Amore (Watton) Limited

Buckingham Lodge Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Buckingham Lodge provides accommodation and nursing and personal care for up to 73 older people. There were 64 people living in the home on the day of our inspection.

This inspection took place on 8 and 10 February 2017 and was unannounced.

Buckingham Lodge Care Home requires a registered manager to be in post as part of the registration requirements from the Care Quality Commission. There was no registered manager in post at the time of the inspection and there had not been since May 2016. On the day of the inspection there was a home manager who had been in post since October 2016. They have been referred to as the 'home manager' throughout this report. The home manager was in the process of completing a CQC registered manager's application. A registered manager is a person who has registered with the CQC 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.

At the last inspection the home was rated good overall. At this inspection the home has been rated requires improvement in four of the key questions and overall and only rated good in 'caring'. This means that there were more concerns at the home now than at the previous inspection.

The provider was not consistently taking appropriate action to manage risks. Risks were not always identified and there was no clear guidance in place for staff to follow to manage all risks effectively.

The service was not always acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. People's rights were therefore not always being promoted.
Staff did not always work within these principals when supporting people who lacked the mental capacity to make decisions.

There were systems in place for managing medicines in the home. A medicine procedure was available for staff and staff had completed training in relation to safe medicine administration. Improvements were needed to the management of 'when required' medicines. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Care plans were not all up to date; the information within them was not always current and was contradictory in some incidences. We could not be confident that people always received the care and support they needed.

People and their relatives felt the service was well managed and acknowledged the improvements that had been made to date. Staff felt the management team were approachable and gave them the opportunity to

give their views at team meetings.

There was a quality assurance audit in place however the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process.

Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns outside of the service. Staff undertook safeguarding training providing them with knowledge to protect people from the risk of harm.

We found the home was in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were insufficient staff on duty to meet people's needs. Staff were not effectively deployed and available at all times to meet people's care needs.

Staff knew how to protect people from the risk of abuse and how to report any concerns.

Improvements were needed to the management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Professional clinical competency checks had not been completed for all Registered Nurses.

Where people did not have the capacity to consent, the manager and staff had not always acted in accordance with the legislation and guidance.

There was no consistent approach being taken to ensure people received enough fluid to meet their needs

People were supported to make choices in relation to their food and drink and to maintain good health.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was mostly respected.

Staff were kind and compassionate.

Staff had established good working relationships with the people they provided care, treatment and support to.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities for people were infrequent and there were limited opportunities for people to take part in their hobbies and interests.

People did not benefit from living in a home where their individual needs were consistently met.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality monitoring arrangements were not fully effective. They had not identified the concerns and shortfalls that we identified at this inspection.

There was insufficient oversight or monitoring which affected the quality of the support provided to people who required hydration and pressure care.

Buckingham Lodge Care Home

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 was 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 8 and 10 February 2017 and was unannounced. The inspection team consisted of two inspectors and two experts by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the local clinical commissioning group.

We looked at the care records of six people in detail to check they were receiving their care as planned. We also looked at records including training records, meeting minutes, medication records and quality assurance records. We spoke with 10 people who lived at the home, seven members of care staff and nurses, the housekeeping staff, the chef, the operations manager and the home manager. We also spoke with relatives of nine people currently living at the home.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

Although people we spoke with said that they felt safe living at Buckingham Lodge Care Home the majority of people told us there were not enough staff to meet their needs. Some people gave us examples where their needs were not being met in a timely way and the effect this had on them. One person said, "More staff would be a good thing. We don't really see enough of the carers we have. "A third person said, "Staff seem so busy all the time. Are there enough? I don't think so."

Call bells were not always answered promptly which had led to people having to wait to receive their care. One person told us, "There are not enough staff to do the job. If I press my buzzer it can take up to ten minutes for it to be answered." Another person said, "The last time I pressed the buzzer it took five minutes before someone came and I was desperate to go to the toilet so I had an accident. I said to the carer that I was sorry."

