

Crown Care IV Limited

# Buckingham Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Buckingham Care Home is a residential care home providing personal care. It can accommodate up to 72 people. Some people using the service were living with dementia. There were 37 people using the service at the time of the inspection.

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

Risks to people's care were identified staff understood those risks and managed them well to ensure people's needs were met. However, documentation in place was not always up to date. Medication systems were in place and medicines were administered as prescribed. The environment was predominantly clean, however, we found some areas were not well maintained, therefore not able to be effectively cleaned. We observed staff followed best practice infection control procedures to reduce risk of cross infection and contamination.

There was a dependency tool used to ensure there were adequate staff on duty to meet people's needs. However, during our observations we identified staff were not always present in communal areas to ensure people's safety. This was reviewed by the service following our inspection.

The new registered manager had implemented a new management structure, there were two assistant managers, a unit manager and increased numbers of senior care staff. Staff spoke positively about the changes and told us the service had improved. The quality monitoring systems were effective, areas for improvement had been identified and the provider had an environmental action plan in place. Following our inspection, the provider prioritised the maintenance issues we identified at the site visit to ensure all areas could be effectively cleaned to ensure infection prevention and control was robust.

People told us the staff were very good. One person said, "Nothing is too much trouble for them [staff]". Relatives also told us the staff were kind and caring. One relative said, "The staff are always nice, I have no concerns." 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 did support this practice. We observed when staff interacted with people, they were kind and caring. However, staff did not always involve people in decisions or communicated effectively with people. This had been identified by the new registered manager and was being addressed.

The environment was being improved to ensure it was dementia friendly. Social stimulation and activities were provided to engage people and promote their well-being. However, this could be improved for people living with dementia. The new registered manager was promoting a person-centred culture that achieved good outcomes for people. The new systems and changes required embedding into practice and sustaining.

Incidents and accidents were recorded appropriately to ensure lessons were learnt. Staff we spoke with understood safeguarding procedures and whistleblowing and all stated they would report any issues

immediately. Every person we spoke with told us they felt safe living at Buckingham Care Home.

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

The last rating for this service was requires improvement (published 8 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Why we inspected

The inspection was prompted in part due to a high number of concerns received from whistle blowers about poor care and lack of staff to meet people's needs. A decision was made for us to inspect and examine those risks, to complete a focused inspection to review the key questions of safe, effective and well led.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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 included checking the provider was meeting COVID-19 vaccination requirements.

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 Buckingham Care 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective

Details are in our safe findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Buckingham 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

The inspection 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.

#### Service and service type.

Buckingham Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the CQC. 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 28 April and ended on 11 May 2022. We visited the home on 28 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We received feedback from professionals who worked with the service. We spoke with eleven members of staff including the nominated individual, regional manager, registered manager, assistant managers, senior care staff, care staff and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were identified and managed. Care plans were being reviewed and updated at the time of our inspection; completed plans detailed actions to mitigate and manage risks. However, there was still work required to complete all people's plans to ensure documentation was up to date. This did not impact on people as staff were very knowledgeable and knew people's needs and managed the risks.
- People were being involved in their care planning as much as possible and newly completed care records detailed people's involvement and their relatives, where applicable. Relatives we spoke with, told us they were extremely happy with the care and support people received. One relative said, "They treat my [relative] well, there has been change and it is for the better." People told us staff were very good and met their needs. One person said, "Staff really do care for residents, they are very kind."

### Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection (IPC). Staff were kept up to date with latest guidance and requirements. However, we identified some areas of the service were not well maintained therefore unable to be effectively cleaned. Following our inspection, these areas were addressed. The registered manager also improved the quality monitoring to ensure any areas for improvement were picked up promptly.
- Personal protective equipment (PPE) was provided. We saw plentiful supplies of PPE in the home. Relatives we spoke with told us they always saw staff wearing appropriate PPE and they were supplied with PPE when they visited. We observed staff wore masks at all times and wore appropriate PPE when delivering personal care, washed their hands and followed infection, prevention and control practices.

### Using medicines safely

- Medication systems were in place, and people received their medication as prescribed. However, we identified some documentation needed improving, in relation to medicines prescribed to be administered when required. These were addressed immediately by the registered manager following our inspection.
- People told us they received medicines on time. One person said, "I always receive my medicines on time, they [staff] are very good with medication."
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.

### Staffing and recruitment

- The registered manager used a dependency tool to determine staffing levels. We found this had been used. However, we found staff were not always deployed effectively. For example, on one unit we observed on occasions people were left unsupported in communal areas putting them at risk. This was addressed

immediately by the registered manager following our inspection. An additional member of staff was allocated and will be kept under review to ensure people receive safe support that meets their needs.

- People told us staff were good and were always available when needed. They said there could be more staff as the staff were always rushing and busy, but all people we spoke with said they did not wait long for assistance.
- The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities. We saw care plans were updated after an accident or incident to ensure they reflected people's current needs.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff made them feel safe. One person said, "I feel very safe here. The staff are so nice, they are so pleasant, easy going." A relative told us, "I do feel my [relative] is safe, the staff always ring and communicate with me any issues".
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.

