

Anchor Trust

Buckingham Lodge

Inspection report

Culpepper Close
Aylesbury
Buckinghamshire
HP19 9AD

Website: www.anchor.org.uk

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12 December 2017
15 December 2017

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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

Our last inspection of the service was on 4 April 2017. The overall rating at that time was requires improvement with three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice to the provider as they were in continued breach of regulation 12 in relation to managing medicines. Following the previous inspection we found care plans did not relate to care provided, people's nutritional and hydration needs were not met, a designated member of staff was not available to manage the service and audits were not fully completed to show shortfalls.

We asked the provider to complete an action plan to show what they would do to improve the key questions in safe, effective, caring, responsive and well led.

The previous registered manager had implemented actions from the action plan which had shown improvements in all areas had been made and the provider was no longer in breach of the regulations. The inspection took place on 12 and 15 December 2017 and was unannounced. At the time of the inspection the previous registered manager had left the service. There was a person managing the service who had submitted an application to become the new 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 2008 and associated Regulations about how the service is run. The person managing the service had been in post since November 2017.

Buckingham Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate 64 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection there were 37 people using the service.

Medicines were managed safely; we examined the handling of people's medicines during our inspection. Medication Administration Records (MAR) charts were correctly completed and people received their medicines as prescribed by the GP.

People were safeguarded from abuse. There were systems in place to ensure people were safe. Staff were knowledgeable about abuse and what to do if they had any concerns. People told us they felt safe living at Buckingham Lodge.

Staff were available to support people. Our observations showed that staff were able to spend quality time with people and care was not rushed. People told us staff were kind and caring.

Risk assessments were in place and were regularly reviewed. People with a specific risk such as malnutrition

had a care plan in place to support this.

Staff were knowledgeable and received effective training and support to enable them to carry out their role.

The service complied with the Mental Capacity Act 2005 (MCA). Staff understood the mental capacity, best interest decision making and deprivation of liberty. We saw evidence of best interest meetings and decisions made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of menu and could have additional snacks throughout the day. We saw people were offered fluids throughout the day to ensure they did not become dehydrated.

The service provided responsive care, people's wishes, preferences and dislikes were taken into consideration. Complaints were responded to and used as a way of improving the service.

Staff told us the culture of the service had improved and they felt supported by the management. One member of staff told us, "Definitely a big turnaround." Audits were used to monitor the quality of care.

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.

Medicines were managed safely and effectively.

Risk assessments were in place to keep people safe.

People told us they felt safe. Relatives commented their family member was well looked after.

Is the service effective?

Good ●

The service was effective.

People at risk of malnutrition had a plan in place to manage this.

People had access to appropriate healthcare professionals for specialist input.

Staff received regular supervisions and training. Staff told us they were supported

Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care from staff.

People were involved in their care.

People had their dignity respected. People told us they were happy with the care they received.

Is the service responsive?

Good ●

The service was responsive.

People received individualised responsive care.

The provider responded to complaints appropriately.
Meetings were held to allow people and their relatives to share their views about how the service was run.

Is the service well-led?

Good ●

The service was well led.

Staff told us they were supported and valued.

The workplace culture was open and transparent.

Management listened to staff and acted accordingly.

Audits were carried out to ensure the service continually improved.

Buckingham Lodge

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 15 December 2017 and was unannounced. The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience in using or caring for someone who uses this type of care service.

Before the inspection, we reviewed notifications and any other information we had received. A notification is information about important events, which the service is required to send us by law. The provider 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 spoke with five people who used the service, and three relatives. We spoke with the area manager, the regional manager, the person managing the service, the deputy manager, six members of staff and the chef manager.

We looked at three care plans relating to people's care needs. These included risk assessments and daily monitoring charts. We checked the Medication Administration Records (MAR) for each unit. We also looked at four personnel files and records associated with the management of the service, including audits for monitoring the quality of the service.

We looked throughout the building and observed care practices and staff interactions with people.

Is the service safe?

Our findings

During our previous inspection the provider was not meeting regulations and was in breach of regulation 12; medicines were not managed safely and effectively. We issued a warning notice as this was a continued breach of this regulation.

We found that during this inspection improvements had been made, medicines were managed safely and effectively and the provider was now meeting this regulation. We inspected the Medication Administration Records (MAR) for each of the units and found them to be completed correctly. In addition we checked the stock levels of some medicines including controlled drugs (CDs). Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We found stock levels were correct and sufficient to enable people to receive their medicines as prescribed.

People we spoke with told us they felt safe living at Buckingham Lodge. Comments we received included, "Yes, I like it here, the staff are lovely and helpful, and I wouldn't like to live anywhere else." "Yes, I don't know why, just being here, I sleep very well at night, I get my medicine on time and they watch me take it." One relative we spoke with told us, "I wouldn't want [mother] anywhere else."

Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. We saw the service had a 'safeguarding adults and preventing abuse' policy which was in line with keeping people safe. Staff told us they would not hesitate in reporting any concerns they had to the relevant authority.

The service protected people from risks associated with their care. We saw that risk assessments were in place for falls, moving and handling, malnutrition and skin integrity. In addition people who had a specific risk such as choking had risk assessments in place to ensure their safety. Personal Emergency Plans (PEEPS) were in place for people in the event of an emergency such as a fire. The aim of a PEEP is to provide people with any form of a disability, who cannot be adequately protected by the standard fire safety provisions within a premises, with a similar level of safety from the effects of fire.

We inspected the services health and safety file. This recorded legionella testing, hoist and sling servicing, weekly fire alarm call point checks and a contingency plan in the event of emergencies. We noted that all the checks had been satisfactorily signed off as completed with no requirements or advisories from the relevant parties.

Records were maintained to a high standard and were kept secure to ensure confidentiality.

We saw there were sufficient numbers of staff available to spend time interacting with people and to meet their needs. One person we spoke with told us, "I have a call bell by the side of my bed that I've used and they (staff) are there in minutes day and night." Another person told us, "I press the call bell if I want someone and they come quickly." We asked two relatives who were visiting their family member if they felt

there was enough staff. They told us, "Yes we think so, and it doesn't matter what you ask them, they have an answer for you, they don't have to ask anyone else and in a short period of time they have got to know our names." We were aware the person had recently started using the service.

The service followed safe recruitment practices. We looked at four recruitment files and found the service had completed the necessary checks for new staff. We saw staff had proof of identity, job history and references. Disclosure and Barring Service checks (DBS) had been made prior to staff commencing appointments. This ensured relevant checks were made to make sure potential staff was suitable to work with vulnerable adults.

Accidents and incidents were recorded and reported internally and externally where appropriate. We saw where themes were identified advice was sought from relevant health professionals to support people and the service. For example, we saw that one person had had several falls. The service had sought advice from an occupational therapist to explore ways of reducing the frequent falls. We saw that exercises were given to the person to perform, and a grab rail was obtained to assist them getting out of bed.

The premises were cleaned to high standards to ensure people were protected from infections. One person commented, "My room is clean and they clean it every day, the home is kept very clean, there is always someone cleaning." This was confirmed by the domestic staff we saw on both days of our inspection and the records relating to the cleaning schedule of the premises.

Is the service effective?

Our findings

During our previous inspection the provider was not meeting people's nutritional and hydration needs. The service failed to put measures in place to manage people's weight loss. We found during this inspection improvements had been made and the service was now meeting this requirement.

People's needs were assessed prior to being admitted to the service. This included an assessment of physical needs, mental health and social needs. The initial assessment enabled a plan of care to be formulated and was followed by ongoing assessments when needs changed and care plan reviews with outcomes recorded.

The care plans we viewed were person centred and detailed the needs, preferences and choices of people including whether people would prefer a male or female member of staff supporting them. One person told us, "I need help washing and I don't care who helps me male or female." Another comment we received was, "I have a shower and bath, and they do help me with it, I really only like a female carer to help me."

People were supported by staff that had the skills and knowledge to perform their role. Training records we viewed showed satisfactory induction, training, supervision records and appraisals. Staff told us the training was good. The service had recently developed a programme to enable staff to progress. One member of staff told us, "My next plan is to get my level three in social care and the organisation will support this. Another member of staff said, "The training is incredible, I am now the manual handling trainer."

People were supported to maintain a balanced diet and were involved in choices about what they ate. One person said, "The food is good, and we get a choice, my favourite meal is fish and chips. I can have a bowl of cereal before I go to bed if I am hungry." Another person said, "Food is good if you don't like what's on the menu you can always get something else. If I was hungry at night I could always ask for something like toast." People were given a choice where they would like to eat their meals. We observed that the chef visited people to get feedback about the meal they had that day. Monthly meal time experience observations were completed by the senior management in the service.

People at risk of malnutrition had a nutritional assessment in place to ensure they received adequate nutrients to prevent them from becoming malnourished. The service used the Malnutrition Universal Screening Tool (MUST) to monitor and assess people's weight and nutritional requirements. MUST is a five step screening tool to identify adults who are at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan. We spoke with the Chef Manager who told us that the kitchen received weekly updates in relation to people's food requirements. They told us, "All my staff in the kitchen know about the MUST tool. We saw that when staff had concerns relating to people's ability to swallow they were seen and assessed by the relevant healthcare professionals. One person we noted had difficulty swallowing. Staff had recorded in the person's care plan that they (person) coughed when drinking. The person had been seen by the relevant specialist and specific advice had been given. For example, 'soft diet' and to monitor.