Relatives we spoke with were equally concerned about the level of staffing. One relative said, "I feel there are not enough staff. [Family member] gets upset sometimes and needs reassurance, but there isn't always someone around." Another relative told us, "There is often no member of staff in the lounge when we visit." A third relative told us, "There are never many staff around during the afternoon and those that are about are so busy. When I've been here I have seen some people who live here being confrontational with one another. Visitors have to go and find staff because there are not any around. When you can find a staff member they come and then they take those people back to their rooms."

We received mixed views from staff about whether there were enough of them available to help people in a timely manner. Some staff we spoke with told us there were not always enough of them to keep people safe and meet their needs. They described the afternoons and early evenings as being a 'pinch point' in terms of the number of them available and working. One member of staff said, "We have enough staff to give basic care, we don't have much time to sit and chat with people." Other staff told us that the numbers of them working on each floor could vary between four and six care staff on each shift. They told us that with five or six staff they could meet people's needs well. They told us they struggled when other staff were on leave or holiday and there were only four of them available.

During the afternoon we frequently observed there were a lack of care staff in the communal areas that could offer support if and when needed. We concluded that there were not always enough staff in place to meet people's needs and keep them safe. We found that this was particularly the case during the afternoons and early evening. We discussed our concerns with the home manager who told us that evaluating the staffing levels and current deployment of staff was something they were reviewing as part of their role. They told us they were not currently using a dependency tool to calculate how many staff were needed to meet people's needs; however they were planning to introduce one soon.

The concerns about staffing levels are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was noted in several of the care records we viewed that people had been assessed as being at high risk of developing a pressure ulcer. We saw, however that these risks were not monitored with effective record keeping. Some of the actions required to mitigate these risks were for staff to regularly carry out personal care checks and re-position people every four hours. However, the records in relation to these people's care indicated that the required personal care checks and re-positioning had not always taken place. In one person's care records we noted that on 1 February 2017 that there was an area of their body that was recorded as 'sore and red'. However the repositioning records indicated that the person was left for five hours and 25 minutes between being moved during the day and left between repositioning for five and three quarter hours during the evening and into the night. On 3 February 2017 the same person had no recording that they were repositioned for six hours. We saw that this was an example of several people's records where their repositioning was not recorded. Staff we spoke with were aware of the people who required assistance with repositioning. However because of the gaps in record keeping they could not be assured that people were being repositioned as necessary in order to reduce the risk of a pressure ulcer developing.

We observed one person who was at risk of falls trying to stand up from their chair in their bedroom. They had a pressure mat situated to one side of them that was in place to alert staff should they stand up to move. We noted however that this person had their walking frame situated next to them and on the opposite side to the pressure mat. These meant that they could stand up and walk without the pressure mat being activated. We alerted this concern to the nurse in charge who agreed that the mat was not placed in an effective position to notify staff that the person was moving. Later during the afternoon we observed the same person stand, this time using the pressure mat; however despite the pressure mat being activated no staff attended to check they were okay.

We looked at how medicines were managed. We found that external topical medicines were not always stored securely. Each person had a lockable cabinet within their bedroom en suite facilities where prescription creams were stored. We found that these cabinets were not locked, despite most of them having a key present in the lock. A lot of people living at Buckingham Lodge Care Home were mobile and were living with dementia. There was therefore the potential risk for them to access the cabinet and ingest the topical medicines. We found there was no risk assessment in place to mitigate the risks of this. This placed them at possible risk of harm. When we asked staff why the cabinets were not locked we were told that they were not lockable and therefore left open.

We found medicines prescribed to be administered on a 'when required' (PRN) basis were not always managed effectively. Not all people who had PRN medicines had a protocol in place to inform staff when to administer their medicines. PRN protocols are important because they inform staff of the signs they would need to look for to show a person may require the medicine or the desired effect the medicine would have.

