

Buchan Healthcare Limited

Buchan House

Inspection report

Buchan Street
Cambridge
Cambridgeshire
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Buchan House provides accommodation, support and care, including nursing care, for up to 66 people, some of whom live with dementia. At the time of our inspection there were 60 people living at the care home.

The purpose-built home is situated in a residential suburb of the city of Cambridge. The home is divided into three individual units which are located on the ground and first floor. The external parts of the premises include enclosed gardens and courtyards. All bedrooms are for single occupancy and have en suite facilities.

This inspection was unannounced and was completed by two inspectors and an expert-by-experience. At our last inspection of 18 August 2014 the provider was meeting all the regulations we looked at.

Buchan House had a registered manager in post. 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.

Summary of findings

People were safe living at the service as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected from unsafe management of medication.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure people's rights were protected.

Staff were supported and trained to do their job. People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health.

People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and compassionate way.

People's hobbies and interests had been identified and a range of in-house facilities and activities supported people with these.

A complaints procedure was in place. Complaints had been recorded and responded to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

Medication was kept secure and people were given their medication as prescribed.

Good



Is the service effective?

The service was effective.

People's rights were protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in progress.

People's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People received caring and compassionate care and their individual needs were met.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs before and after admission to the home.

Good



Is the service responsive?

The service was responsive.

People were involved in reviewing their care needs before and after admission to the home.

In-house facilities and the provision of hobbies and interests supported people to take part in a range of activities.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good



Is the service well-led?

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care.

There were links being made with the local community to create an open and inclusive culture within the home.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Good



Buchan House

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.

This inspection took place on 10 February 2015 and was unannounced. It was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience in looking after older people living with dementia.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also requested the

provider to complete and submit their provider information return (PIR). This is information that the provider is required to send to us to which gives us some key information about the service, what the service does well and any improvements they plan to make. Also before the inspection we received information from a local contracts and placement officer.

During the inspection we spoke with three visitors and 18 people who used the service. We also spoke with the registered manager, a member of the catering staff, two domestic staff and 13 care staff, which included a student nurse and a registered nurse. We reviewed six people's care records and records in relation to the management of the service and the management of staff.

We observed people's care to assist us in our understanding of the quality of care people received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe because they were treated well. One person said, “I am one hundred percent (safe) living here.” Another person said, “Yes, I feel safe here because I could not cope on my own at home.” A visiting relative told us, “Knowing [name of person] is here, I know she is safe. There is always someone there to stop [person’s name] from falling.”

Information about protecting people from harm was available in the home for people, visitors and staff. The information included contact details of authorities that deal with safeguarding people from harm. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. A member of staff said if they saw a person was being placed at risk of harm, “I would stop the person (perpetrator) and report it straight away to my supervisor or the manager. If they did nothing I would go straight away to the (provider’s) head office and if it was really dangerous, I would report it to the police.” Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice, if needed. This showed us that people were kept safe as much as possible.

People said there were enough staff to look after them. One person told us, “There is normally enough staff.” Another person said, “There are so many people (staff) about and they come fairly quickly (when staff are called for help).”

Members of staff told us that there was a sufficient number of staff to look after people. We saw that people were looked after in an unhurried way and the atmosphere of the home was calm. Measures were in place to cover staff absences which included support from staff working in other areas of the home and support from the registered manager. A member of staff told us, “He (the registered manager) did the laundry the other day when we were short staffed.”

Recruitment practices were in place to make sure that only suitable staff were employed to work at the home. Staff told us that they had checks carried out about their fitness and suitability and had attended a face-to-face interview, as part of the recruitment process. Recruitment records we looked at confirmed that this was the case.

People said that they were satisfied with how they were supported with their medication. One person said, “I get my medication on time.” Another person told us, “I have tablets every day. Two tablets at night to help me sleep.” A visitor told us, “When [name of person] shoulders get bad, they (staff) come and rub cream on [name of person] them (for relief of pain).”

Medication records were completed and demonstrated that people were given their medication as prescribed. Medication was securely stored and records demonstrated that medication was stored at temperatures which ensured it retained its quality. Trained staff handled medication and people were supported to take their medication as prescribed. This included giving people time and making sure that they had safely swallowed their medication.

Is the service effective?

Our findings

People said that they had confidence in staff member's abilities to look after people who were living at Buchan House. One person told us that, "Definitely staff are trained and they are very efficient." Another person said that they found the knowledge and experience of staff to be, "Very advanced." Staff told us that they had the support to do their job. One member of staff said, "I have been well-supported and well-supervised." Other members of staff told us that they had one-to-one supervision sessions which they said they found supportive.

There was an on-going staff training and development programme in place. Members of staff who were new to the home, had attended an induction training programme. One staff member said, "I had to shadow someone (an experienced staff member) as part of my induction training programme. It was like that for couple of weeks. I learnt so much." Another staff member said, "It's really good working here. There's lots of training." Staff told us that they had attended training in safeguarding people from harm, safe moving and handling, dementia care and management of medicines. Their training records confirmed this was the case.

