities and when medicines were administered. We pathway tracked the care of seven people. Pathway tracking is a process which enables us to look in detail at the care received by each person at the home.

In addition, we spoke with the manager and 22 members of staff. We reviewed ten people's care records which included their daily notes, care plans and medicine administration records (MARs). We looked at recruitment files for eight staff. We also examined records relating to the management of the home. These included maintenance reports, audits and minutes of meetings. During the inspection we spoke with four healthcare professionals, including a GP, district nurse and a person's advocate to obtain their views.

Good

# Is the service safe?

## Our findings

The previous inspection identified that people had not been protected from the risks of unsafe care. People's needs had not been appropriately assessed or reviewed and there were insufficient staff to meet them. Since the inspection in September 2014 the provider had recruited more suitable staff and had increased the daily staffing levels. People's needs had been appropriately assessed and reviewed regularly. The regional director and manager had created a strong staff team, committed to providing personalised care, in accordance with people's needs and preferences. People living at the home, their relatives and visiting health care professionals were complimentary about the quality of care being delivered by staff.

People told us they felt safe living at Basingfield Court. People and relatives told us they had noticed an improvement in the management and staffing of the home. One relative said, "There is a different feel to the home. Staff are in control and more assured. It just feels safer". People told us that call bells were now answered more quickly and staff had time to stay and chat with them. Another relative said that consistency of staffing had improved and there was far less reliance on agency staff.

There were enough suitable staff deployed to care for people safely. An evaluation of staffing levels had been carried out by the provider and as a result the numbers of care staff on duty to ensure care delivery was effective had been increased. The provider had recruited additional staff, including an activities coordinator. When there was a need for additional staff to cover sickness or annual leave bank staff familiar with people's needs were used. Duty rotas confirmed that the level of staffing identified by the manager as a requirement to meet people's needs had been provided. The manager said they conducted a daily staffing needs analysis, which accounted for any increase in people's dependency. Rotas demonstrated that the provider had not used agency staff since December 2014. Staff told us there were enough staff to keep people safe and they had time to provide them with their individual care requirements. The manager told us that staff skills were balanced as far as possible on shifts, which helped staff work efficiently. People told us there had been an increase in staff who were now working well as a team. One staff member told us, "The atmosphere is much better, staff are happier and always find time now to help one another." People benefitted from the consistency of care provided by regular staff.

During our inspection in September 2014 the provider had not ensured that prescribed medicines were administered safely. The provider had made the required improvements in relation to the management of medicines. We observed medicines administered safely by trained staff in a way people preferred, in accordance with their medicine management plans. For example one person told us they preferred to take their tablet crushed into yoghurt.

The provider had systems for ordering, receiving, storing and disposing of all medicines safely. Staff told us they had received medicines management training which was updated and their competency was assessed annually. Training records confirmed all senior staff had completed medicines management training. Safe procedures were in place for the management of medicines.

At our inspection in September 2014 the provider had not ensured people were safe by having arrangements in place to deal with foreseeable emergencies. During this inspection we found the provider had made necessary improvements and had completed plans containing essential information required for other health professionals or the emergency services. For example, the provider had ensured people had individual emergency evacuation plans.

Staff supported people to keep safe by carrying out risk assessments and taking steps to minimise risks effectively. People's needs were assessed before they moved into the home, using information from the person themselves, relatives and health professionals involved in their care. These assessments were used to ensure people came to Basingfield Court only if their needs could be met safely.

Staff were able to demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within their support plans. Assessments included risks relating to moving, falling, skin breakdown, choking and malnutrition. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. They did this with minimal restrictions on people's movement and choices. For example, people were encouraged to be as independent as possible. When people required

Good

# Is the service safe?

equipment to support their independence or safety, such as walking aids, specialist chairs, slings or bed sides, these were risk assessed appropriately. We observed staff using equipment correctly and considering risks to people's health and safely. We saw people being repositioned before they ate and during their meals, to reduce their risk of choking.

One person told us that senior care staff had completed a risk assessment with them regarding their mobility. They were "really impressed" because the provider promptly arranged for them to be relocated to another room. We noted this room provided more room for their personal care, mobility and use of their wheel chair.