We checked the medicine administration record (MAR) charts to see that these had been completed appropriately. People told us that they received their medicines when they needed them. One person told us, "They bring me my pills when I need them and make sure I take them." Another person said, "Sometimes I get pain in my hip, they give me something for the pain if I ask." We observed part of a medicine administration round. We saw that the member of staff administering the medicine stayed with the person whilst they took their medicine. They also offered the person an as required medicine, which the person had the choice to decline and did.

People told us they felt safe living at Buckingham Lodge Care Home. One person said, "I know they [staff] are

here for me so that is reassuring." Another person said, "Oh yes, I feel comfortable and safe here because everything I need is found for me." A third person said, "They [care staff] walk behind me with my frame, just to make sure I am safe."

People's relatives equally felt their family member was safe at the home. One relative told us, "My [family member] is safe and comfortable. I like the fact that security is good with all the different door codes. They keep an eye on [family member]. When I've turned up, I've not seen anything to worry me." Another relative said, "My [family member] has everything they need so I don't have to worry."

We found that people were supported by staff who were knowledgeable about safeguarding people from the risk of abuse. Staff told us the process for raising a safeguarding concern; they were all clear on who they would contact if they had any concerns. One member of staff told us, "People are safe here. We expect that they are looked after as if they were our own mum and dad. There are safeguarding telephone numbers all around here so all staff should be clear on who they can contact if concerned."

We viewed three staff files to see that safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with people. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

We saw that relevant checks to ensure the environment was safe were undertaken. For example, temperature monitoring, fire alarms tests, hoists and slings, and kitchen and laundry equipment checks were undertaken and recorded.

Requires Improvement

Is the service effective?

Our findings

At the last inspection this key question was rated requires improvement. At this inspection it has been rated requires improvement again. At the last inspection we had concerns that records of people's nutritional intake were not always maintained and completed. We continued to have concerns in this area at this inspection.

People's needs were not consistently met by a staff team who had the right competencies, knowledge and skills to meet people's diverse care and support needs. There was a shortfall in the training that the provider required staff to complete in order to fulfil their role. This referred especially to training relating to specific medical conditions and supporting people who could be anxious and distressed as a result of their dementia.

Staff told us that they tried to respond appropriately to people's needs in relation to those people who could be anxious and distressed. They told us that they 'did their best' as they had not received appropriate training in this area. The home manager confirmed that they had identified this gap in staff learning and had arranged training for staff that was due to be held over three days in March 2017.

One person had a specialist medical procedure in place. We found that none of the nursing or care staff had received training or had a competency assessment carried out of their knowledge and skills of how to support this person with their needs. This person had been placed at risk as they could not be assured that they were being supported by staff who had the skills and knowledge of best practice. The home manager had already identified this as something that needed addressing and was liaising with a specialist healthcare professional to provide the training. We followed this up with the home manager after our inspection to ensure that this had happened.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We looked at six people's care records and saw that their capacity to make decisions had been considered. However, in one of the plans we saw that the care plan stated one person did not have capacity to make a particular decision. Staff however told us that this was not accurate and that the person could make their own decisions. We also found that where one person did not have the capacity to consent to the administration of an influenza vaccination care staff had consented to this on their behalf. Care staff, alone,

are not able to consent for people living at the home. The law states that if person lacks capacity to consent to something themselves a decision must be made in their best interests.

Staff had completed training in MCA. In discussions on the day of our visit they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. However practice did not always reflect the understanding of the legislation.

Where there were concerns about people's eating and drinking, the recording in people's care records was not always sufficient to provide guidance to staff. In one person's care records it stated that the person had seen a speech and language therapist for an assessment of their eating and drinking skills. We saw that the persons care plan had different recommendations about how they were to eat their meals. When we spoke with staff we found that they were not following the guidance within the care plan. When we asked the unit leader about the safe way for the person to eat they checked and told us that the care plan was inaccurate. The unit leader also discovered that the speech and language therapy assessment had not happened. We were concerned that not all actions as documented within this persons care records to mitigate these risks had been taken. People had not always been referred for specialist help when needed. The unit manager contacted the persons GP and requested a referral for a speech and language therapy assessment for the person during our visit.