Our review of people's care plans found that when people, were assessed as not having mental capacity- as defined by the Mental Capacity Act 2005 (MCA) - their support, and care was carried out in their best interests. Staff told us that they allowed people time to understand and agree to being supported with their essential care (for example medication and personal care.). The registered manager advised us that they had submitted Deprivation of Liberty Safeguard applications to the authorising bodies. We saw that people were able to freely walk about and people said that they knew the reasons for, and had agreed to, the use of their pressure alarm mats and bed rails.

People were satisfied with how their health needs were met and had access to a range of health care professionals. One person told us that they had received visits and treatments carried out by a tissue viability nurse and a diabetes specialist nurse. Another person told us, "If I need (to see) a doctor, I tell one of the staff." A visitor told us that staff responded quickly in contacting the person's GP if any

changes in their condition were noted. They told us, "If [family member] doesn't feel well they (staff) call the doctor out." Members of staff advised us that GPs visited people living at Buchan House at least twice per week.

Care records that we reviewed provided evidence that people were supported to access speech and language therapists, GPs and dieticians. On-site facilities of piped garden and sea-side sounds complemented the decorated scenes of areas of the home. The registered manager told us that the calming effect of the environment had reduced the number of incidents where people had become unsettled and agitated. We also saw that people living with dementia were settled due to members of staff effectively communicating with people. This included when people were walking about looking to go elsewhere.

Assessments were in place and measures were taken for the management of people at risk of developing a pressure ulcer. Care records demonstrated that the condition of people's skin was monitored, reviewed and treated, if needed. One person said, "Once they've done it (wound dressing) it feels okay." Pressure-relieving aids were provided to minimise risks of pressure ulcers developing. People's weights were monitored and action was taken in obtaining dieticians' advice, when this was needed. This showed us that people's health and well-being was maintained and promoted.

People were satisfied with the quality of their food and nutrition. A visitor said, "[Family member] eats soft food which staff try and give to [family member]. The food looks alright." They also told us that their family member was given nutritional supplements. A person told us, "The food is generally good. I have enough to eat and drink and I eat most everything." People were offered choices of what they would like to eat and if they preferred an alternative to the main menu. One person said, "They do make me an omelette (as an alternative to the main meal options)." We saw that food was well presented when it was served to people.

We saw that staff encouraged and prompted people to eat and drink. A visitor told us, "If someone can't manage to drink their tea, they (staff) stop what they are doing and help them." A person told us, "They (staff) check if I have or want a drink."

We found that people's nutritional needs and food likes and dislikes were recorded and catering staff were aware of

Is the service effective?

people's individual dietary preferences and needs. 'Finger foods', normal and soft or pureed diets were available for

people to eat. Our lunch time observations found that people were offered a choice of menu in the way that they could understand with the use of menus or from a visual presentation of plated food.

Is the service caring?

Our findings

People had positive comments to make about how they were looked after. A local authority contracts and placement officer said that they had found people living at Buchan House received a good standard of care. A person said, "The staff are kind. Everyone is kind." Another person said, "The staff are kind and respectful." A visitor said, "Knowing [name of person] is in good hands, with lovely carers, I have a great peace of mind. I get on really well with the carers. If [name of person] is unwell they ring me and tell me. They tell me if [name of person] is okay." Another visitor described the care staff as being, "Gentle" and that staff were aware of their friend's individual needs. Visitors told us that they could visit their friend or family member at any time and were made to feel welcome. A member of staff told us, "I would be happy for my grandparents to live here."

Members of staff said they enjoyed their work because they found looking after people to be rewarding. A staff member told us, "It's (their work) challenging but rewarding and I like to help the residents. It's encouraging people to be as independent as possible and make them feel secure. It's more than just a job."

During our SOFI and general observations we found staff interacted with people in a warm and inclusive way by means of comforting, talking and listening to people. People were given information about their prescribed medication and they were patiently supported to take this. People were asked if they wanted any of their 'as required' prescribed medication, such as pain relief. Staff, including the registered manager, checked people throughout the

day to see if they were comfortable. A person said, "He (the registered manager) sees me and says, 'Hello' and asks how I am doing." We saw that people shared a joke and a smile with members of staff and with each other.

We saw a member of staff supporting a person to independently wipe their nose. In addition, staff encouraged and prompted people to independently eat their meal. This showed us that people's independence was maintained and promoted.

Staff demonstrated their knowledge about people's individual needs which included choices in how they wanted to spend their day and how they wanted to be looked after. One person said, "I prefer to stay in bed. I'm comfortable." Another person said, "It's my choice to stay in my room." In addition, another person said, "Today, staff just let me sleep on as I had a bad night." People said that they had no reservations in being supported with their (intimate) personal care by members of staff of the opposite gender. They told us that they liked the staff, knew their names and were satisfied with how they were being looked after.