People assessed as at a high risk of developing pressure ulcers or of malnutrition had individual care plans to minimise the risk of harm. For example, this was achieved by ensuring people had the correct cushions and mattress support and by providing appropriate nutritional support.

People were kept safe as staff understood their role in relation to safeguarding procedures. Records showed safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. All of the staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff knew about the provider's whistle blowing policy and said they would use it to keep people safe if they needed to.

The manager operated safe recruitment procedures which ensured people were supported by staff with the appropriate experience and character. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references, which confirmed details staff had provided and proof of satisfactory conduct in previous health and social care employment. The provider also completed a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. The recruitment files showed that an appropriate system was in place for pre-employment checks and the required records were available to confirm these had taken place.

The provider had an emergency business and continuity plan for the home. Fire safety precautions and equipment were checked regularly. Utilities, such as gas and electricity were routinely checked under contract and the maintenance staff ensured that repairs were completed promptly. People lived in a safe environment because premises and equipment were checked and maintained.

Good

# Is the service effective?

## Our findings

People and relatives were complimentary about the effectiveness of the service. One person told us "They really look after me. The carers get me a doctor straight away even when I don't want to make a fuss." A relative told us, "Things are a lot better now. As soon as the care staff notice something is not right they let us know and do something about it straight away."

Staff had completed an induction process recognised by the care sector. This ensured they had the appropriate knowledge and skills to support people effectively and could work safely unsupervised. Staff told us they had received a thorough induction which gave them the skills and confidence to carry out their role. This was followed by a period where they shadowed an experienced colleague until they were confident to work alone. There was a record of the induction process and training for the use of specific aids and equipment to ensure that staff knew how to use them safely. People were cared for by staff who received an appropriate induction to their role.

People told us that staff were well trained, and they had observed new staff shadowed the experienced staff for "quite a long time," which they thought was good. People said the staff were attentive, and a visiting health professional confirmed that staff followed any guidance they provided.

People were cared for by staff who understood and responded to their needs. Staff were knowledgeable about individual's needs and provided care in a calm and relaxed manner, which reassured people. Staff were able to explain their roles and responsibilities and could describe the training they had received. Records showed that the required staff training was up to date and staff had received further training specific to the needs of the people they supported, including dementia, epilepsy and different supportive feeding methods.

Staff had received formal supervision every eight weeks and an annual appraisal. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were encouraged to speak with the management team immediately if they had concerns about anything, particularly in relation to people's needs.

Staff confirmed they had completed training in the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Where people lacked the capacity to consent to their care, guidance had been followed to make best interest decisions on their behalf. If people lacked the capacity to decide to receive care, where required, their relatives had been consulted about their best interests. Staff demonstrated an understanding of the principles of the act and described how they supported people to make decisions.

We observed people being asked for their consent before they were given medicines and other support. People told us that their medicines were reviewed regularly and they were involved in discussions with their GP and staff before decisions were made to change their prescribed medicines or the dose.

The Care Quality Commission (CQC) monitors the operation of the DoLs which applies to care homes services. The registered manager was aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. They told us about how they were working with social services to identify if applications should be made for fifteen people. Social services confirmed this. People were protected as relevant staff understood the DoLs.

People and relatives told us the food was "excellent". One person said, "You always get a choice. I love curry and they always let me have seconds." A relative told us their loved one often had a poor appetite and said, "The staff are brilliant at getting her to eat. Nothing is too much trouble and they will make anything she wants to encourage her to eat something."

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed. Staff followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language

Good

# Is the service effective?

therapists. This guidance was detailed in their care files and the chef was involved in ensuring people received suitable foods of the correct consistency to mitigate against the risk of choking.

Information about peoples' nutritional needs was on display in the kitchen. Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids.

We saw that staff discreetly offered support to people to make food and drink choices and checked when they had finished their meals. Positive friendly interactions were observed and support was provided at people's own pace. Staff were attentive towards the end of the meal and provided appropriate support with people's mobility when they decided to leave. People were supported to have sufficient to eat and drink and maintain a healthy, balanced diet.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists.

A person we pathway tracked told us they had support from health services when required and had been receiving therapy and guidance to recover their mobility. They were encouraged by staff to complete exercises in everyday activities and to walk as far as possible. They told us their mobility had improved greatly due to the support and encouragement of staff working together with the physiotherapist and occupational therapist. We reviewed the improvement detailed within their care records. People had access to healthcare services and were supported to maintain good health.