We reviewed the records of people identified as being at risk of poor nutrition and weight loss. We found that they had not been completed with sufficient detail. It was not clear to tell exactly how much someone had eaten or drank. When people had been asleep at meal times, there was no indication that they had been offered or taken food when they had woken. There was no indication of alternatives being offered and taken when food had been refused. There was also no recording of additional snacks being offered to people who were at risk of weight loss. One person's relative told us about their concerns in respect of the recording of their family member's nutritional intake. They said, "My relative needs encouraging to drink so I do hope they [staff] monitor that, particularly as I feel there aren't enough staff available."

We found that some people's weight was not regularly checked when they had been identified as being at risk of weight loss. For example, one person's care records stated their risk of losing body weight needed to be reviewed every two weeks. This person's care records showed that their weight had only been checked monthly.

Another person who had also been identified as at risk of weight loss had been weighed when they moved into the home during November 2016. The next attempt to weigh them by staff was on 1 December 2016 at which point the records stated that the person had refused to be weighed. We saw that this person was not then weighed again until January 2017 when it was recorded that they had lost 4.7kgs. When we asked staff why the person had not been weighed again during December we were advised that people were routinely weighed on the 1st day of the month and therefore no one had tried to re-weigh the person. We saw that the same person required fluid intake recording to ensure they took adequate fluids to avoid dehydration, however staff had not effectively recorded and added the total of fluids taken at the end of the day to determine whether adequate hydration requirements for this person had been achieved. Where lower amounts of fluid had been consumed, for example 450mls in one day against a target intake of 1265mls there
was no record of any follow up for this to ensure the person was drinking enough. This demonstrated that there was no consistent approach being taken to ensure these people received enough fluid to meet their needs.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We shared our findings with the home manager and recommended they refer to best practice on managing people's nutrition and hydration. The home manager told us that they were aware that there were improvements needed in the monitoring of and recording of people's nutritional and fluid intake. They showed us some training materials they had obtained and their plans to deliver some additional training to all staff.

People were positive about the food and meals they received. One person said, "The food is fabulous - anything I want I can have and the meals vary every day. It's a highlight of the day." Another person said, "The food is hot and tasty. I really look forward to my meals." A third person said, "There is a good selection of food and they [staff] ask me if I like it and if I don't they will cook me something else."

Relatives we spoke with were mostly complimentary about the food their family member was receiving at Buckingham Lodge Care Home. One relative told us, "I have had lunch here and it was lovely." Another relative however, thought there could be an improvement in the vegetables served at meal times. They said, "My [relative] has got a thing about frozen vegetables, they really don't like them and I have asked for fresh but it doesn't happen. I think it's about cost. There is fruit available but you have to ask."

We spoke with one of the two chefs who worked at the home. We found they were very knowledgeable about people's nutritional support needs such as special diets or those people who needed a soft diet, allergies and where people were at risk of choking. They were also aware of people with special dietary requirements such as those on a high calorie diet or those that were diabetic. The chef we spoke with told us about some training they had recently undertaken in food and cooking for older people and how to make foods appealing through the use of herbs and flavours. The chef told us they had high standards for the food that was prepared for people at the home saying, "If the food is not good enough that I would not be happy to eat it then it doesn't go out to be served to people."

Most people felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The carers know what they are doing, as far as my needs go." However one person told us, "Some might need a bit more training, I had some leg exercises to do but some of the staff were not quite sure how to help me with them."

Relatives were also positive about the skills of the staff. One relative said, "Staff are well trained, they help my [family member." A second relative told us, "I am confident the staff know what they're doing although there have been some agency staff who were not so good but they only ever seem to come once. I think they try to use the same agency staff wherever possible."

