

Crown Care IV Limited

Buckingham Care Home

Inspection report

Green Lane
Penistone
Sheffield
South Yorkshire
S36 6BS

Tel: 01226762092

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Buckingham is a 'care home' providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 72 people.

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

People were offered a choice of food and drink and the meal time experience was a positive one. However, for some people who were at risk of poor nutrition, we were unable to establish if their dietary needs had been met.

People's care records were not always up to date and accurate. This created a risk people would not receive the right care and support.

The service worked with other health care professionals. However, we found information in relation to visits was not always recorded in peoples' care plans. The service was working with local health professionals to improve this.

People told us they thought the service was well led. The registered provider had a system of governance in place to monitor and improve the quality and safety of the service. However, we could not see how once issues had been identified, how they were managed in a timely manner.

People who used the service and their relatives were asked for their views about the service and these were acted on.

Medicines were managed safely.

People who used the service and their relatives told us staff were kind and caring. People were supported to have 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's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.

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

The last rating for this service was requires improvement (published 5 June 2018). The service remains rated requires improvement following this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach at this inspection in relation to not monitoring the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17: Good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector and two 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 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 had a manager registered with the Care Quality Commission. 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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in April 2018. We used the information the provider sent us in the provider information return. 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. We sought feedback from the local authority and professionals who work with the service. This information helps support planning our inspections.

During the inspection-

We reviewed a range of records. These included five people's care records and multiple medication records.

We also looked at three staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

We spoke with 13 people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, area manager, registered manager, supporting manager, business manager, senior care worker, care workers, activities coordinator, maintenance person and the chef.

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 as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, one person's risks were related to pressure care. However, the person's pressure charts did not reflect the information recorded in the plan.
- Another person had received specific information from the district nurse on how to manage pressure risk, however this had not been recorded in the care plan. This meant the person was at an increased risk of pressure damage.
- We saw specialist equipment such as pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks. However, one person's risk assessment and care plan recorded different settings. This was rectified during the inspection. There were no checks in place to show the settings were checked and the mattresses were at the correct setting.
- Where changes to risk had occurred, for example swallowing, records showed staff had contacted speech and language therapist (SALT) to request a change to the amount of thickener used. However, there were no records to show SALT had confirmed the requested changes could be made. The way this was managed was not appropriate and led to inconsistent staff understanding of what they should be doing. However, as the person's prescription had been amended this gave us reassurance there had been some medical oversight."
- Before support was provided an initial assessment was undertaken to make sure the service could meet people's needs.
- People's care files included assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as mobility, personal care, medicines, equipment and manual handling.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I feel safe, because of the staff, atmosphere and care it makes you feel very safe. You press your button in the middle of the night and they are there instantly. I get up and go to bed when I want. I get my pain tablets when I need them. They know how to use the equipment.", "I have been here for seven years and I feel safe." and "Yes, I feel very safe because of the care staff. I am here because of a fall. Staff are totally reassuring that I am not going to fall, and they help me."
- Relative's told us, "I feel [relative] is safe here." and "[Relative] is safe because there is always someone on hand."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff member told us, "I know the signs to look for, I report it to my line manager." another staff member told us, "We all work together. We have a handover

where we plan our work. Any concerns are spoken about. I would feel supported to raise bad practice, I would raise it with senior."

- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Staffing and recruitment

- Safe recruitment practices were followed, and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery. However, some people told us at times there wasn't enough staff around.

Using medicines safely

- Medicines were managed safely. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.
- Robust audits of medication records were completed and where records had not been completed clearly, action was taken by the management to remind staff of the importance of accurate record keeping.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Where people needed their food and fluid intake monitored, we saw the service identified this and put records in place. However, staff did not maintain these records. We looked at two people's record over a two week period. One person's record was not completed correctly for 12 days. This meant people were any risk of receiving the correct amount of food and fluid. They had audited some of the charts to identify if there were problems with them. However, following this they weren't checking them to total fluids at the time of the inspection. We discussed this with the manager during the inspection, they assured us this would be addressed.
- People and relatives said the quality and choices of food was very good. The meal experience was positive. We observed staff assisting people to eat in a caring manner.
- Charts did not demonstrate that people had received fortified drinks and fortified snacks where required. Snacks that were provided to people were not always appropriate for their requirements. For example, three people were given biscuits and not high calorie snacks such as milkshakes.
- Through our conversation with the chef they informed us no one had asked for fortified milkshakes. There was not a clear system in place to ensure the chef was kept up to date following visits from the dietician.

