

# Care UK Community Partnerships Ltd

## Buchanan Court

### 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Buchanan Court is a nursing home registered for a maximum of 80 people. It is newly built and managed by Care UK Community Partnership, a large social care provider in England. People using Buchanan Court may require nursing care, live with dementia or require re-ablement. Re-ablement is a short and intensive service, which is offered to people who are frail or recovering from an illness or injury. The home is located close to shops and transport links. At the time of our visit, there were fifty-four people living in the home.

### People's experience of using this service

People told us they were satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe in the home. We observed that staff interacted well with people and were caring and attentive towards them.

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs. Staff had received training and had knowledge and skills to support people. There were arrangements for staff support, supervision and appraisals. However, a small number of staff felt unsupported. The registered manager told us that she was willing to speak with staff and her door was always open to them.

People were satisfied with their accommodation. The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. People could access the services of healthcare professionals when needed.

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 services supported this practice.

People's care needs had been assessed prior to them coming to the home and staff were knowledgeable regarding these needs. The service provided people with person-centred care and support that met their individual needs and choices.

Staff supported people to participate in a range of social and therapeutic activities. The service arranged events to celebrate special cultural and religious days.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

The service was well managed. People said that management listened to them. Management monitored the quality of the services provided via regular audits and checks. The results of the previous satisfaction survey indicated that people were satisfied with the care and services provided.

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 10 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

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 responsive findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Buchanan Court

## 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 two inspectors, a specialist nurse inspector 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:

Buchanan Court is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. The registered manager 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.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We also reviewed reports about the home provided by the local authority.

#### During the inspection

We spoke with sixteen people who used the service and four relatives. We also spoke with the registered manager, deputy manager, regional director, human resources manager, two kitchen staff, maintenance

person, the receptionist and ten care workers including three nurses. We spoke with a visiting healthcare professional. We reviewed a variety of records which related to people's care and the running of the service. These records included care files of ten people using the service, six staff employment records, policies and procedures, maintenance and quality monitoring records. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

After the inspection

We received feedback from two care professionals.

# 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 now improved to Good. People were safe and protected from avoidable harm.

### Using medicines safely

- At our last comprehensive inspection on 4 July 2018 we found that medicines were not managed safely. Medicines were not stored, documented and administered safely on occasions. At this inspection, we found that improvements had been made.
- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps. The service had started using electronic MARs.
- Staff had been given guidance on medicines that were to be taken "as needed" (PRN). This ensured that people only received them when appropriate.
- Medicines were stored securely and at the correct temperatures.
- Twice daily stock checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

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

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I am well looked after and like it here." A second person said, "It is nice here, quiet and much nicer than where I was before. It really feels like home."

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, choking, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, gas boiler, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

### Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.
- The service had adequate staffing levels to meet the needs of people. People told us that staff were attentive towards them and always answered the call bells. Staff said they were able to complete their allocated tasks. We did not see people's care needs not being met. However, three staff stated that there were times when there was insufficient staff. The registered manager and regional director informed us that according to their staffing tool, they had sufficient staff. They nevertheless agreed to review the staffing levels.

### Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available and staff used them.

### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.



# 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 remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans contained evidence that people's needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious, dietary and preferences were recorded. This ensured that their individual needs could be met by staff.
- Regular reviews of people's care needs had been carried out with them, their relatives and care professionals involved. This was confirmed by them and their relatives and a care professional we spoke with.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction to prepare them for their responsibilities.
- Staff records indicated that care workers had completed a range of training relevant to their role. Training included administration of medicines, food hygiene, infection control, dementia care and safeguarding. Care professionals stated that staff appeared capable and able to meet people's needs.
- Staff told us that their managers were supportive and approachable. There were arrangements for regular support, supervision and an appraisal of their performance.
- Most staff said they felt well supported. A small number of staff however, said they felt unsupported. The registered manager told us that she was willing to listen to the views of staff and she maintained an "open door" so that staff can discuss their problems with her.