People were supported by care staff who told us they received support and sufficient training to enable them to help people effectively. They told us that since the current manager had started in post they were feeling positive and supported. One member of staff said, "I feel listened to and supported. I love it here [Buckingham Lodge Care Home], it's on the up and there are more improvements to come.

People received support to keep them healthy. They were able to access the appropriate healthcare support such as the GP, speech and language therapist and community nurse to meet their on-going health support needs. One person said, "If I need to see the doctor they [staff] fax and phone the surgery." Another person said, "They have told me if I don't feel well they will call a doctor for me."

Good

Is the service caring?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated good again. This means that the provider had sustained this rating for this key question.

People told us that staff were kind and caring. One person said, "Care staff are always asking me if everything is all right which I find very comforting. I do feel at home here and I am sure I matter to them." Another person said, "They [staff] treat me nicely and talk to me in a pleasant way, making me feel they care about me." A third person told us, "The staff are so caring. They really make me feel as if this is home. They laugh and joke. It makes me want to laugh with them. They fuss around me in a nice way."

Relatives were also complimentary about the care their family member received. One relative said, "The staff are all very kind and helpful and treat my [family member] with great respect." Another relative told us, "They [care staff] genuinely care and show an interest in people, even down to discussions about their family life." A third relative said, "My [family member] is clean and well cared for."

Staff talked of people and working at the home fondly. One member of staff said, "I really enjoy working here. The people who live here are wonderful. The care is really good."

We observed kind and gentle interactions between staff and people during the two days of our inspection. Staff engaged with people in a kind and considerate manner. During the afternoon of the first day of our visit one of the care staff asked one person if they would like to get some exercise. The person took the staff member's hand and they danced together for a short while, much to the entertainment of everyone else sitting in the lounge. We observed the person who had been dancing had a big smile on their face as they sat down again. We also observed staff telling a person how beautiful they looked as they had just been to the hairdressers to have their hair styled. We were told by another person how staff supported them when they were feeling anxious. They said, "If the doctor's visiting they know I get a little bit stressed so they sit with me and hold my hand."

Despite most people telling us that they were treated with dignity and respect, we also saw and heard occasions when some staff were less caring. Staff were not always mindful of confidentiality when speaking in communal areas. We heard staff talking about people's continence support needs in front of other people living at the home. Records about people's care were not always kept confidentially and stored appropriately when staff were not using them. One person's relative told us that they had on one occasion found their family member left with food on their clothing and bed and staff did not take action. We addressed these concerns with the home manager who was aware that some staff practice needed improving and told us this was being addressed with the staff concerned.

However we received far more positive feedback from people and their relatives about the respect of their dignity and privacy than we did concerns. One person said, 'Staff always say, 'May I come into your bedroom?' It's so nice that they respect our privacy." Another person said, "I say things I shouldn't say to the carers but they take it in good part and tease me a lot, which I look forward to believe it or not. I feel that

they like me which is a nice feeling to have."

The home held a 'resident of the day' scheme which the home manager told us promoted person centred care planning and involved people, their relatives or important persons involved in their care. The scheme ensured that once a month each person would have a full care plan review. Staff communicated with relatives so that they could also be involved in reviews. This ensured that their point of view was considered and used in the planning and delivering of people's care and support. One member of staff told us, "The person who has resident of the day gets to choose what they would like all day, they are treated."

Relatives told us that they could visit anytime they wished and that they were made welcome at the home. One person's relative told us, "I can come at any time and I do. I visit often."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

Some people who we spoke with told us that they did not always receive care in a way which was responsive to their needs. One person said, "I don't get enough showers. I would like a shower more than once a week." However other people told us that they were supported in a way that enabled them to have their preferences met. We were told by one person, "I can choose what I want to do for most things, I like to be on my own, it's my choice. At the moment I have my lunch in my room because I've not been very well and that's what I want." Another person added, "I go to bed and get up when I want."