Good

# Is the service caring?

## Our findings

People told us they were happy living at Basingfield Court and spoke with pride about the home and the "friendly and caring staff". One person said, "I couldn't ask for better care. The carers worry about me something rotten, they take care of me and that is why I like it here". Another person said, "We are looked after very well. There are so many helpers and they are always gentle. One of the younger one's has such a generous heart and fusses round me like a mother hen." One relative told us their mother had been resistant to moving into Basingfield Court but was now happy and regarded it as their home.

We observed a warm atmosphere in the home with people often smiling whilst engaging staff and each other in conversation. Staff always spoke in an inclusive manner, enquiring about people's welfare and feelings. Staff treated people in a gentle supportive way and took their time whilst delivering support so people did not feel rushed.

Staff ensured they used language the person understood and continually reminded them of their positive achievements. People and staff had general conversations that did not just focus on the person's support needs. Some people had limited verbal communication, whilst others had sensory impairments. Staff clearly understood how people showed dislike, displeasure, and discomfort, and addressed identified issues in a sensitive manner. People were comfortable with the staff supporting them and chose to spend time in their company.

People were able to express their views about their care and treatment and told us that the manager and staff always listened. One person told us they had recently discussed difficulties in manoeuvring their wheel chair on the landing and in and out of the lift. We noted the manager was in the process of arranging a move to a different room which would reduce these difficulties.

People's privacy and dignity were respected. We observed staff knocked and asked for permission before entering their rooms and spoke courteously with people. One person told us this was upheld especially since a sign had been requested to be put on their door to ensure that staff knocked and waited for an answer before going in. We noted this person had also been provided with a doorbell. People said staff were polite and respectful when providing personal care and had been given a choice of male or female carers when required. Staff gave examples of how they supported people in a dignified way with their personal care, by ensuring doors were closed and curtains drawn when necessary.

Staff understood their obligation to support people's freedom and independence. People had access to all parts of the home, and chose how they spent their time. When staff offered people options, for example, in relation to activities, meals, drinks or clothing, they gave people time to decide and respected their decisions.

People had their own rooms and these were personalised with their belongings, furniture and photographs. One person told us, "My room is full of happy memories" and "My photos make me feel close to my family and look forward to their visits."

Staff were very knowledgeable about the needs of people and had developed caring relationships with them. Some staff had developed a close bond with people over many years and demonstrated mutual trust and understanding. Health professionals told us that relationships between people and staff were, 'caring and compassionate'.

People were involved in planning their care. Care documents showed needs and risk assessments were completed with the involvement of the person and their relatives or advocate where required. Initial assessments were completed before people moved into the home to ensure the provider was able to meet people's needs. People told us they had visited the home several times before they moved in. The content of people's care plans demonstrated their involvement.

Care plans were reviewed regularly with people and where appropriate, their relatives, advocates, care managers and health professionals. Care plans captured people's individual preferences and identified how they wished to spend their time and live their lives. People were supported to be involved in decisions about their care.

Staff told us about the importance of treating people's personal information confidentially. One staff member said, "It is really important to respect people's privacy which is emphasised in our training." Staff had completed training about information governance and demonstrated understanding in relation to the retention and confidentiality of people's care records.

Good

# Is the service caring?

Some people had expressed their wishes for end of life care and these were noted in people's records. When people were nearing the end of their life they received kind, compassionate care and staff were supported by palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. Where appropriate, people were given support when making decisions about their preferences for end of life care.

Good

# Is the service responsive?

## Our findings

People were satisfied with the care they received. Relatives said people were encouraged to socialise more than they had been in the past, and were assisted to live as they wished at the home. People told us the activities were good and were more varied and interesting than before. They were aware of the complaints process and those who had made suggestions for improvements said these were followed up immediately.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People said they could chat with staff if they were not happy with something. Feedback was sought by the provider and manager in various ways ranging from provider surveys and resident's meetings. The manager ensured this feedback was acted upon. People commented on changes that had been made as a result of feedback such as the new menus and seating arrangement at lunchtime. One person told us, "They always follow up on our suggestions".

