

Sanctuary Care Limited

# Basingfield Court Residential Care Home

## Inspection report

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Date of inspection visit:

28 April 2022

05 May 2022

Date of publication:

30 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Basingfield Court Residential Home is a residential care home providing personal care to up to 52 people. The service provides support to people aged 65 and over. The care home accommodates people in one adapted building over three floors. At the time of our inspection there were 40 people using the service.

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

People told us they were happy and safe living at Basingfield Court Residential Home. Relatives told us their relatives felt safe, and that the home was clean and well maintained.

We found the provider ensured people were supported safely. There were sufficient numbers of suitable, motivated staff. Recruitment files did not have all the safe recruitment checks at the time of inspection but the provider took immediate action to rectify this.

Processes and procedures were in place to store and administer medicines safely. Relatives told us they did not have any concerns regarding people receiving their medicines safely. We were assured appropriate infection prevention and control measures were in place to protect people against the risk of COVID-19 and other infections.

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

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

### Rating at last inspection and update

The last rating for this service was good (published 03 May 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Basingfield Court Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Basingfield Court Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and one Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Basingfield Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Basingfield Court Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 April 2022. We visited the service on 28 April and 05 May 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

#### During the inspection

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

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records sent to us by the registered manager.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe and safeguarded from abuse in the home. When asked if they felt safe, one person told us, "Yeah of course" and one relative said, "Yes, Mum is safe. I observe things, I can see the way staff treat her."
- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect instances of abuse. Staff were confident if they were to raise a concern it would be dealt with appropriately.
- The provider had suitable policies and processes to keep people safe. This included procedures on safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- The provider had processes to identify, assess and manage risks to people's individual safety and wellbeing. These included risks associated with health, falls, skin integrity and medication. One relative told us, "[My relative] does use the hoist and I'm not aware of any problems, her wheelchair is always available."
- Health and safety checks of the building were completed effectively with documented maintenance records. Maintenance and repairs were carried out by a named staff member at the home.
- Fire risk assessments were completed annually by an external company, with the latest being completed in February 2022. Fire extinguishers had been serviced and fire drills were taking place regularly. People had individual evacuation plans in the event of an emergency where they had to leave the home.
- There was a risk assessment in place for legionella, a bacteria found in water systems which can cause a potentially fatal infection, which was completed by an external professional. There was evidence of ongoing work to replace temperature valves and other areas had been identified as needing further work. Regular checks were done to ensure this was maintained, however some temperature checks with low readings still needed to be investigated. The registered manager told us they would re-check these temperatures and follow up with maintenance.
- The provider assessed and managed risks associated with the environment in which people lived. These included infection control risks during the COVID-19 pandemic.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were sufficient numbers of staff to support people safely and in line with their needs. Although some relatives told us they wanted to see more staff, we did not observe any negative impact on people during the inspection. One person said, "As far as I'm concerned there is always someone [available for me]."
- The provider's recruitment processes and policy did not meet the requirements of the regulations. The provider's policy only asked for two references from the last three years. This meant they were not always getting satisfactory evidence of conduct in previous employment where the candidate worked in health and social care, or where they worked with vulnerable adults and/or children. The provider corrected this during the inspection to include this requirement. Disclosure and Barring Service (DBS) checks were completed before staff started employment with the provider. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had suitable training as part of their induction. This was regularly updated to ensure staff had the required knowledge to perform their job roles.

#### Using medicines safely

- People received their medicines safely and in line with their prescription. The provider was moving to an electronic system for administering medication as it was a better and more accurate system. Paper copies of the medication administration records would still be available as a backup in case the electronic system was unavailable.
- Staff who administered medicines had appropriate training and their competency was checked. Medicines records were complete and up to date. We observed staff administering medication appropriately and safely. Staff we spoke to knew the medication needs of the people they supported well.
- Staff managed and stored people's medicines safely and securely. There were appropriate guidance and protocols, including for medicines to be taken "as required". Checks of stocks of controlled drugs were completed on every shift. One person told us, "I know I get painkillers, paracetamol and yes I do [get them when I need them]."

#### Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance, including regular audits in the home. Processes and procedures were updated in line with COVID-19 requirements.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider allowed visits to the care home in line with government guidance. There was a pod to allow visits to take place whilst reducing the risk of infection to the rest of the home. Indoor room visits were also taking place when appropriate. When it was not possible for relatives to visit, people were supported to keep in touch via video calls. This had worked well during the height of the pandemic and had continued to be used where people wanted it.

#### Learning lessons when things go wrong

- Staff understood the need to report accidents and incidents. The reports were followed up by the registered manager to identify any learning to improve people's care and support. This included analysis of falls to better understand and reduce the risks to people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager and provider carried out audits of various elements of the service. These audits helped to identify areas that needed further action. For example, audits relating to legionella risk management had identified actions that had been, or needed to be, resolved. Audits were also used to identify trends and these could be discussed as focus topics with staff. Not all actions had been completed from the last audit, but the registered manager had prioritised these with appropriate dates.
- There was good oversight of the registered manager with provider audits highlighting areas of improvement. The provider gave regular updates to the registered manager. There were meetings with other managers and support was available from the provider's human resources and quality departments as needed.
- The registered manager kept up to date with current guidance and standards through local professional forums, online resources and the provider's line manager calls.
- The registered manager analysed incidents on a separate system. This was used to decide if others needed to be involved such as GPs or falls team. Trend analysis was also completed on incidents to see if there was anything of high risk that needed to have action taken.

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

- Some relatives said that communication could be better and it was difficult to get hold of the service on the telephone. However, there was positive feedback about the registered manager. Relatives said the registered manager was available, very friendly and they would talk to her. One relative told us, "Any problems and I would go directly to [registered manager], she makes herself available at all times, I can't fault her."
- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the home. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff said, "Yes I do [feel supported]. If I'm not happy I can speak to the senior, the [registered manager] or [deputy manager]. If they can change it they will."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives. One person's relative said, "[Registered manager] is lovely, she always responds, she knows mum, she's very 'hands on'."

She is great at communicating, I get a phone call if I need to know something."

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

- Staff were clear about their roles, people's risk assessments and how to report issues. One staff member told us they would feel comfortable reporting any issues to the registered manager if they had concerns.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. This included quality audits to check the home and people's care continued to meet their needs.
- The manager was aware of reporting requirements to CQC and other organisations. These included regular updates on people's testing and vaccination status. The provider had arranged for district nurses to come to the home to ensure people were vaccinated and protected from COVID-19.

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

- The provider involved people who used the service and their families where they could. People were able to express their views. One person told us, "Yes, I can tell staff what I wanted". Resident's meetings took place where people at the home could feedback and influence what action would be taken in the home, however, these were not as regular as the registered manager would like. The registered manager had re-introduced relative's meetings with one planned shortly after the inspection. This had gone down well with relatives we spoke to.
- Staff told us they felt engaged and involved. There were regular staff meetings with staff saying they were, "normally every month." Staff said the registered manager listened to what they had to say and that things changed as a result.
- Although staff felt supported, staff supervisions were not always happening regularly for all staff. Supervisions are opportunities for two-way conversations. The registered manager and their deputy were going to ensure that staff who hadn't had a recent supervision had one after we raised this.

Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with GPs, the multi-disciplinary team, mental health team and district nurses to maintain people's health. The registered manager had made sure that people were getting regular medication reviews to ensure they were getting the appropriate medication. This had led to people having a positive change or reduction in medication being taken.
- The home had also received good support from the clinical commissioning group and with their support had implemented RESTORE2 which the registered manager said was working well. RESTORE2 is a physical deterioration and escalation tool for care/nursing homes designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and take appropriate action.