

Bagshot Rehab Centre Limited

Bagshot Park Care Centre

Inspection report

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Date of inspection visit:
11 May 2023
19 May 2023

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19 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bagshot Park Care Centre is a residential care home registered to provide personal and nursing care for up to 35 people. The service provides support to people with a physical disability and sensory impairments, including rehabilitative care. At the time of the inspection, there were 21 people living at Bagshot Park Care Centre.

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

People and their relatives told us staff were kind and caring towards them and they felt safe living at Bagshot Park Care Centre. There were sufficient staff deployed to support people with their needs. Staff were aware of risks related to people's care and how to support people appropriately. Staff knew how to whistle blow and raise concerns inside and outside of the organisation should they need to.

People's medicines were managed safely, and staff knew how to support people appropriately with their medical conditions. People told us they had access to healthcare professionals when they needed this. Feedback from healthcare professionals and care records we reviewed confirmed this.

There were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care assessments were person-centred and included information on risks associated with people's care. People and their relatives told us the food and drinks on offer were of a good standard.

Staff had received regular training and supervisions to perform their roles effectively. People and their relatives told us they felt staff were appropriately trained. Staff were supported with their progression; and supervisions included discussions around personal and professional development. Staff worked well with healthcare professionals to achieve positive outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The premises were accessible throughout and adapted to people's needs.

There were systems in place to monitor the quality of the care provided. The registered manager undertook regular audits, and the provider supported the registered manager appropriately. People and their relatives told us they knew how to complain and that the registered manager would listen to their concerns. They

told us that they were given the opportunity to feed back on the service and attend meetings.

People, their relatives and staff told us that there was a positive atmosphere at the service which engaged them. They told us that the service was managed effectively and spoke positively of the registered manager and staff.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 11 March 2020). There were no breaches of regulation identified. We inspected the service again using the targeted inspection methodology (report published 24 September 2020) where we did not identify any breaches of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bagshot Park Care Centre

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

The inspection was carried out by 2 inspectors, 1 specialist nurse advisor and 1 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.

Service and service type

Bagshot Park Care Centre 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. Bagshot Park Care Centre is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 May 2023 and ended on 19 May 2023. We visited the service on 11 May 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We received feedback from 6 healthcare professionals who recently engaged with the service. We spoke with 11 members of staff including the registered manager, the quality assurance and compliance manager, registered nurses, carers, wellbeing coordinator and the therapy lead. We observed interactions between staff and people who used the service. We reviewed 7 people's care records, 6 staff recruitment files, medication administration records, policies and governance records.

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 rated 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 and their relatives told us they felt safe living at Bagshot Park Care Centre. One person told us, "It's the people that make me feel ever so safe." Another person said, "Safe yes, very safe there are locks on doors, and everything is comfortable." A relative commented, "I'm very happy with [person's] care. She's well looked after and very safe."
- Staff understood what could constitute abuse and knew the steps they should take if they suspected abuse. One member of staff told us, "Physical abuse is someone who has a mark or tells you something has happened. I would escalate it to my line manager. I would incident report it. You can go to the local safeguarding service."
- Staff had undertaken training for safeguarding and whistleblowing (reporting concerns) and understood their responsibilities in relation to this. One member of staff told us, "We've got noticeboards [which inform staff how to whistle blow] everywhere, there's a line to follow and we've got somewhere to check if you're worried about abuse. They're on every level of the floor."

Assessing risk, safety monitoring and management;

- People and their relatives told us risks in relation to their care were managed well by staff and they were involved in the decision-making process. One person told us, "The staff are great, they help me try to live as best I can, I feel very safe and cared for." A relative said, "I never worry. He is very safe here. There is good morale amongst staff, and they go to endless trouble. [Person] really gets to know the staff and they know him very well, and they know what makes him tick."
- Staff knew how to keep people safe from harm and knew about the risks associated with their care. One member of staff told us, "We've got people with pressure sores [and] complex postural needs. They'll have repositioning care plans to help with pressure sore prevention." Another member of staff said, "We've got risk assessments in place. I know my clients pretty well so I know what their risks are. I can also ask the therapists if it's mobility or level of fluids."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. Risk assessments completed by staff included choking, the use of bedrails, skin integrity and falls.
- The provider had an evacuation plan and people had individual personal emergency evacuation plans in place. Fire exits were free from obstruction and marked clearly. Regular fire drills and checks had taken place to ensure equipment was functional in the event of an emergency.

