My Bassingham Limited

Bassingham Care Centre

Inspection report

Bassingham Care Centre
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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

We inspected Bassingham Care Centre on 27 May 2015. The inspection was unannounced. We last inspected the service on 7 January 2014.

Bassingham Care Centre provides care for up to 60 older people, some of whom may experience needs related to memory loss associated with conditions such as dementia. There were 44 people living in the service at the time of the inspection.

The service did not have a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, there was an acting manager in post who had

Summary of findings

undertaken an application to register with us. The application was fully supported by the registered provider. We found the acting manager had developed a positive and open culture within the service

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection three people who used the service had their freedom restricted in order to keep them safe and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People were care for safely and they were treated with dignity and respect. They were able to access appropriate healthcare services and nutritional planning took account of their needs and preferences. Their medicines were managed safely.

People were involved in planning the care and support they received and staff respected their views about the way they wanted their care delivered. They were also supported to enjoy activities and interests of their choice.

People could voice their views and opinions to the acting manager and staff and felt able to raise concerns or complaints if they needed to. The registered provider the acting manager and staff listened to what people had to say and took action to resolve any issues.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They received training and support to deliver a good quality of care for people. They understood how to identify report and manage any concerns for people's safety and welfare. They delivered the care that was planned to meet people's needs and took account of their choices, decisions and preferences. They delivered the care in a patient, warm and friendly manner. The registered provider maintained systems to regularly assess, monitor and improve the quality of the services provided for people.

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.

People felt safe living within the service and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise signs of potential abuse and knew how to report their concerns.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Good

Is the service effective?
The service was effective.

People had access to appropriate healthcare and their nutritional needs were met.

They were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Staff received training and regular support to meet people's needs, wishes and preferences.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care provided were respected.

Care and support was provided in a warm and friendly manner.

Good

Is the service responsive?
The service was responsive.

Wherever possible, people were involved in assessing and planning for their care needs.

People were supported to engage in activities and interests of their choice.

They and they relatives knew how to raise concerns and make a complaint if they needed to.

Good

Is the service well-led?
The service was well-led.

There was an open and positive culture within the home.

People were able to voice their opinions and views about the services they received.

Systems to assess and monitor the quality of the service provided for

people were in place.

Good

Bassingham Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 took place on 27 May 2015 and was unannounced.

The inspection team consisted of 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 care service.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with nine people who lived at the service and five relatives who were visiting. We looked at five people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people had difficulties with their memory and were unable to tell us about their experience of living at the service. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with the registered provider's regional manager, the acting manager, seven care staff, the cook, and one of the domestic staff team. We looked at six care plan records, five staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People said they felt safe living at Bassingham Care Centre. One person said, "Yes I am safer here than I was living in my own home, definitely." Another person said, "I feel very safe here and protected."

Staff provided support in a way that minimised risk for people. For example, they used equipment such as hoists, wheelchairs and walking frames to help people move safely. We observed wheelchairs being used and footrests were used safely. They checked people were comfortable and safe before they left them. We also saw that when needed staff moved items of furniture and equipment out of people's way to ensure there were no tripping hazards.

People had coloured symbols located in their rooms, which matched a corresponding symbol located on their care records to indicate what level of support they required to evacuate the building in the event of a situation such as a fire. Staff knew what each symbol meant when we asked about them. Staff also knew about risk assessments for people's other needs such as falls, nutrition and medication, which were recorded in their care files.

Records showed and staff told us they received training about how to keep people safe. For example, they had received training about falls prevention and infection prevention and control. They had also received training about how to keep people safe from abusive situations. Staff demonstrated their understanding of how to recognise abusive situations and how to report them.

We knew from our records that the registered provider, acting manager and staff had worked with other agencies, such as the local authority to address any concerns that had been raised. There was also information in the service to help people and their relatives understand how they could raise issues for themselves. For example, a copy of the registered provider's service user guide was available in the reception area and in people's private rooms.

We looked at five staff files and saw staff had been recruited based on checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. They also underwent checks about their previous employment, their identity and had references from previous employers.

The numbers of staff on duty matched the planned rota. People told us staff were always around to help them. A relative said, "Just look about you and the staff you can see are always around." Staff responded quickly to people who requested help and they chatted with people as they carried out their work tasks. One person commented, "We all have buzzers around our necks so we are very safe. We only have to press this and someone is there."

Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff carried out medicines administration in line with good practice and national guidance. They told us, and records confirmed, they received training about how to manage medicines safely. People's care plans showed how they wished to be supported with their medication, including when they administered their own medication.

Is the service effective?

