

Coastal Care Homes Limited

Bascombe Court

Inspection report

Bascombe Road
Churston Ferrers
Brixham
Devon
TQ5 0JS

Tel: 01803842360
Website: www.thecourtgroup.co.uk

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20 December 2016

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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

This unannounced inspection took place on 19 and 20 December 2016. The home was previously inspected in August 2014 and was meeting the regulations we looked at.

Bascombe Court is a residential home in Brixham, Devon providing accommodation and care for up to forty six people. People living at the home are older people, some of whom were living with dementia or a physical disability. On the day of the inspection, forty one people were living at the home.

The home had a registered manager. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Bascombe Court and relatives echoed this opinion. People who lived at the home and their relatives were positive about the care they received and praised the staff and management. People and relatives told us staff were kind, attentive and caring. We saw staff were respectful in their interactions with people. Staff sought permission from people before any care or support was offered and personal care was carried out in the privacy of the person's room.

People were protected by the home's systems for the safeguarding of people, and staff understood what they needed to do to keep people safe or report concerns. There were enough staff on duty to support people and the home followed a full recruitment procedure for staff.

Staff received appropriate training and support to be able to effectively offer safe care and treatment. Staff understood people's needs and preferences for the way they wished their care to be delivered. Care plans were personalised to each individual and contained sufficient detailed information to assist staff to provide care in a manner that was safe and respected people's wishes. People's care plans included information about who was important to them, such as family and friends. Detailed records of the care and support people received were kept. Risks to people were being assessed and actions taken to minimise them where possible. This included the analysis of falls and accidents.

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had varied individual interests they took part in and were supported to be involved in activities in the home. The home had a variety of activities on offer which ensured that people had choices and could be stimulated and motivated to take part throughout their day if they wanted.

People were supported by staff to take their medicines when they needed them and records were kept of

medicines taken. Medicines were stored securely and staff received training to ensure that medicines administration was managed safely.

People were supported to eat and drink sufficient amounts to meet their needs. People had access to healthcare professionals when they needed them, so their healthcare needs were met.

The provider and registered manager had ensured that there were effective systems for governance, quality assurance and ensuring safe care for people. They demonstrated good leadership, and there was a clear ethos and philosophy of care, which was understood and put into practice by the staff.

Systems for quality assurance included seeking the views of people living at the home and their relatives about what could be improved and what was working well for them. This was done through questionnaires and regular meetings. Information for people was displayed in the home and included leaflets about people's rights and standards people should expect.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

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 home was safe.

Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff understood the Mental Capacity Act 2005 and were meeting the requirements.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The service worked with GPs and other healthcare professionals.

People were supported with their nutrition and hydration.

Staff received training and supervision.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the caring staff.

We observed positive interactions between people and staff.

Staff were aware of people's preferences and knew people well.

People made choices about the care and support they received.

People's privacy and dignity was respected.

The service had received compliments about their care provision.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People had a variety of activities for them to take part in.

People and their relatives felt listened to and were confident in expressing any concerns they had.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the management of the home.

There were quality assurance systems in operation.

People were consulted and involved in the running of the service; their views were sought and acted upon.

The registered manager received support from the provider.

Bascombe 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 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 unannounced inspection took place on the 19 and 20 December 2016. On the first day one adult social care inspector and an expert-by-experience attended the inspection with one adult social care inspector returning on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR, previous inspection reports and other information we held about the home before the inspection such as statutory notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the team employed by the local authority to review quality in the home and other health care professionals who provided information about the home. We used all of this information to plan how the inspection should be conducted.

To help us understand the experience of people living in the home we looked around the home, observed the way staff interacted with people and met and spoke with 18 people living at the home. We also spoke with six relatives who were visiting. We spoke with seven members of staff. In addition, we spoke with the registered manager who was supported by the registered provider and a senior manager.

We looked at the care plans, records and daily notes for four people with a range of needs, and sampled other care plans for specific information. We looked at policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check that the home was operating a full recruitment procedure and provided comprehensive training and supervision and appraisal of staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe and well cared for living at Bascombe Court. One person said, "The thing that appeals to me most is that I feel totally safe". Another person said, "I definitely feel safe". Relatives told us they did not have any concerns about people's safety. One relative said "Without a doubt they are very safe living at Bascombe Court". We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse. Staff had received training in safeguarding adults and could explain to us what constituted abuse and the actions they should take to report it. The registered manager was aware of their legal obligations to refer safeguarding concerns to the local safeguarding authority and notify CQC. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the home. One staff member told us "I wouldn't think twice about reporting poor care, I'm here to make people feel safe".