Learning lessons when things go wrong

- The registered manager had completed accident and incident reports, shared these with the local authority and sought advice from healthcare professionals appropriately. Where suggestions were made, the registered manager implemented these effectively.

- The registered manager monitored accidents and incidents to identify patterns and reduce the risk of them happening again. For example, where a person was at risk of falling, staff implemented one-to-one monitoring to reduce the risk of falls.

Staffing and recruitment

- People and their relatives told us there were sufficient staff to meet their needs. One person told us, "There are lots of staff and I can call them, I feel protected and cared for." A relative told us, "Even at weekends there are plenty of staff about, we know them. Just occasionally there are agency staff, but only if people are off sick."
- Staff attended to people in a timely manner and there were regular checks in place for people who preferred to stay in their rooms. The registered manager regularly reviewed staffing levels and adjusted these to ensure people's needs were met.
- The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, right-to-work checks for international staff, checks with the Nursing and Midwifery Council (NMC) and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were received, stored and administered safely. People's medicines were recorded in medication administration records (MARs) and there were no gaps in administration. One person who used the service told us, "I have my pills as regular as clockwork, I know what I have and I can always ask about my plan."
- MARs included detailed information on how to administer medicines. For example, where a person received their food through enteral feeding tubes, there were clear instructions for staff to follow to ensure this was done safely. We observed staff administering medicines including via tubing safely and in a person-centred way.
- Documentation showed that staff had undertaken training and competency checks to ensure they had the skills required to administer medicines safely. Competency checks included ensuring staff knew how to administer, store, record and dispose of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- People's family and friends were able to visit at a time that suited them, and staff supported people with visits where they needed this. A relative told us, "We can have the family here whenever we want, and can have quite a gathering, everyone is welcomed."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last rated inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We recommended at the last rated inspection that agency staff and temporary staff should receive the training required to be effective in their role. We found this was now the case whereby the service block-booked agency staff so they could get to know people and ensured they had completed training in relevant areas prior to working at the service.
- Staff had completed an induction which included shadowing a senior member of staff and regular training to perform their role effectively. Where staff were performing extra roles such as assisting in tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe) management, they had undertaken specific training. One member of staff told us, "I do practice the tracheostomy as well. There's a refresher every six months or year."
- Staff told us they had received regular supervisions to discuss performance and areas of training and development they wished to undertake. Records showed staff had discussed performance, mandatory and extra training. Where staff wanted to explore other roles at Bagshot Park Care Centre, they were supported by management to do this. One member of staff told us, "We talk about if we have any problems. They give you the option to talk about training."
- The service had a training matrix in place to ensure staff had completed training and regular refreshers. Where staff were due to complete a refresher, the registered manager followed this up to ensure this was completed in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We recommended at the last rated inspection that the provider ensure decision specific capacity assessments are in place and DoLS applications reflect the restrictions in place. We found this to be the case at this inspection.
- Records showed that staff had undertaken best interest decisions with the involvement of relatives and healthcare professionals where a capacity assessment indicated that a person lacked the capacity for a specific decision. These were decision-specific and included information such as for lap belts on wheelchairs and lack of insight into the risks of skin breakdown.
- People who used the service and their relatives told us staff knew to seek consent before commencing support and were respectful of people's choices. One person told us, "The staff are respectful, helpful and caring – couldn't fault them."
- Where a person lacked the capacity and a best interests decision was made, staff had submitted a DoLS application to the local authority and had involved relatives, healthcare professionals and the individual.
- Staff had undertaken training for MCA and DoLS. Staff had a good working knowledge of the MCA and were able to show us capacity assessments and best Interest meetings which had taken place. One member of staff told us, "Always assume someone's got capacity, read the care plan and talk to people."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had undertaken assessments with people and their relatives to ensure they were able to meet health and social care needs prior to admission to the service. One person said, "I feel in control of my care here." A relative told us, "I can be involved in the care plan, and I know what's going on."
- Pre-admission assessments included information on health and social care needs, and details of people involved in the individual's care. Where people had religious or cultural needs, these were accommodated for by staff. Staff had undertaken training in 'Equality, Diversity & LGBTQ+' to gain a better understanding.
- Assessments were completed in line with national guidelines and the service's policies and procedures reflected this. For example, staff completed nationally recognised tools such as the malnutrition universal screening tool to monitor weight loss and in relation to insulin-controlled diabetes care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were able to choose what they wished to eat and drink and that the food provided was of a good standard. One person told us, "I have difficulty eating – and really crave certain foods, but as soon as they come I don't like them, but they try really hard to find me something I can eat, and I am encouraged to drink all the time" Another person told us, "The food is really, really good. I'm on salads as I'm putting on a bit of weight here!"
- Where people were receiving a modified texture diet, this was presented well and staff asked people and their relatives about their preferences to ensure people enjoyed their food. Where people who were receiving a modified texture diet had birthdays, kitchen staff ensured the birthday cake was also made in the same modified texture so people could enjoy this safely and in a dignified way.
- We observed staff regularly offering people drinks to reduce the risk of dehydration and developing urinary tract infections and there were snacks available throughout the day.
- Where people were receiving restricted diets such as for diabetes, kitchen staff understood their role well and offered people healthier alternatives. One member of staff told us, "We have sugar free jellies and we will give a natural yoghurt or something with less sugar in. If we can't get something, then we outsource it."
- Staff supported people to eat and drink in a kind and respectful manner. People were offered a choice of meals and snacks and were able to request an alternative if they preferred. Training records showed staff