Our findings

People and their relatives told us staff understood their needs, likes and dislikes. One relative told us, "The staff know what [my relative] likes and they work to meet both of our needs so I always feel I am involved as well. This is important for both of us."

Staff told us they received a varied package of training to help them meet people's needs. Records showed training for needs such as moving and handling people safely, medication administration, first aid and pressure area care were provided. Some staff had worked towards nationally recognised care qualifications and some staff had been trained about sensory needs.

Staff told us and records showed they received regular supervision sessions with senior staff and a yearly appraisal. They told us the acting manager and senior staff were always available for support and supervision sessions helped them to develop their skills and knowledge.

People and their relatives told us they were involved in decision making about care needs and staff respected their views. Staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who could still make their own decisions. People had assessments and care plans related to their capacity to make decisions and best interest meetings were recorded.

Staff had received training about Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate an understanding of the subjects when we spoke with them. At the time of our visit three people had authorised restrictions to their freedom of movement in place in order to keep them safe.

Staff asked people for their consent before they provided support. They explained the support to people in a way that they could understand.

People told us they enjoyed the foods that were available to them. The cook provided people's chosen meals throughout the day, whether from the menu or their own choices. The cook demonstrated a very clear knowledge and understanding of people's individual nutritional needs. For example, she spoke about catering for people with diabetes, those who required nutritional supplements and those with particular likes and dislikes. Both the cook and the staff team also made sure there was always a range of hot and cold drinks available to people to prevent them from getting dehydrated.

Care staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to take drinks and weighing people. Records for these needs were completed and up to date including nationally recognised nutritional assessment tools. Where people were at risk of poor nutritional intake staff had made referrals to specialist services.

People told us they could see their GP whenever they needed to. Relatives said they were always informed when their loved one had seen the GP and were kept informed about their health needs. One person told us about having to spend time in bed because they were ill. They said staff visited them frequently to make sure they were alright and to give them some company.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. Staff knew about people's healthcare needs such as their risk of developing pressure sores and we saw they followed care plans for reducing these risks, such as encouraging people to change their seating positions regularly.

Is the service caring?

Our findings

People said they felt the staff were very caring. One person said, "They care about me and my life. Nothing is too much trouble and I feel wanted here." A relative commented, "I visit regularly and feel welcome. There is always a meal on the table for me so I can sit with my loved one and we can eat together." Another relative said, "It's lovely to be always met with a smiling face when you arrive by staff answering the door. As a relative that means so much. It speaks volumes."

Staff took time to chat with people about their family, their lives and other day-to-day issues. When they spoke with people they maintained good eye contact and made sure they were at the same level as the person. For example, if the person was seated the staff knelt down so they could talk face to face with them. They spoke with people in calm and gentle voice tones.

When staff were moving through different rooms they acknowledged people in a positive way and made time to respond to people if they needed anything.

Staff spoke with us about how they supported and cared for people. Throughout the discussions about people's needs they referred to issues such as the importance of maintaining people's privacy, dignity and independence; making sure people had care that suited them and understanding how they communicated their needs. We saw staff used these approaches to care whenever they supported people. For example, they made sure people's clothing was changed or adjusted to maintain their dignity; they made sure personal care was carried out in private; they spoke with people about their needs in private areas or lowered voice tones; and they supported people to use special equipment to eat and drink and to move around so that they could maintain their independence wherever possible.

We spoke with people and undertook some observations in one part of the service called the "Plus Point Room." This was a communal room used by people as the hub at the centre of the cluster of bungalows in the grounds of the service. We saw people were coming and going throughout the day to socialise and have their meals in the room. There were cooking facilities, leisure and social activities being undertaken, and it was a pleasant environment with staff and people mingling in a very relaxed way. Staff helped people to take part in activities of their choice. For example, two staff members helped to transfer one person using a hoist from their wheelchair to a chair. Staff interacted well with the person advising and reassuring them at all times. Throughout the process they were courteous and polite to the person.

Staff supported people to have access to their meals and drinks in two separate areas of the service during lunch time. Both dining areas were set out in a way which enabled people to eat their meals either independently or with support if this was needed. Music was playing in the background and there was a relaxed and friendly atmosphere. Everyone was asked what they wanted to eat and drink before serving. Food was served in a timely manner and portions were sized as people wanted them. People told us they always had a choice of what they wanted to eat. They said they could choose cooked breakfasts if they wanted them. They told us second helpings were available if they wanted them.

Staff sat with people and gave individual support where required. They helped people to cut food, use condiments and cutlery and regularly offered drinks. People who took a while to eat their food were asked if they wanted food warming so that it remained palatable.

Is the service responsive?