People had a copy of the provider's complaints procedure in a format which met their needs. This had been explained to them and, where necessary, their relatives. Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

The manager maintained a record of complaints, but said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. There had been no recent complaints. Records demonstrated that formal complaints over the past year had been promptly resolved by the provider.

People's care plans were personalised providing clear directions to staff about how to support them. The manager told us staff planned care with people and focused on the person's description of how they wanted their care provided. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted. Staff told us about the preferences and dislikes of the people they were supporting. People's care plans reflected how they wanted their care provided.

Care documents included information about individual support needs. Information was presented in a personalised way and included details such as how people liked to be supported people when they were distressed or unhappy. The home's cook was dedicated to providing person centred nutrition. They demonstrated how they had completed research and sought relevant dietary advise to allow a person to enjoy their favourite bacon sandwich as a treat, within their strict dietary plan.

People's care plans included guidance for staff on supporting their specific health conditions, such as epilepsy, diabetes or dementia, and how to support them if they became unwell. Care plans also described how people communicated and any care needs associated with this, such as prompting staff to check people's supportive equipment, such as hearing aids.

People's care plans were reviewed monthly or more frequently if their needs changed. People recently discharged from hospital had all aspects of their care re-assessed and reviewed before or upon their return to the home.

The care record of one person we pathway tracked contained two assessments carried out in hospital before the person returned to the home. The person and manager told us that after consulting the physiotherapist their transfer had been delayed. This was to ensure staff would be able to support them safely. Records confirmed this. The manager told us a physiotherapist had been to the home to visit the person since their return. We saw the section of the person's records relating to falls, mobility, personal safety in their risk assessments and care plan. These had been reviewed since their return to the home and reflected the information provided by the person about the support they needed. Staff knew the support the person needed with mobility and assistance with exercises. Evidence of physiotherapy visits, completed and planned was documented. The provider assured people received consistent, coordinated, person centred care when they used or moved between different services.

Another person told us they had returned from hospital with medicine for diabetes. Staff had consulted their GP

Good

# Is the service responsive?

and updated their care plan regarding required monitoring of their blood glucose levels. Weekly monitoring checks were recorded and staff demonstrated knowledge of appropriate action to take if levels were too high or too low. The provider responded promptly to people's changing health needs through person centred care planning and review.

Staff told us all the care plans had been reviewed and there was a greater focus on care documentation being person centred. Care plans highlighted when people preferred staff of a particular gender and how people liked to be addressed. Life histories had been completed, often with relative's assistance, describing people's interests, achievements and passions.

Relatives told us that since our last inspection activities had improved because a keen and friendly coordinator had been appointed. People were supported to pursue social activities to protect them from social isolation. The activities programme had been revised and there were a range of social events arranged in the home, which included visiting entertainers, quizzes, arts and crafts, parties and music. People enjoyed the activities on offer and staff enabled people to participate at their own pace. We observed a game of bingo where nine people shared jokes and engaged in humorous banter with the bingo caller. People were very positive about the activities programme and the enthusiasm of the staff encouraging their involvement. The activities coordinator said they were being given the resources and support to expand the activities provision. People's participation was monitored in order to improve the programme and identify if people may becoming socially isolated.

The activities coordinator had identified the need to develop 'one to one' time with people. They told us that as well as the group activities they also scheduled 'one to one' time with people in their rooms or wherever they wished to meet. One person said, "She is lovely and her enthusiasm rubs off on you. She tries to get everyone involved in activities but I really do like just talking to her." The activities coordinator attended the daily 10 at 10 meeting. This meeting was attended by all department heads and the activities coordinator and discussed ten main issues in ten minutes. Daily activities were a standing agenda item at this meeting.

Good

# Is the service well-led?

## Our findings

During our inspection in September 2014 the provider had not protected people against the risk of inappropriate or unsafe care by effectively assessing and monitoring the quality of the service provided. There had been no review or monitoring of people's care plans or risk assessments between March and August 2014. This meant that the provider had not identified, assessed and managed risks relating to people's health, welfare and safety.

At this inspection we found the provider had implemented effective changes and the necessary improvements had been made. The provider was now effectively assessing and monitoring the quality of the service to protect people from the risk of unsafe care. People's care plans and risk assessments had been reviewed and updated.