had undertaken 'fluids and nutrition' and 'food hygiene' training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access healthcare professionals when they needed to. One person told us, "The GP comes to see me." A relative told us, "The GP comes once a week and deals with most things."
- Healthcare professionals told us staff referred people appropriately and supported people to access healthcare services effectively. One healthcare professional told us, "In terms of engagement, we have always found the team to be extremely responsive." Another healthcare professional commented, "The nursing staff and [registered manager] will call or email for advice appropriately, and due to the complexity and challenges we have worked with Bagshot Park Care Centre and the Hospital team involved in the patients' enteral care to put in place ways of working to minimise hospital visits for all their patients."
- Care records showed that staff shared information with healthcare professionals when this was appropriate. For example, the speech and language therapist along with the multidisciplinary team regularly reviewed the PEG (a type of enteral food delivery) nutrition care plans.
- People's oral care needs were recorded in care plans and people had regular access to a dentist. A relative told us, "The dentist also comes to visit. [Person] can clean her own teeth and staff are always there to help or get new toothpaste if necessary or tell me and I get it."

Adapting service, design, decoration to meet people's needs

- The service was set across two floors and decorated to a good standard to meet people's needs and preferences. People had access to the garden via a lift and staff supported them to access the outside areas where they wished. One person told us, "The garden is one of the nice things about being here."
- There were several adaptations to the premises to meet people's specific needs. For example, there was a sensory room for people to use and we saw people appeared to enjoy using it on the day of the inspection.
- The floors were on one level and corridors were sufficiently wide for the equipment in use. We observed people being supported in wheelchairs to move around the service independently.
- People's rooms had been personalised with their own items and people were able to bring their own furniture should they wish to. People were encouraged to bring items that were important to them and people told us they found their rooms comfortable. One person told us, "My room is cleaned every day, and sheets changed too, I'm ever so comfy."