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

- The nutritional needs of people were met. Nutritional needs had been assessed and arrangements were in place to meet people's dietary needs and preferences.
- Staff had arranged appointments with the dietitian and speech and language therapist when needed.
- People had been consulted regarding their preferences. They informed us that they were satisfied with the meals provided and there was a choice of main dish at meal times.
- We observed that there was a pleasant environment in the dining room and staff were friendly towards people. One person said, "All the staff are nice and help when we need it." Another person told us that they could choose what meals they wanted.

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals. This ensured that the needs of people could be met. Records of appointments people had with these professionals were recorded.
- One healthcare professional informed us that staff were helpful and their advice regarding the care of their

patient had been followed. Two other care professionals stated that staff worked well with them.

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

- The home was well lit. The corridors and communal areas had interesting ornaments and pictures which were familiar to people and reflected the era they lived in. These included old fashion cereal boxes, entertainment personalities, a typewriter and a tea pot. These can provide reminiscence and talking points for people.
- The home had a "pub" where people could have drinks they wanted. There was also a library and cinema room. These rooms were appreciated by people and they spoke positively about them.
- People's bedrooms were comfortable and well furnished. Bedroom doors contained a memory box and items which people were willing to display. Bedrooms had also been personalised with people's pictures and ornaments. This ensured that they felt at home.

#### Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff caring for people who had healthcare needs such as those with diabetes and who needed special attention.
- Staff arranged appointments with healthcare professionals such as GPs, dietitian, pharmacist, physiotherapists and the podiatrist when needed.
- The oral care of people had been assessed and carefully monitored. Where needed, staff had assisted people with brushing their teeth.

#### 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).

- Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- DoLS authorisations were in place for those who needed them. An application had also been made for one person to the supervisory authority.

# 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 remained good. 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

- Staff had received training in ensuring equality and valuing diversity. They respected and supported people in meeting their diverse needs and were non-judgemental in their work. This was confirmed by people and their relatives. For example, five people told us that they had their cultural meals and they were very pleased with them.
- On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They talked with people in a pleasant, respectful and friendly manner.
- People and their relatives told us that staff were caring and respectful. One person said, "The staff are kind and helpful." Another person wrote, "I can honestly say that everyone treated me with courtesy, kindness, patience and above all, with a smile." A very small number of people told us that a few staff were not always pleasant. The registered manager told us that she would remind all staff to treat people with respect and dignity.
- On the second day of inspection, staff had organised an "Africa Day". They organised talks regarding African culture and history. Relatives of people also participated in the sessions. A person wanted to celebrate a religious festival with their family. The home organised this for them and their relatives were invited to the home.
- The registered manager provided us with examples of good practice. A person was worried about how their house was in their absence. Staff therefore took her to have a look at the house while they were out. A second person said her bras were not fitting properly. Staff booked an appointment for her bra to be fitted at a departmental store and the person concerned was very happy. A person used to have a massage every fortnight before coming to the home. Staff organised for this person to continue having the massage and the person was thrilled.

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

- Staff held monthly meetings where people could express their views. This was confirmed by people and in minutes of meetings we saw.
- Some people told us that were aware of their care plans and said staff discussed these with them every few weeks. One person said, "My care plan was talked with me and changes can be proposed and talked about."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy and staff knocked on their bedroom door before entering.
- Staff told us that when providing personal care, they would close doors, not expose people excessively

and if necessary close the curtains too.

- People were encouraged to be as independent as possible. One person said, "The staff let me get on and do things, but are there when I want some assistance."
- The registered manager provided with an example of good practice. She told us that a person who had a disability and visual impairment had been encouraged to use her singing talents. This person was given the opportunity to perform in front of other people, friends and relatives. The home had a "mobile shop" on a trolley where people could buy some items of food and toiletries. However, staff also assisted people in buying what they wanted if the items were not in the mobile shop.

