

Moundsley Hall Limited

Buckingham House

Inspection report

Moundsley Hall Care Village
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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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Buckingham House is a nursing home that was providing personal and nursing care to 28 people aged between 18 and over at the time of the inspection.

People's experience of using this service:

- People were supported by staff who knew how to recognise potential abuse and who they should report any concerns to. People's care considered their risks and reduced the risk of harm and where required, had access to equipment to support them. There were enough staff on duty to meet people's social and care needs.
- People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.
- People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted by staff who encouraged them.
- People's needs and routines were known and supported by staff who ensured these were met and respected. People and relatives knew how to complain if needed, and were confident any comments or concerns were listened and acted on.
- People and staff were happy with the way the service was led and managed and the provider worked well with external professionals to ensure people's needs were met.
- Service management and leadership was consistent and areas for improvements were identified and acted on. The registered manager assured people's views and experiences were gathered and any improvements were made.
- We found the service met the characteristics of a "Good" rating; More information is available in the full report

Rating at last inspection: Good (Published September 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: There will be ongoing monitoring and routine inspections of the location.

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

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 effective findings below.

Is the service caring?

Requires Improvement ●

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.

Buckingham House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and an expert by experience with their area of expertise of dementia care completed the inspection. 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 House 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 service. 28 people lived in the home at the time of the 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people and two relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience people who could not talk with us.

We spoke with six members of staff during the inspection, care staff, nursing staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

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

- All people we spoke with felt the home was safe and had no concerns about their well-being. One person told us, "I'm watched all of the time to make sure that I'm safe."
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.

Assessing risk, safety monitoring and management:

- The care folders recorded people's associated risks with their mental health and physical needs. One person told us, "I have all of this equipment here [to remain safe]."
- Staff we spoke with knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment:

- Staff were available in the communal areas and responded to requests when people required assistance. One person told us, "I ring my bell and the staff come to help me. The night shift are the same they're very good."
- People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. One person told us, "I know what my medication is for and it's done correctly."
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. However, there was no guidance in place for nursing staff to follow when medicines were prescribed as 'PRN' (As Needed) where people had been prescribed thickened fluids there were no records kept to evidence when they had been given. The registered manager took immediate action to record the use of thickened fluids going forward.

Preventing and controlling infection:

- People we spoke with told us the home environment was clean and their rooms were kept clean.
- People's laundry was collected and washed within a separate laundry area.
- Staff who prepared food were seen to observe good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong:

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The registered manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans.

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

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 had been asked about their needs and choices by the management team.
- The provider had completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff support: induction, training, skills and experience:

- People we spoke with were happy staff understood their care needs and were able to provide the care they wanted and needed. One person said, "The carers understand me definitely, they are very kind."
- Staff told us about the courses they had completed and how it had helped them understand people's conditions better.
- All staff we spoke with told us they were supported in their role with structured routine meetings and individual discussions with supervisors to talk about their responsibilities and the care of people living in the home.

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

- People we spoke with told us they enjoyed their meals and had a choice of meals. One person told us, "I have a choice (food). If I don't like the choices for the food they will always get me something else."
- Where people required assistance and prompts with their meals, staff were seen to sit with people. One person told us, "I'm OK with any food. The only thing is I have to have it cut up. Apart from that I can manage to eat anything."

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

- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups. One person told us, "I saw a doctor when I first came here. He explained to me that he was my GP now. He explained my medication to me."
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home with communal areas which were easily accessible.

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

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support

people with their care needs. People who required glasses and other aids had these in place.

- Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

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

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations have been met.

Respecting and promoting people's privacy, dignity and independence:

- When staff were speaking with people or about people we heard at times loud voices between staff in the communal areas where other people were able to overhear.
- On one occasion we saw a person's door was open when they were receiving personal care. One person also told us, "They do sometimes leave the door open when they are washing and dressing me unless there is more than one of them they shut the door then."
- The registered manager told us they would ensure staff respected people's personal needs when having discussions about any care needs which will need to be embedded going forward.
- People's confidential information was securely stored, to promote their privacy.

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

- We saw staff were available in the communal area to support people.
- People were comfortable with staff who responded with fondness and spoke about things people were interested in.
- People told us the staff were kind, caring and attentive to them. One person told us, "They [staff] have time for me."
- People were relaxed around staff who supported them and people happily asked for any assistance they wanted.

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

- People told us the staff involved them with the care they wanted daily, such as how much assistance they needed, or if they wanted to stay in bed or their bedroom. One person told us, "The carers are very good here. They understand and help me. They know what I like."
- People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "This is my home now and I'm free to do what I like. No-one comes into my room unless I invite them."

Is the service responsive?

Our findings

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

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:

- People's preferences about their care needs had been detailed in their plans of care. However, people told us they had not directly been involved in the care plan documents. This information was shared with the registered manager to review.
- The wishes of people, their personal history and the views of relatives had been recorded.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
- Staff gave us examples of things people enjoyed doing, such as spending time playing games or reading.
- People enjoyed a variety of daily activities, such as quizzes and crafts. Visiting entertainers came in, and people celebrated a variety of notable days and told us how much they enjoyed these. One person told us, "The activities are very good I enjoy them very much. We will bake cakes, we've planted bulbs, I join in the exercise classes and the yoga."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

Improving care quality in response to complaints or concerns:

- People we spoke with said they would talk to any of the staff if they had any concerns and were confident they would be resolved. One person told us, "I have no complaints; I would tell them if I had a complaint, for example there is no problem here with returning food and getting something else."
- People and their relatives told us the staff and the registered manager dealt with any issues as they arose.
- A formal complaints process was available as a process to record, investigate and respond to complaints. Any suitable adjustments to care or to improve the service provided could then be implemented.

End of life care and support:

- An end of life care plan was completed which recorded some information of the person's wishes in the event of their death.
- The staff and the registered manager demonstrated a compassionate approach to providing people with 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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:

- People liked to spend time with care staff.
- People's individual care and support needs were provided by staff who enjoyed their work and were encouraged to spend time getting to know people.
- Staff were clear about the registered manager's vision to provide personalised care and staff were supported to understand why this was important to people's care experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's plans of care were current and the environment was safe.
- The registered manager was supported to provide good care to people, based on best practice standards, researched people's lifestyle choices and the provider supported them.

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

- People's views were gathered through surveys and where suggestions for improvement had been made, these had been acted on.
- The management structure in place was open, transparent and available when needed. The registered manager and provider spent time each day working as part of the team.
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Continuous learning and improving care:

- Learning from concerns and incidents contributed to continuous improvement. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change and adapt the support provided and reduce the risk of further incidents occurring.

Working in partnership with others:

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences. For example, with the local school and hospice.
- Social workers, commissioners and professional were involved in people's care reviews.