We also received mixed feedback from relatives about whether their family member's needs were met in a responsive way. One relative told us, "My [family member] missed the entertainer they once had; staff didn't take them to watch it. I wish they would take [family member] into the lounge every day. I am reluctant to ask them to as I don't want to be difficult." Another relative said, "My [family member] is well looked after overall, but would love to go down to the lounge, but they do not get offered the chance. It would do them so much good to mix." A third relative said, "Staff don't seem to notice the detail in a person's room, like we brought a pot plant in and it was never watered. Dead flowers were in the room for a fortnight." We concluded that staff were not always responsive to people's individual needs.

Staff told us that they were not always able to be responsive to people's needs due to lack of sufficient staff. One member of staff said, "By rights people should be able to have a bath daily but we struggle to do so as there often isn't enough of us." During the morning of the day of our first visit we observed a person repeatedly asking staff if they could have a bath, only to be told that they had to wait until the afternoon. We asked staff about why this person had to wait. We were told, "People get help with a wash however they don't get showers and baths as often as they would like. [Person] asks for a bath every day, but they get one once or twice a week if they are lucky."

We found some improvement was needed to ensure care plans consistently reflected people's current care needs. Each person had a plan of care which provided information about their assessment prior to moving to the home and their current support needs. Care plans contained some information about people's care needs and the actions required in order to provide safe and effective care. We saw however that there were some inaccuracies within the care plans that we looked at. For example one person's care plan stated that due to weight loss they should be weighed weekly; however one of the nursing staff told us that this person was weighed fortnightly.

Another person whose care plan stated they should be weighed monthly was actually being weighed fortnightly. Another person had inaccurate information within their care plan about how they should be supported to eat their meals. In another person's care plan it contained a risk assessment for the use of bed rails, however this person was no longer using bed rails. We could therefore not be confident that people's

care records reflected their current care needs which placed them at risk of receiving care that was not in line with their assessed needs.

People did not have access to sufficient meaningful activities or social stimulation and told us there were limited things for them to do at the home during the day. One person said, "As a home I think this is a pretty good one and worth giving a go from anyone looking for somewhere. I just wish there was more to keep me occupied. People ought to be aware there's not much going on here if they move in here." Another person said, "I get absolutely fed up sitting here all day. I walk about and chat to others and watch some TV so it's not completely dull." A third person said, "I'd like more things to do. I get a bit aimless sometimes. Being stimulated is a good thing."

People's relatives also told us they felt there were insufficient activities for people to take part in. One relative said, "[Family member] missed the entertainer they had in the afternoon. The care staff didn't take [family member] to the lounge. I wish they would take [family member] into the day room every day. Today they are there and this is the first time in ages." Another person's relative told us, "Normally [family member] is in their room. It is genuinely the first time we have visited and found them in the lounge. [Family member] is really happy you can see that. I just think they [staff] find it easier to deal with them if they are in their room."

Staff we spoke to also told us that there was little in the way of activities currently available for people to participate in. One member of staff said, "Activities here could be better. Not many activities happen, there never has been."

We spoke with the manager about the activities on offer for people. They had already recognised that improvements were needed and had identified the activities as an area for improvement. We will monitor progress on this and check on this at the next inspection.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the homes' complaints records. This showed that procedures were in place and could be followed if complaints were made. There was a policy that provided people who lived at the home and their relatives with information about how to raise any concerns and the process that would be followed. The relatives we spoke with were aware that they could raise a concern. One relative told us that they felt that the standards of care were improving at the home since the current home manager had commenced in post. They told us, "There are no issues for me to complain about unlike in the past."

Requires Improvement

Is the service well-led?

Our findings

At the time of our visit, there was no registered manager in place at the home. The previous registered manager had left the home in May 2016. They were followed by another manager who worked at the home for nearly three months prior to leaving. The current manager was in the process of submitting an application to register with the Care Quality Commission.