# 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 remains as good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their cultural and religious needs, medical needs, pressure area care and mobility needs.
- People received personalised care and support. Appropriate care plans had been prepared and staff knew how to support people. People and their relatives were satisfied with the care provided. One person said, "Everyone has helped me in their own special way." A relative said, "My relative is looked after well. The staff take an interest in my relative." Another relative said, "The staff have been brilliant in keeping me informed and explaining how they are managing and observing my relative and I couldn't ask more of them."
- We looked at the care of people with nursing needs. Several people in the home had diabetes. We found that staff were knowledgeable regarding the care needed and special arrangements for monitoring the glucose levels of people. People's care records contained an appropriate care plan for the specific need. We also discussed at the care of people with pressure sores with the nursing staff and checked care plans and monitoring records. We found that the service had suitable arrangements for pressure area care and this included reviewing care with the tissue viability nurse. Appropriate arrangements were also in place for the care of people on PEG (percutaneous endoscopic gastrostomy) feeds. PEG feeds are used to feed people whose oral intake of food is not adequate. A tube is inserted into the person's stomach via the abdominal wall. This is usually carried out in a hospital operating theatre.
- The home had a programme of social and therapeutic activities which included arts and crafts sessions, sessions with visiting entertainers and outings to places of interest. Some people were involved painting producing a large painting during the recent Dementia Arts Event. The painting was on display in the home. On the first day of inspection a singer entertained people by singing songs they were familiar with. We saw people enjoying the session.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances. They told us how they supported a person to eat food that was in line with their religious requirements and enable them to attend their chosen place of worship.
- The registered manager provided with specific examples of personalised care. They had purchased several bird feeders for the garden because a person enjoyed bird watching. Birthdays of people were regularly celebrated in the home.

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.

- The home had a procedure for meeting this standard and the manager stated that this standard has been discussed with staff. Certain important documents were in big print so that people could understand them easily. This was evidenced in the notices displayed, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure which was on display on the noticeboard.
- People received personalised care and support. The service had a formal complaints procedure which was on display in the home. Complaints received and recorded had been promptly responded to.

End of life care and support

- The service had suitable arrangements for providing end of life care. There was an end of life policy to provide guidance for staff.
- The service had explored the end of life preferences with people and their representatives. These were documented in people's care records.
- The service had worked alongside palliative care professionals who provided guidance on end of life care.

# 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 Good. At this inspection this key question has remained Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was in the process of establishing a culture that was open, inclusive and put people at the heart of the service.
- Staff ensured people's needs were met through ongoing review of their care and consultation with their representatives. People we spoke with and their relatives told us the registered manager and senior staff were approachable
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- Relatives and people we spoke with told us that the service was well managed and people were well cared for.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.
- Some people and relatives told us the care provided had enabled people to make progress and their health had improved. Two people who had stayed in the home previously wrote to thank staff and expressed gratitude for the care provided. A relative wrote to say, "We were unable to get to see everyone before he left, but they all had such a significant impact on my relative's welfare and his recovery. My relative felt he wanted that to be forwarded."

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

- People who used the service had opportunities to feedback about the care provided. An annual survey had been carried out. The analysis of completed feedback forms indicated that people were mostly satisfied with the services provided. The service had an action plan for improving the care provided.
- The registered manager stated that they had have regular contact with care professionals and consulted with them when needed.
- People's diverse and individual needs had been met. Several people stated that they had vegetarian

meals. Other people were able to continue with their religious and cultural observances such as attending places of worship and having meals which met their religious needs.

- Care professionals stated that staff worked well with them to improve their independence and ensure that the needs of people were met.

#### Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Spot checks were carried out by senior manager to ensure that staff provided the care people needed. Checks were also carried out daily and weekly in areas such as medicine stocks, maintenance of the building and the hot water system. Audits took place monthly and were carried out by the regional director. These audits included areas such as complaints, accidents, health and safety and staffing arrangements. Outcomes of audits were discussed with managers of the home and staff so that action could be taken to improve the service.