Due to not maintaining an accurate, complete and contemporaneous record for people, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17: Good governance. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

The provider responded immediately during and after the inspection. They confirmed high calorie snacks were stationed around the home for people. However, some people were unable to mobilise or were cared for in bed.

- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

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

- Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they were provided with training. Staff were trained to be able to provide effective care.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as moving and handling, safeguarding, whistleblowing and person-centred care.
- We saw staff had regular supervision and appraisal, which they told us they found useful.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals. However, this was not always recorded in people's care plan.
- When professionals visited people in the home this was not always recorded in daily notes. For example, one person's plan stated the district nurse would visit three times a week, there were no entries in the daily logs to demonstrate the visits had taken place. The home is currently working with district nurse team to make improvements in this area.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

- The home had a secure garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them.
- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment.
- Specialist equipment was available when needed to deliver better care and support.
- People's individual needs were met by the adaptation, design and decoration of the service. We saw the house was homely and spacious.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- Mental capacity assessments we saw were decision specific and, where needed, best interests' decisions

had been recorded, when made on a person's behalf.

- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care and support from staff. Comments included, "The staff are good they say, "Whatever she wants she gets.", "Yes, they are kind the treatment I have had they make sure I am alright with the toilet. They have given me strip washes and are kind. They let me eat in my room. They always ask for my consent."
- Relatives told us, "The staff are very good and extremely caring. They completely understand [relative] needs." and "We have good contact. I ring [relative] as well. They could not improve."
- Staff we spoke with were positive about their role.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received. People told us they had completed surveys, monthly reviews and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People were supported to express their spiritual needs and people were accommodated when visiting the local church.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. One staff member told us, "I close the door, close the curtain, ask the resident what they would like to do and ask permission. I ask them their preference."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People living at Buckingham Care Home had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly.
- People's care plans were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The service was creative in supporting people to live well. For example, for married couples when they were in the home, they would create a bedroom and the other room would be made into a sitting room to enable people to continue to live as they would at home.
- We received positive feedback from other professionals who visited the service who told us the service was focussed on providing good care and support which led to good results for people. Comments included, "Staff are extremely caring we have a good relationship with them. We liaise with them and have good communication and rapport."
- People had access to a range of activities within the home such as hairdresser visit, nail painting, therapy dog visits, brass bands, craft activities. The local school visit the home on a regular basis which people told us they really enjoyed. One person told us, "I have enjoyed the activities. It's because [activities coordinator] cares, that the activities are good."
- People also had the choice not to participate in activities, one person told us, "I don't want to join in the activities. I have a TV which I enjoy. I have my books. I don't need anything else."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People told us that they knew how to complain. ● Complaints were managed in line with the policy. People said that they felt able to speak to the registered

manager at any time.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life.
- The service had not explored all people's preferences and choices in relation to end of life care in case a sudden death may occur. We discussed this with the registered manager, who informed us they would ensure records would be updated.

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 as requires improvement. At this inspection this key question has remained the same 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

- There were a range of quality assurance systems and audits in place to monitor the service. However, they had not always been effective in identifying areas for improvement. For example, pressure chart audits did not highlight staff were not recording when pressure care had been provided.
- Where concerns had been highlighted through audit, actions had not been taken to address this. For example, food and fluid chart audits were not always completed in a timely manner and audits had not highlighted people were not receiving the required nutrition.

This meant that systems were not sufficiently effective, this is a breach of Regulation 17: Good governance. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- There was a registered manager in post who provided leadership and support. They were supported part time by a manager from another home whilst recruitment was taking place for a new deputy manager. We found the management team open, honest and committed to making difference to the lives of people living at the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

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;

- People who used the service and relatives were positive about the management. Comments included, "Everything is nice, and the manager is approachable. She is easy to talk to and talks to me.", "I know [manager], she asks if I need anything. She's very approachable and a great listener, puts you at ease. The home has improved with the refurbishment it is a warm and friendly atmosphere." and "Oh I can ask the manager anything. It is well run and good here."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The manager had worked for the service for a long period of time and had a clear understanding of their role and the organisation.

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

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

- The management team and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people living at the service.
- The quality of the service was also monitored using surveys to get the views of people who used the service and their relatives. This was completed either face to face or via the telephone. The last survey overall results were positive.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with social workers and Barnsley local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Not monitoring the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Not always maintaining accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p>