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and care plans were appropriate to meet people's needs. For example, we saw different assessments had been completed into people's mobility and falls risk and their risk of developing skin damage. Risk management guidance showed how to reduce an identified risk. For example, where moving and handling risks were identified, the number of staff needed to safely support the person during different moves, was recorded. Falls risks identified when staff should observe people when they stand from a chair and offer support when needed. This showed the home actively promoted independence for people whilst monitoring their risks.

Staff demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking frames and wheelchairs.

The registered manager had undertaken a monthly review of reported incidents and accidents. This review identified any patterns or trends and through intervention, prevented and reduced reoccurrence. For example, outcomes showed the involvement of healthcare professionals and the introduction of a monitoring safety aid such as a sensor mat, reduced the number of falls for one person.

People were protected by safe and robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working in care settings. The records we looked at confirmed all staff were subject to a formal interview and references from previous employers had been obtained.

People and relatives told us there were enough staff to meet people's needs and they did not have to wait to get support when they needed it. One person said, "Staff will come in four at a time sometimes". The registered manager told us staffing levels were regularly assessed depending on people's needs and

occupancy levels, and adjusted accordingly. Throughout the inspection we saw staff were available, visible and engaging with people. We observed people received support when they needed it whether they spent time in the communal areas or alone in their room. The staff duty rota showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift, when staff were off sick or on annual leave their shifts had been covered at all times.

People received their prescribed medicines when they needed them and in a safe way. We looked at medicine administration records [MAR] for people living at the home. Information included a photograph of the person, details of their GP and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident. Medicines were stored securely in locked medicine trollies and storage room. Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. Records showed that staff received regular training for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

There were records for 'as required' (PRN) medicines. As required medicines are medicines that are prescribed to people and given when needed. This could include medicines that helped people when they become anxious or require pain relief. For each person that had PRN medicines there was a separate sheet that detailed what the medicines were, in what event they should be given and guidance for staff on how to administer the medicine.

Each person had a personal evacuation plan (PEEP) in place, in case of a fire. These assessed how people should be evacuated if they had mobility issues and the best way for staff to support them. Records showed there were regular testing of the fire alarm systems and fire drills.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building. During the inspection we observed that the home maintained a high standard of cleanliness. We saw the premises were very clean and steps had been taken to minimise the spread of infection. There were disposable aprons and gloves available for staff to use. Relatives and people that we spoke with confirmed that the home was always clean and well maintained by the provider.

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge required to support them effectively. People and relatives we spoke with all agreed that staff were well trained and understood how to look after them.

Staff had a comprehensive induction when they started to work at the home to make sure they could meet people's needs. This included, getting to know the people who lived at the home, understanding policies and procedures, fire safety, basic food hygiene and infection control. New staff were also enrolled on the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment. Staff told us during their induction they also completed a number of shadow shifts so they could get to know people and understand their individual needs.

Staff received appropriate training to be able to meet people's needs. All staff received mandatory training such as first aid, fire safety, manual handling, safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had also been provided with specific training to meet people's care needs, such as caring for people living with dementia, palliative care and pressure ulcer prevention. The registered manager maintained a training record which identified training completed and when updates were required. Staff told us training helped them care for people. Staff told us "It really helps you to do your job. We try out equipment such as the hoist; to see what it is like for the resident" and "It's really good. Things change so quickly, I do like to refresh my training. It's really important to keep up to date". Another said "We get loads of training; the dementia training was really good".

Staff told us, and records confirmed they received regular supervision and an annual appraisal. All staff told us that these were positive experiences and they welcomed feedback on their performance. One staff member told us, "Yes we get quite a lot of supervision and you can ask for supervision any time you want. I find both useful they give me a chance to ask questions and discuss my work and think about how I do things".

The Mental Capacity Act (MCA) 2005 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.

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood the principles of the MCA and had followed its requirements. When people had been assessed as lacking the capacity to make certain decisions, this had been clearly recorded. Care plans contained detailed information about decisions people could make themselves and how staff could support them with this. For example, one person's care plan informed staff that the person had capacity to decide

what they would like to wear and gave staff instructions on how they could support the person with this, such as, 'show me two outfits so I may choose'.