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 rated inspection we rated this key question requires improvement. At this inspection the rating has changed to good. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last rated inspection we recommended the provider ensure healthcare plans were easy to understand for staff without a medical background. We found that the provider had addressed this and staff told us they were able to understand what was recorded in care plans and risk assessments. One member of staff told us, "We do have enough time to read the care plans. We check what they need to be safe and it says if they have disabilities or special equipment. We can ask the nurses as well."
- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform in their roles and knew who to approach if they were unsure. One member of staff told us, "I will directly go to [registered manager]. I can go to her anytime."
- The provider had a regularly updated 'provider oversight' document which looked at areas such as complaints, audits, incidents and accidents, call bell response times, safety checks and trackers for supervisions. The provider had this in place to ensure registered managers were undertaking checks in line with regulatory requirements.
- Staff had undertaken regular audits for areas such as medication management, health and safety, call bell response times, the environment, training compliance and kitchen audits. Where these had identified issues, there were plans in place to address this.
- Where we highlighted minor areas for improvement during the inspection, the registered manager proactively addressed this immediately and involved people and staff in the process. For example, in relation to medicines storage, the provider immediately ordered a new shelving unit.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate. We saw in records that the local authority and other relevant agencies had been informed of incidents.
- Relatives told us they had been informed of significant incidents and changes in line with agreed communication plans. One relative told us, "The communication is good, I can always ring, and I usually speak to [person]. I don't need to speak to the manager."

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

- People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "I can say how I'm cared for, and I couldn't be more happy. I know them (staff), every single one is lovely." Another person told us, "The [registered] manager is a very nice lady, I would recommend the

service to other people." A relative said, "The staff are incredible, nothing is too much trouble for them." A third relative said, "The manager is lovely; all concerns have been dealt with very quickly."

- Staff were complimentary about the leadership and culture in the service. One member of staff told us, "It's a good atmosphere. It's a lot better now." Another member of staff said, "I would absolutely recommend it to anybody [to work at Bagshot Park Care Centre]."
- The registered manager was visible and approachable throughout the inspection and knew people's needs and preferences. People, their relatives and staff appeared to be at ease around the registered manager and felt they were approachable. The registered manager told us they operated an open-door culture and expected the same from all managers in the service. A member of staff told us, "We just had an event for the king's coronation. [Registered manager] came in on her day off. Everybody was involved."

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 understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents which had not been reported that qualified as duty of candour incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform in their roles and knew who to approach if they were unsure. One member of staff told us, "I will directly go to [registered manager]. I can go to her anytime." Another member of staff said, "I'd ask [registered manager] in the first instance. She always knows what to do."
- The provider had a regularly updated 'provider oversight' document which looked at areas such as complaints, audits, incidents and accidents, call bell response times, safety checks and trackers for supervisions. The provider had this in place to ensure registered managers were undertaking checks in line with regulatory requirements.
- Staff had undertaken regular audits for areas such as medication management, health and safety, call bell response times, the environment, training compliance and kitchen audits. Where these had identified issues, there were plans in place to address this.
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Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the service and that their comments would be considered. One person told us, "The boss lady? – oh she's lovely, like a mum, if you need anything she'll sort

it out, always in a couple of days."

- The provider had sought feedback from people who used the service, relatives and staff which was looked at, and meetings were held for people to express their views. We saw several notices displayed in the services which advertised upcoming meetings. A relative told us, "There is a questionnaire that comes out monthly and if there is something that comes up it is dealt with promptly. I'm not saying that there isn't anything that has happened, in four years you'd expect that, but it is always acted upon and dealt with quickly. Very happy indeed."
- Staff told us they felt engaged in the running of the service and felt valued. One member of staff told us, "If I see something that can improve, they (management) would absolutely listen." Another member of staff said, "There's posters all around when the residents and staff meetings are going on. If we've got any concerns, then we can just say."
- Care records evidenced that healthcare professionals and the local authority had been involved in people's care to achieve positive outcomes for people. Healthcare professionals we spoke with confirmed this. One visiting healthcare professional told us, ""We are welcomed as part of their team and when we want to showcase our service during a shadow shift with one of our nursing team Bagshot Park Care Centre is one of the first places we ask because we are confident of the welcome we receive and the high standard of care they give the enteral patients."