People and relatives were positive about the changes at Basingfield Court since the new manager had been appointed. We heard comments such as, "The staff are better organised and pulling in the right direction" and "The new manager knows her stuff. She is always there leading from the front sorting things out and is always answering call bells if she's nearby." People, relatives and staff said staff morale had improved and there was better communication within the home. One relative said "The staff are happier now which you can see by the way they support one another."

Staff turnover had decreased and deployed staffing levels were higher and more consistent. Staff told us the new manager had improved morale and motivation which had created a better team spirit. Staff told us they were proud of the changes and improvements that had been made. One staff member told us they were all committed to "creating a safe and happy place where people get the best possible care". Another staff member "It's a much friendlier place to work with no back biting or little cliques. Now I look forward to coming to work where as I used to dread it."

Staff understood their roles and responsibilities. The manager believed that deputy manager's and senior staff should be highly visible and not sat in their offices, which we observed in practice. Regular staff meetings at shift changes enabled staff to share and discuss key issues relating to people and events. We observed staff writing significant information given during handovers in their personal notebooks issued by the provider. We examined one staff notebook and found it contained all of the relevant detail discussed in the handover. Staff also commented that the rotas were better organised, taking account of training and annual leave, which helped with workloads.

The deputy manager and senior staff confirmed that they worked shifts alongside staff which enabled them to speak with people, observe staff practice and interactions with people and to seek staff feedback. There was an open and transparent culture in the service and people felt able to express their views freely. The manager actively encouraged people to be involved in the running of their services. We observed people and staff approaching the manager and senior staff to ask questions or chat. Staff told us the manager was always available if they needed guidance. They told us that the support the manager and management team provided was flexible and the level of their support was increased during challenging periods.

Systems were in place for monitoring the quality of the service. Senior staff checked that care had been delivered effectively each day, and there were regular audits of care plans. The provider's quality assurance team and regional director carried out monthly reviews of the service, each assessing different aspects of quality. These helped to identify areas for improvement and prioritise the audit programme. One audit identified that mental capacity assessments and DoLS assessments needed to be reviewed, which records confirmed had been completed.

Management arrangements for communicating important events and tasks were effective. This was confirmed by visiting health professionals, staff and relatives. There were daily meetings at shift handovers, regular staff meetings as well as meetings for specific staff groups such as department heads. These emphasised the person-centred approach to care, areas for development and any issues that needed to be addressed.

The management team aimed to develop the service further to deliver a consistently high quality of care. Plans were in place for developing the staff team, with further recruitment and training. At one staff meeting, staff had discussed how they could emphasise recent achievements.

There was visible leadership in the home and the management team were open to suggestions. People, staff

Good

# Is the service well-led?

and relatives said the manager was receptive to feedback and the senior staff were effective and supportive. Resident meetings enabled people to make suggestions for the service.

People attended these meetings and said they were updated about things happening within the home. For instance an extensive building and redecoration programme was being implemented within the home. People told us they had been asked for their choice of colours for different areas of the home and had been provided with charts to select their preferred options. They also told us the management listened to them.

Incident trends were monitored. For example, if a trend showed people were falling frequently, action was taken to minimise the risk of them experiencing harm. There was a culture of reporting errors, omissions and concerns. Staff understood the importance of escalating concerns to keep people safe, and they were offered additional support and training when necessary. The registered manager understood her responsibility to report incidents of actual or suspected abuse promptly to the Local Authority and to notify the CQC.

Records were managed well to promote effective care. The records were clearly written, up to date and informative. They were routinely audited and kept securely to maintain confidentiality.

People told us the service was well managed. Health and social care professionals said the managers and staff were accessible, approachable and dealt effectively with any concerns. Staff we spoke with about the values and ethos of the service confirmed these had been discussed with them during their induction or supervisions. Staff were aware of the values and how they impacted upon the people they cared for. One senior care staff told us the main aim of the service was to “deliver the very best person centred care and to create a true home from home.” One staff member told us, “There are six main principles to do with dignity and respect but I think one of the most important is celebrating people’s individuality.” Staff demonstrated their understanding of the values of the service through their behaviours. Staff were observed to treat people as individuals, with kindness and respect. People were cared for by staff who understood and practised the values of the service in the provision of their care.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.