Where people lacked capacity to make certain decisions, best interests meetings were held. For example, one person who was at risk of falls had attended a best interests meeting with their family member and the registered manager to discuss how to keep them safe whilst in bed. A decision had been made in their best interests to have bedrails on their bed. Staff had received training and had a good understanding of MCA and DoLS. One staff member told us, "It's all about keeping people safe and only restricting their liberty if it is in their best interests to do so ". Another said "I always assume people have capacity. I support them to make decisions, give them choices and do everything in their best interests".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had identified people for whom restrictions had to be put in place. They had taken appropriate action to make sure these were in people's best interests and had applied for DoLS authorisations on behalf of people appropriately. No applications had been approved due to the large number of applications being processed.

People told us staff always asked for their consent before commencing any care tasks. We observed staff asking for people's consent and giving them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want support at that time. People's consent to receive care, as described in their care plan had been recorded.

People told us they liked the food and were able to make choices about what they had to eat. People's comments included, "The food and general services are excellent" and "I enjoy the food and they give us plenty" and "It's acceptable and you can ask for something different if you want". Another person told us they were looking forward to the new chef starting in January as they had been in to cook for the day on a trial run, "The steak and kidney stew she did was delicious, can't wait till January". Relatives told us "The food is very nice" and "I don't think [name] has any problems with the food. The meal times are a real feature here for them". However, one person commented "The food has declined since I first came here, the taste and quantity of the food". The provider information return said that the home constantly looks into ways of ensuring that people were fully involved in meal choices to ensure that the meals people receive are what they want.

We observed the lunchtime meal and saw that it was relaxed and social. However, some people commented there was rather a long wait for their food, particularly between courses. We discussed this with the registered manager who explained that some people required assistance into the dining room. People who were fully mobile were then waiting for the meals to arrive. The registered manager said they would look into the long wait for food, delays between courses and the quality and taste of the food on offer.

People with special dietary needs were catered for. People were offered a choice of meal and their choice was accommodated. The portion sizes were adequate. Some people chose to sit at the dining table for their meals, whilst others chose to have their meals sitting in the armchair using a table. We saw that nutritional assessments had been completed when people may be at risk of not taking enough food and drinks. Where specific diets and high calorie meals and drinks were required we saw these were provided. Where a risk assessment stated that a person needed to be assisted with their food or prompted to eat, this was carried out. The staff provided assistance to people to enable them to eat and drink in a dignified manner. People's

weights were being monitored and where there was a concern over a person's level of nutrition or hydration, people had been referred to their GP and dietician. Staff confirmed they sought the advice of the speech and language therapist (SALT) for people with swallowing difficulties and we saw that the guidance from the SALT team was recorded within the care plans and followed by the staff.

Records showed that people's day to day health needs were being met. People had access to health services and the registered manager made timely and appropriate referrals when required, such as to the district nurse, SALT and dietician. The GP regularly visited the home to provide care and treatment.

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. There were handrails in corridors to help mobility. However, one person commented that the handrail outside of their room was too short. We brought their concerns to the registered manager who immediately acted and the hand rail was extended before the second day of the inspection. We saw signage and pictures on lifts, toilets and bathroom doors, to assist people living with dementia to find their way around the home. This helped to maintain people's independence. We saw that people's bedrooms were personalised with family photographs, ornaments and small items of furniture, such as a favourite chair or a side table. As well as a comfortable lounge area the home had a library area and a shop with glass fronted windows decorated with jars of sweets and items to buy. The home also had a hairdressing salon.

Is the service caring?

Our findings

People said staff were caring and kind. One person said, "It's very nice, I've no complaints. The food's good and the staff are kind". Another person told us they were really happy with the care they received. Comments from relatives included, "The staff are amazing, they are very caring. It's a lovely home and has a really nice atmosphere. It's really a 'home' not a care home" and "It's a lovely place, it feels like home. All the staff are very caring they make eye contact, give people a cuddle and sit and speak with them" and "We couldn't have found her anywhere nicer. [name] feels completely happy all of the time. It's a good place and gives you a good feeling. You never hear staff raise a voice or talk unkindly."

People said staff were approachable and friendly. We saw people were happy in staffs' company and we observed positive interactions between staff and people who lived at the home. For example, we saw staff sit down beside people taking an interest in what they were doing, talking and listening to them.

People told us they were supported to express their views and felt involved in making choices about how they wanted to be cared for. We saw throughout the day staff offered people different choices such as what they would like to eat or drink and where they would like to sit. For example, one person who hadn't felt like going downstairs to the lounge that day, told us how staff respected their choice, "They leave it to me, how I feel."