There was a 'Resident of the Day' programme in place during which people and their relatives were invited to review the person's care plan based on their choices and needs. In addition, people's needs, their likes, dislikes and choices were assessed before they moved into the home. One person told us that they were included in the decision-making process before and after their admission to the home.

Information about people's individual life histories was obtained and detailed. A visitor confirmed that they were consulted about their relative's life history and were given a form to complete which they had handed into staff of the home.

Is the service responsive?

Our findings

There was a programme in place to review people's care plans with them and their family members. These reviews were carried out during the 'Resident of the Day' programme. Where changes were needed, the care plans were updated. This included updates in relation to the person's nutrition and well-being.

People were often supported to pursue their own hobbies and interests. A person said, "I knit, colour and do crosswords. I can find enough to do." Another person said they sometimes got bored but had enjoyed entertainment by a visiting 'Elvis' impersonator. Furthermore, another person said they, "Go out and about but I'm waiting for warmer weather." A visitor said, "[Family member] does access the activities. She seems to enjoy them. I watched a film with her once." Another visitor said, "There could be a bit more for them (people) to do."

We saw people tapping their feet and enjoying listening to background music. Staff told us that people had participated in a range of outings, which included trips to local garden centres and to the coast. During our inspection we saw that people were reading a range of newspapers and staff engaged with people in social conversations. In addition, we saw members of staff talk to

people in a one-to-one conversation and supporting people to take part in assembling pieces of a jigsaw puzzle. Information about people's life histories had been obtained to tell staff about the person.

We saw people had made friends with each other and were supported to maintain contact with friends and family members. People were also able to attend religious services which were held at the home.

People said that they knew who to speak with if they were unhappy about something. One person said, "I would speak to someone" and named the member of staff in charge who they would speak with. Another person said, "If I had any concerns I'd go to my keyworker or to the manager." Members of staff were knowledgeable about the provider's complaints procedure and the action they would take to support a person in making a concern or complaint.

The provider information return was completed and submitted by the registered manager. This told us that complaints were received and responded to within a 28-day timescale, in line with the provider's complaints policy.

There was a record of complaints maintained and this demonstrated that people were listened to and action was taken, if needed. The registered manager advised us that there was no specific recurring theme in relation to the nature of the complaints. Our review of the record of complaints found that this was the case.

Is the service well-led?

Our findings

There was a registered manager in post. People told us that they knew who the registered manager was and found him to be approachable. One person said the registered manager was, "Very nice." Visitors knew who the registered manager was and where his office was situated, which was directly facing the entrance to the home. A visitor said "I know who the manager is. He is often in the office and I know where the office is. You can just knock on the door." During our inspection we saw the registered manager walking about the home and speaking with staff and people.

Members of staff valued the leadership style of the registered manager and found that this enabled a team approach in supporting people. A staff member said, "The (registered) manager is absolutely brilliant. He will join in washing up or doing personal care. You can go to him with any concerns and he will sort it out. This place would not be the same without his hard work."

The registered manager had submitted notifications to us which demonstrated their understanding of the requirements of their registration.

Staff told us that there were links with local schools, colleges and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community. The registered manager advised us that volunteers visited people living at the home. He advised us that he was aiming to increase the number of volunteers visiting people living at Buchan House.

Members of staff described the principles of good care, which included promoting people's independence, keeping them safe, offering and valuing people's choice and providing compassionate care to people. One staff member

said, "People here are all individuals. They all have their different characters and they've also got to know us well. We know ways in how to talk to people and how to make sure people are treated as individuals."

People were given opportunities to make suggestions and comments to improve the service. We saw that actions were taken in response to the suggestions. These included offering 'chipolata' sausages on the menu and arranging suggested trips out. Staff were also given opportunities to make suggestions and comments. Examples included the introduction of a hot meal option, for people to choose for their tea time meal, and for the replacement of carpets and bedroom furniture.

Before the inspection the registered manager had completed and submitted a provider information return. This told us what areas had been identified to improve over the next twelve months, for instance, improvement of staff training in dementia care. There was a management system in place to monitor and review people's safety and actions were taken, if needed. This included action taken in response to people falling and who were at risk of developing pressure ulcers. Equipment was provided to manage these assessed risks. Other quality assurance systems included staff receiving feedback from senior management team meetings. This reminded staff of their roles and responsibilities in providing people with safe and appropriate care.

The management of staff supervision and training enabled staff to keep up-to-date with changes in practices and procedures. This included identification of individual staff work performances and actions to be taken, if needed. This action included disciplinary action of staff. Refresher training was also provided to keep staff up-to-date with changes of the law in relation to the application of the MCA and caring for people living with dementia. Staff had access to up-to-date information in relation to the management and treatment of pressure ulcers and were aware of where this information was held.