Staff worked together with various professionals in implementing people's care and treatment. People who required it had input from specialist nursing professionals such as Parkinson's nurses. In addition we saw regular visits from the GP took place. The service used a system where people had 24 hour access to a medical professional via a web cam.

The premises and equipment was suitable and promoted choice and independence. For example, large wide corridors to accommodate wheelchair users. Well-lit hallways which offered seating areas and quite spaces for people to spend time alone or with friends and family. Disabled access, grab rails and disability adaptations and equipment were available. In addition the service had gardens with 'bee' education centre, hairdressing, chiropody and reflexology services.

Consent to care and treatment was sought in line with legislation and guidance. Staff showed an understanding of consent. Staff told us, "We assume people have capacity. We offer choices on a daily basis such as what to wear, if they want a bath or shower and what they want to eat."

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 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.

People can only be deprived of their liberty to receive care and treatment when it 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). We checked whether the service 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 saw the service had completed and submitted applications for standard DoLS authorisations as a requirement of the MCA. We saw that some applications had been granted and some were still waiting for decisions to be made by the local authorities.

Is the service caring?

Our findings

During our previous inspection we found care plans did not relate to the care provided. The service did not anticipate people's needs effectively. Staff did not consistently demonstrate dignity and respect. We found during this inspection improvements had been made and the provider was now meeting this requirement.

We observed staff to treat people with kindness and compassion throughout our visit. People's needs were anticipated effectively and staff demonstrated dignity and respect towards people.

Comments we received from people included, "It's good here, it's like a hotel." "I would recommend this place." "Oh yes it's a nice place and the staff are nice and friendly, the staff have helped me to get to this place in my health. When I first came in I was on the ground floor and used a walking frame, I was very ill they have helped me no end."

Relatives commented, "We see loads of staff around if my [sister] needs anything." "(Member of staff) is very good, all the residents like [him]." "[She] lost a lot of weight in the previous place and that's not happening here. They make sure [she] is always clean and tidy."

Staff respected people's privacy and dignity we observed staff knocking on people's doors before waiting to be invited in. Information about people was treated confidentially; records were stored in a locked office. Confidentiality about people's personal information was maintained. We saw records were stored within the main office.

People could be as independent as possible. One person told us, "I do the washing up and sometimes make my own bed and I help with setting up the tables." The person's family member told us, "My [mother] doesn't have to help with the washing up, but [she] thinks [she] should, which I don't have a problem with." One member of staff told us, "Some ladies like to go into the laundry to collect their own clothes." The service kept a book of pictures showing how people were helped to keep their independence by making beds, baking, washing up and laying tables.

Information on what's important to people was recorded and supported on a daily basis. Local news and contact details of organisations was clearly displayed on notice boards throughout the premises. Accessible information was available in large print, audio books and visual aid cards for people who required this. People's rooms were decorated with items that were familiar to them. Feedback from one relative was, "I don't know if it helps having the pictures but it makes the room feel homely."

The service demonstrated that information was available for people and their families relating to independent support and advice. We saw information relating to advocacy services displayed on notice boards throughout the service.

Relatives were able to visit without restrictions. People were able to receive their visitors at a place of their

choice. For example, in one of the family rooms or in the quite lounges.

Staff enabled people to be involved in their care, treatment and support. The service involved relatives, where appropriate, in the personal planning and review process. If people did not have capacity to sign the review a representative relative or advocate would be included in the process.

One person told us, "I make my own decisions for my care and yes I have seen my care plan."

Is the service responsive?

Our findings

During our previous inspection we found people did not receive care and support that reflected their preferences. We found improvements had been made and the provider was now meeting this requirement.

People's care was personalised and took into account mental, physical, social, emotional, gender, race, religion, belief and sexual orientation. Preferences were recorded in relation to male or female staff supporting people. Care plans we viewed included people's life history, individual preferences and abilities to enable people to have as much choice and control in their daily lives as possible. For example, we saw one person was required to carry out specific exercises to enable them to gain strength in their upper body. The exercises would enable the person to use a grab rail to get out of bed. The person had been seen by a specialist health professional who had advised the exercises. Another person required input from a specialist nurse to manage their condition. The information was clearly recorded in care plans to allow staff to support and monitor progress.

The service had a range of activities people could be involved in. People were offered choice and opportunities to engage in a variety of activities and social interaction based on their preference and strengths. We saw an activity calendar displayed on notice boards on each floor. One person told us, "I do activities but not as much as some; I like flower arranging and most things." Comments from another person were, "I would like to see only one activity daily, sometimes there can be three on the planner and it's too much." We spoke with the activity coordinator and they told us, "I have been an activity coordinator for eight months; I was a carer beforehand. I am really proud of what I have done with the cinema room. It was the quite lounge but it was very dull and nobody came in here. I painted it and refurnished it and its brilliant now and we use it all the time." We were told that people have support to write letters to their families and each person had their own activity record.