At our last inspection during January 2015 we rated the home as good in four of our key questions and requires improvement in one. This meant that we rated the home 'good' overall. At this inspection we have rated it as 'requires improvement' in four key questions and overall. This means that we considered that there were more concerns at the home now than when we last inspected it.

The impact of a lack of consistent management and leadership was evident throughout the findings of this inspection. This included the poor record-keeping by care staff, lack of care plan oversight and limited staff access to training.

Although there were systems in place to assess and monitor the way the service was run, we found that they had not identified or fully addressed all of the issues that we found during our visit. We saw that there were a number of audits completed to monitor areas of the home such as infection prevention and control, nutrition audit and tissue viability audits. These had last been completed in early January 2017. However despite these audits being carried out we identified that the corresponding records and charts were not always completed It was not clear who checked the total fluid intake or that repositioning charts were completed. The wellbeing of those people who required this support was dependent on staff to ensure they received adequate nutrition, hydration and pressure care. Accurate record keeping was an important part of this process that was not always well managed.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From talking to people, their relatives and staff as well as our observations we recognised that the manager had a number of challenges at the home which they were trying to address. This was recognised by several people who lived at Buckingham Lodge Care Home. One person said, "I've seen the home is well managed and you can feel the home is improving." Another person said, "I have met the manager. She seems pleasant and we had a chat and she asked me if everything was okay."

Many relatives were also positive that things were beginning to improve at the home and they told us they hoped this would be sustained. One relative told us, "I can see things improving under the new manager. It is cleaner here now, there is a weekly menu and names are on the doors. Things are tightening up and I'm seeing the same faces working around the place. People in the office are great and open the door for you." Another relative said, "This place has some good things about it. It has a pleasing environment. I am right to be cautious and negative because there have been so many changes of management, each offering hope, but in the end it has ended up as it has before."

Some people we spoke with told us that the manager was not very visible within the home and this was echoed by some of the staff we also spoke to. However both had concluded that the manager was trying to make improvements at the home. One person told us, "The manager is not all that visible but perhaps that's because she's busy working in her office trying to make improvements. I do know one of the night staff told me she [home manager] turned up at 5 o'clock one morning to carry out a spot check." Another person said, "I haven't worked out who the manager is. However everyone here is welcoming and I can't think of a better place to be."

We found the management team had an honest approach and were professional. They listened to the feedback we provided throughout the inspection and were receptive to our findings and keen to share their plans for developing the home further. Staff we spoke with told us they enjoyed their jobs and working at the home. They told us that team work had improved since the home manager had started working at the home.

We saw that the manager was taking action and addressing gaps in staff training undertaken and were shown letters sent out to staff by the manager to remind them.

Two newly recruited clinical lead staff had been employed and at the time of our inspection they were working with the home manager devising and developing an action plan of areas to improve within the home. We were told that care plan revision and review was on the list of priorities to address.

Staff we spoke with told us they found the management of the home approachable and they felt able to speak up if they had any concerns. They also told us that staff meetings took place. Records confirmed this. Minutes from staff meetings showed that a range of topics and issues relating to the running of the home were discussed and information was shared with staff. For example at a meeting on 26 January 2017 staff were updated on safeguarding practices, health and safety and training. We saw further meeting minutes where the home manager was communicating a strong message to staff about the need for standards at the home to improve. This demonstrated that the home manager had oversight of the home and was identifying plans to make improvements. When we next visit the home we will check to make sure that these identified improvements have been not only implemented but fully embedded into care practices.

Records, and our discussions with the service manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the home manager was aware of their role and responsibilities in this area.

Records showed that the home manager had begun to put systems in place to monitor the quality of the care people received. We saw a meeting, referred to as 'your voice' had been held with people to identify where improvements could be made and seek feedback.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a lack of person centred care for people living at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured that there were safe systems to meet people's nutritional and hydration needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective systems and processes to assess and monitor their service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff appropriately deployed to support people in a person centred and responsive manner. Staff had not always received appropriate training to carry out their role.