People told us their privacy and dignity was respected. Staff informed us of various ways people were supported to have the privacy they needed. For example, always knocking on people's doors before entering their room. One staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. Staff spoke to people discreetly when asking if they wanted support with their personal care and sought people's consent.

Staff said they encouraged people to remain as independent as possible, for example, with their personal care or eating and drinking. A staff member told us "I always ask them what they can do for themselves and help them out with the rest. I think that it gives them a sense of independence and purpose". At mealtimes people who needed help were assisted by staff with their meals and other people received gentle encouragement. We saw people had appropriate cutlery and aids to help promote their independence.

The atmosphere was relaxed and visitors were made to feel welcome. Quiet areas were available for people to meet with their visitors. One relative told us, "When we come here at any time we are welcomed and they give us a cup of tea. They do very well at keeping a family environment and they are very good with children who come in to visit". Another relative told us "We don't have to worry anymore; we know she is happy and well cared for. It's been amazing". There were no restrictions on the times people could receive visitors and relatives told us they were kept informed of any concerns. One relative told us, "I know that if there is a problem they will always ring me. I can go away and not worry".

People were provided with information. There were notice boards containing information about activities on offer, meal choices, information about visiting services, residents meeting minutes and how people could

raise concerns. We observed staff provide people with explanations before undertaking tasks such as helping them to move around the home or supporting them with meals. These measures helped to keep people informed and enabled them to make decisions about their daily lives.

People were supported at the end of their life and their preferences and choices for end of life care were recorded in their care plans. Staff received training in end of life care and understood people's preferences and choices. The Provider Information Return (PIR) submitted by the provider prior to inspection, told us the home had good links with GP's, district nurses and the local hospice. They worked closely with health professionals, people and their relatives to ensure an advanced plan of care was in place and delivered at the end of life. This helped to ensure people received the care and treatment they wanted.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were supported by staff who knew them well and were able to respond to their needs. Care plans contained details about people's life histories and interests. Observations showed that staff were aware of these. For example, we heard and observed staff talking to people about their families and significant events in their family life. We observed how staff helped one person who appeared to be distressed. Staff chatted to the person about their family members and their past history. The person responded positively, smiling at staff and making eye contact.

Prior to moving into Bascombe Court people's needs were assessed to ensure staff would be able to support them effectively. Records showed that people were involved in the assessment process with the support of their relatives where appropriate. Care plans reflected the information gained during the assessment process and were completed in a person centred manner. People's preferences, likes and dislikes were clear throughout and details of friends and family members who were important to people were documented. Care plans covered all aspects of people's daily lives and gave staff detailed information about people and the support they needed from staff. For example, one person's care plan described how they liked to choose their own clothes but needed help with fastenings as they struggled to do these up on their own. Further advice and guidance was provided to staff on personal care, how to help people move about, how to help people with communication; particularly when they became muddled, safety, skin integrity, behaviour and specific medical conditions. Care plans were reviewed monthly and records confirmed this.

People told us they enjoyed the activities on offer. One person said "It's good here, lots of activities". Relatives told us "They always have things going on and the occasions are always marked such as Easter and Valentine's day". People were able to participate in a wide range of activities which took into account people's likes and preferences. A programme of activities was organised on a weekly basis and this included singers, musicians, bingo, quizzes, card games, hand therapy and gentle exercises. Two people told us how much they enjoyed the exercise and wished there was a bit more as it wasn't very taxing, they commented, "You just raise your arms in the air occasionally".

At the time of the inspection the home was preparing to celebrate Christmas. The home had given people a 'Christmas activity pack'. This contained information about Christmas menus and had a section with puzzles and jokes. A full activities schedule had been planned that included Christmas card making, Christmas quizzes, musical entertainers and visits by school choirs and Salvation Army to sing Christmas carols.

Where people spent the majority of their time in their rooms, staff spent time with them and involved them in activities. The registered manager told us they continually stressed the importance to staff of talking to people. A range of newspapers, books and magazines were on hand for people to look at.

People were also supported with individual activities and interests. Examples of how staff helped people continue their interests included, when one person said they would like to go swimming. The registered manager took them to the local swimming pool. Another person liked to visit the local pub so staffing was arranged so that staff could accompany them once a week. One person, who enjoyed gardening and used to

spend time making bird tables, was given their own garden area and staff sourced the tools and equipment they needed to make them. One person loved ballroom dancing so the registered manager arranged for ballroom dancers to come in and entertain. Staff also made sure people were able to attend significant family events. For example, one person was able to go to a family wedding and see their granddaughter married. Staff were made available to travel and escort them when family members were unable. Another person was taken by staff to put flowers on their loved ones grave.