Our findings

People and their relatives told us they were involved in assessing and planning for their care needs. One person said, "I know they understand how to get my needs met and write everything down about how I should be helped." A relative said, "Whatever you ask, they do here now. Things have improved lately."

Care was person centred, individualised, well documented and recorded. Care Plan records were signed by people and reviewed on a regular basis. The records identified needs and risks, said how they should be addressed and we saw staff provided the appropriate support and care. Information was set out to inform staff about how they should maintain people's dignity, what they liked and did not like and what healthcare they required. Monitoring charts for needs such as nutrition, pressure area care and continence were completed to show any changes in the person's needs. Reviews of people's care plans were undertaken regularly to ensure they were up to date and reflected what the person needed and wanted.

People and their relatives told us staff knew about people's preferences and wishes and made sure support was personalised. We saw examples of this during lunch. The cook asked if anyone had any special requests. One person made a request for an apple and we saw this was peeled and chopped in the way they preferred.

We saw one person was becoming anxious and agitated about their finances. A staff member who knew the person well supported the person to go to a private area of the service, where they were able to sit quietly and go through the person's finances together. The staff member acted in a kind and courteous manner with the person and their actions helped the person to settle down again.

People told us there was always plenty for them to do. There was an activity co-ordinator in post at the time of our visit. They were not available during our visit but we found from talking with staff, that they also supported people in maintaining their hobbies and supported people with activities. The registered provider had identified a need to increase the time available for the activity co-ordinator and we saw they were currently trying to recruit a suitable person to provide the additional time. The acting manager said the increased availability would help the service further develop the range of activities they provided.

Some people told us they did not always like to join in organised activities but staff helped them to continue with their hobbies and interests. We saw people knitting, reading newspapers, using electronic devices for reading e-books and searching the internet, folding napkins, playing dominoes and singing. There was also a dresser containing large quantities of DVDs, board games and books. People confirmed these were well used.

Church services took place every month which people said they could participate in and there were hairdressing services. People also told us they were supported to maintain their dignity. For example hairdressing services were available and we saw one person having their finger nails manicured and painted by a staff member.

A sing-a-long took place during the afternoon of our visit, which was led by two visiting relatives. They told us this was is a regular occurrence each Wednesday afternoon. People took an active part in the entertainment choosing from word sheets prepared by the relative.

People knew there was a complaints policy and we saw that it was displayed in the service. People and their relatives told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken. One person told us, "The manager always has her door open and I would not ever worry about saying if I had any complaints."

A Bassingham Care Centre Welcome and Service User Guide was also available throughout the service and in people's rooms. This was comprehensive and contained the registered provider's complaints policy, Statement of Purpose, contact details and Philosophy of Care. Records showed that where concerns or complaints had been raised they had been responded to in a timely way and where appropriate had been escalated to the registered provider's regional manager so they could support any investigation needed.

Is the service well-led?

Our findings

One person told us, "It's the best place on earth. It's not the south of France; not the Costa Del Sol but Bassingham. Its brill."

There was an acting manager in post who was established in the role. We knew the acting manager had submitted an application to register with us, which was fully supported by the registered provider. People and staff members told us the acting manager and senior staff were approachable and encouraged them to share their views. A relative told us, "The manager has an open door and it is just that, open and friendly. They [the acting manager] genuinely do want to know and listen. Things have improved and seem to be continually improving. The relative also commented, "I have nothing but praise for this place, can't speak highly enough of it."

Staff told us the acting manager and senior staff were very supportive and they said they had regular staff meetings. They said that they could share their views at the meetings as well as receive updates about developments within the service and guidance on best practice. Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said they knew who to contact for advice within the wider organisation. The acting manager told us they held a senior staff meeting every day at 11.00am. We joined the meeting, which we saw was used to discuss any issues, staff deployment and any events or changes that needed to be shared with staff in regard to people's needs. There was also an on-call system to provide support for staff if the acting manager was not available.

Staff demonstrated they were aware of whistleblowing procedures and said they would not hesitate to use them if they needed to. We saw there was information available for staff about these procedures.

People told us staff always listened to their views and they had a chance to say what they thought about things in meetings with the acting manager. Records were available for the meetings held and we saw there were also arrangements in place for relatives to voice their views and opinions about the service through direct contact with the acting manager and registered provider.

Our records showed the acting manager made sure we were informed about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations.

There was a quality assurance and audit framework in place. Audits were carried out for areas such as infection control and medicines management. The acting manager produced monthly monitoring reports on areas such as safeguarding people, complaints and staffing issues. Records also showed the provider's senior management team carried out regular visits to check on the quality of areas such as the environment, and care planning. Action plans were in place to address any shortfalls highlighted by the acting manager's and the registered provider's quality monitoring processes.