On both days of our visit we saw people engaged in activities. Children from the local school visited the service and sang carols to people. Halfway through they stopped singing and spoke with the people in turn before starting singing again. We saw that families also attended the event. We were told a priest visits the service for prayers and communion at people's request. People had access to the wider community some people were able to independently leave the service to visit shops or go for walks, and others required support from staff to do this. People had the opportunity to attend trips out on a weekly basis up until the month of October.

There was a complaints process and system people and their families received when they first joined the service. Complaints were used as an opportunity to improve the service. People told us they knew how to make a complaint. Complaints were recorded and processed in accordance with the services policies and procedures. One complaint we saw involved visitors being verbally abused by a person living at the service. This was responded to with a written apology and a meeting with the complainant.

The service held regular resident and family meetings. One person told us, "We had a meeting a few weeks

ago and I went to it, and yes, they do listen to what you say, but I don't have much to say." Another person commented, "Yes I have been to the meetings and they are good, they do listen and act on what we have to say." We saw feedback from the meeting and comments we saw were, 'everything is adequate' 'everything is good at the moment'. One person commented that there were too many activities in one day. The activity coordinator told us they had cut the activities now to just one each day. This demonstrated the service listened to people's feedback and took action when required.

Where appropriate people's wishes around end of life choices were discussed and recorded. The service worked closely with the local palliative care team to ensure people's care was managed effectively. There were no people receiving end of life support at the time of our inspection.

Is the service well-led?

Our findings

During our previous inspection we found there was lack of managerial structure and staff did not know if managers were on site or not. A designated member of staff was not available to manage the service. Audits were not fully completed to show shortfalls. During this inspection we found improvements had been made and the provider was now meeting this regulation.

We received positive feedback from staff and people we spoke with regarding the management of the service. Comments we received from staff were, "It has been difficult, now it's more settled, and we have turned a corner." "It's much better now [manager] has breathed life into the place, morale is much better." "It was a wakeup call last time, in my opinion we are doing brilliantly. We are all working together as a team." "Definitely a big turnaround. I brought issues to the [manager] and they were sorted out straight away." "From the last inspection we were devastated; however, we have addressed the issues. People have seen a difference. We just need to keep it going."

People commented, "We have a unit manager (name of staff) who is doing very good and we have a new lady manager." "Yes the new one (manager) seems nice and [she] is doing a good job and (name of staff) is very good."

The service had an open door policy and was available for advice and support. The manager told us "Staff are always able to contact us even when we have gone home". We saw that the designated member of staff who was on call was clearly displayed in the reception area. Staff told us they could approach management with any issues or concerns. One member of staff said, "[Manager] will always explain so it makes more sense." Staff told us they were supported and valued.

The service had a clear vision and set of values that included involvement, compassion and dignity. Staff had confidence management would listen to any concerns and would be received openly and dealt with appropriately. Staff were positive about the workplace culture. Comments we received were. "Happy to be here." "I love it here." "We are moving forward together."

The service held regular team meetings and daily meetings which involved a representative from each department. Staff received feedback from managers in a constructive way. This was mainly during supervision and appraisal meetings. The service adopted an approach towards supervisions and appraisals called 'my year' staff were required to be supervised by a line manager every six to twelve weeks where annual objectives were reviewed. In addition the service had recognised when staff were doing well and going beyond their duty. Staff were awarded care worker of the month in recognition of this.

Resources were available to develop staff and teams. For example, the service had an internal programme in place to develop progression within the service. We saw evidence of this as we noted a member of staff who was the team leader during our previous inspection had progressed to the deputy manager.

The service encouraged open communication with people that used the service, people that were important

to them and staff. This was by way of feedback surveys, residents and family meetings, and comments boxes which we saw was located on each floor. We saw minutes of the residents meeting held on November 2017. Items discussed, varied from the relaunching of the coffee shop to comments relating to the cinema being too dark.

The management was visible at all levels. The managers completed daily walk rounds to meet with staff and people using the service. We saw evidence of this throughout our visit. There were systems for monitoring the quality of care people received. Senior managers visited the service and completed audits. These comprised of care plan audits, medication audits and operational observations. Where issues were found an action plan was put in place to address the issues.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required. There were links between the service and the local community. We saw the service had established links with the local school. In addition people were able to attend events at the local community centre. We saw invitations were sent to people and their families to attend a Christmas Fayre.

The provider has a legal duty to inform the CQC about certain changes or events that occur at the service. There are required timescales for making these notifications. We had received information about notifications and we could see from the notifications appropriate actions had been taken.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. We discussed the duty of candour requirement with the manager of the service. They told us they were knowledgeable about the requirement and the process.