#### Visiting in care homes

- The visiting arrangements implanted by the registered manager followed government guidance. Relatives to us they were able to visit, they confirmed there were a number of choices of where to meet. All relatives confirmed they had a lateral flow test (LFT) prior to visiting.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a balanced diet and when staff supported people they were kind and considerate. However, the mealtime experience was not always a pleasant experience for people living with dementia. We observed it could be task orientated with little interactions between staff and people. We discussed this with the registered manager, they explained although people were still maintaining their weight, they were working with staff to provide a more positive experience for people.
- The quality assurance systems included a mealtime audit, the registered manager agreed to conduct these following our inspection to ensure consistency between units, make improvements and ensure these were sustained and embedded into practice.
- Care plans detailed people's likes, dislikes and any foods which should be avoided. We observed staff supported people with meals where required. Most people we spoke with told us the food was good. One person said, "The meals are good, definitely better now."
- People's weight was monitored and reviewed to ensure if any advice was required this was obtained. We saw people had been referred to appropriate health care professionals when required.

Staff support: induction, training, skills and experience

- A training plan was available, staff had completed core subjects and mandatory training to support them in their role. Staff told us training was good and more frequent face to face training was commencing. One staff member said, "There is always different training it is very good."
- All new staff received induction training to be able to fulfil their roles and responsibilities and provide effective care.
- Staff told us they felt very supported by the registered manager and the new management team. Staff received appropriate supervision. One staff member said, "I feel very supported, the new manager is very approachable and the rota is flexible to staff's personal responsibilities."

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity, decisions had been made in their best interests and relevant people were involved in the decision-making process. This was being reviewed and completed in more detail in plans of care at the time of our inspection.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met. We saw the assessments in the care plans we looked at.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice and guidance. People's care plans we looked at included their preferences, choices and decisions. These were being further improved at the time of our visit. People we spoke with confirmed their choices were respected. One person said, "They do know us [residents], they know our likes and dislikes."

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

- The environment was predominantly well maintained and pleasantly decorated. Required maintenance identified at inspection was addressed by the provider following our site visit. There was access to outside space, quiet spaces for people to sit and areas for people to be able to see relatives in private.
- The environment predominantly met people's cultural and support needs. However, we found the unit where people were living with dementia could be improved. For example, there were no picture menus available, lack of interactive stimulation and although some decorating had been commenced areas required further improvements. The registered manager confirmed this had been identified and improvements were in progress.

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

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GP's and speech and language therapists, this ensured people's needs were met. We saw evidence in people's care plans of professional input.
- People had oral health needs met, detailed care plans were in place and relevant guidance was followed.

# 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 the last inspection this key question was rated requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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.

- Quality monitoring systems were in place that were used to improve the service. We identified some issues during the visit that although still required work, had been picked up by the registered manager. For example, some medication documentation missing, care plans required updating and some improvements required to ensure needs of people living with dementia were met. The improved quality monitoring systems used, had identified the improvements required and they were being addressed as part of the homes improvement plan. The registered manager had employed a new management team who were being inducted, trained and supported into their roles to ensure the new systems and procedures were embedded into practice and sustained.
- The infection control audit was not always effective. We found some issues we identified had not been picked up by the quality monitoring systems. We found storerooms and kitchenettes were poorly maintained and unable to be cleaned. Following feedback at the site visit, the registered manager worked with the provider to improve these areas. All kitchenettes were decorated and thoroughly cleaned, storerooms were painted and new floor covering laid. The registered manager sent us newly improved audits, that had been amended to ensure all areas were included in the quality monitoring, so any issues were picked up promptly and addressed.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received. These have been further improved since our inspection. Lessons learnt were completed and shared with staff to drive improvements.
- Staff were happy in their roles and felt supported. Staff spoke highly of the team, they told us things were improving and there was a more consistent approach to ensure all staff were supported and well led.
- Relatives we spoke with told us the new team were improving things at the service. One relative said, "The manager has changed, you can approach them and have a chat and they will listen to what you're saying. The change was for the better."

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

- The management team promoted a positive culture that was person-centred. People told us the staff were good, relatives also told us the staff were lovely. We observed when staff interacted with people, they were kind and caring. The registered manager was working with staff to further improve the positive culture. There was a new activity coordinator who was passionate about providing social stimulation that met

people's needs and promoted their well-being.

- The new management team's strategy was to promote a person-centred culture that achieved good outcomes for people.

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

- The registered manager understood and acted on the duty of candour. We saw evidence incidents were reported to CQC. The registered manager had fulfilled their duty to inform relevant bodies.
- People who used the service and their relatives told us the staff were lovely and the registered manager was approachable.

Working in partnership with others

- The registered manager had engaged with healthcare professionals. We found that advice was sought when people's needs changed. They had also recently made arrangements for a domiciliary care dentist to visit the home to review people's oral health.