People told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would tell the staff if I was unhappy." A relative told us, "Yes I know how to complain but I have never had a reason to. If I had a concern I would talk to the manager straight away." A copy of the complaints procedure was placed on the notice board and included in the information booklet given to each person when they arrived. This meant that both people using the service and their relatives had direct access to this information. The registered manager maintained a log of complaints which showed that any concerns expressed had been recorded, investigated and responded to. The log contained written records of meetings with relatives and people and confirmation that they were happy with the agreed outcome. The registered manager monitored complaints to identify trends and took action to address these areas.

Is the service well-led?

Our findings

Without exception people who lived at Bascombe Court, their relatives and staff spoke with warmth about the registered manager and we heard friendly, but professional banter between people, their relatives and the registered manager during our visit. People told us they thought the home was well led. They told us the registered manager was always at the home and available to talk to them. We observed throughout the inspection the registered manager taking the time to speak with every person they met. People looked pleased to see them and there was good rapport between them. One person said "Oh yes I know who the manager is, I can talk to the manager". Another person told us how approachable they felt the registered manager was, "Any problems I would tell [name], the boss. She's quite open...you can tell, can't you".

The registered manager promoted an 'open door' policy and was available to people and support whenever required. Relatives confirmed they were able to raise any concerns at any time with the managerial staff and were confident that action would be taken. One relative told us, "we've never had any issues, but there would no problem raising anything, the office is always open". Another relative told us, "I have complete faith in the management. Any queries I raise get dealt with straight away".

We asked staff if they thought the home was well led. Staff felt they received consistent and valued support from the registered manager. One member of staff told us, "[name] is a great manager, very supportive. It's a lovely atmosphere to come into. It's a real family. I'm very lucky to work here". Another member of staff told us, "[manager's name] is very supportive, approachable and will listen". Staff meetings were held regularly and viewed by staff as a good arena to discuss new ideas and receive updates from the registered manager. Staff were welcome to speak with the manager at any time. The provider information return told us the registered manager promoted an open inclusive culture amongst the staff team that encouraged staff to speak up and be heard without fear of reprisal. Staff confirmed that this was the case.

Bascombe Court is owned and run by the Coastal Care Homes Ltd. The provider's ethos and philosophy of care was to provide the best possible standards of care. This enabled people to live their lives to their full potential ensuring they were shown respect and dignity in an atmosphere of security and comfort, in a caring and happy home. Staff had a clear understanding of these values and told us they strongly believed in people's right to make their own decisions and live their life as they chose.

There was a strong management structure in the organisation and within the home which provided clear lines of responsibility and accountability. One member of staff said "The company are really good to work for. I find they listen. The directors are really approachable and supportive and we have back up from all of the other homes". The registered manager told us the providers were involved in the day to day management of the home and visited the home on a regular basis. During the inspection we saw that people knew who the provider was and it was evident they knew people well and what was important to them.

The registered manager had overall responsibility for the home and was supported by the deputy manager and senior staff. As well as being supported by the staff team, the registered manager worked alongside the

provider, senior management team and other managers' in the group to ensure fundamental standards were met. The provider held managers' meetings and deputy and senior carers' meeting monthly. These provided managers and senior carers with the opportunity to gain advice, knowledge and support. The deputy manager told us "It's really good to get together to discuss what everyone does and what works for them. It's really useful".

People and relatives were regularly asked about what could be improved and what was working well for them at Bascombe Court. This was done through questionnaires and regular meetings. People and relatives participated in an annual quality assurance survey. The results were collated and analysed and shared with all staff, people and relatives. The last survey completed in 2015 showed a high level of satisfaction with the standards of care provided. Comments included "The staff have been exceptional", "The minute we walked into Bacombe Court it felt right" and "A very good care home with friendly staff". Information for people was displayed in the home and included leaflets about people's rights and standards people should expect.

There were systems in place to regularly monitor the quality and safety of the home. Checks were being carried out on a daily, weekly and monthly basis. These included checks on people's medicines records, care plans, accidents and incidents that had occurred and health and safety within the home. This supported the home in providing a quality care that considered people's health, welfare and safety at all times.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, GP, the district nurse team and the local authority.

The registered manager kept their skills and knowledge up to date by training and research. They attended training and meetings with other managers of homes owned by the same provider. This enabled them to share good practice and ideas.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.