Anchor Trust

Buckingham Lodge

Inspection report

Culpepper Close
Aylesbury
Buckinghamshire
HP19 9AD

Website: www.anchor.org.uk

Date of inspection visit:
02 March 2016
03 March 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The service was registered on 5 April 2015 and provides accommodation and personal care for up to 64 people who require residential and dementia care. At the time of our inspection there were 21 people using the service. The service had a registered manager supported by a deputy manager.
A registered manager is a person who has registered with the Care Quality Commission 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.

We saw people were well cared for and comfortable in the home. Everyone we spoke with complimented the staff who supported them. People's comments included. "They are very patient and treat me well".

People were cared for by motivated and well-trained staff that had completed a programme of essential training to enable them to carry out their roles and responsibilities. New staff had completed an induction training programme and there was a programme of refresher training for the rest of the staff.

People were supported to make their own choices and decisions where possible. Staff understood the principles of the Mental Capacity Act (2005). Where identified as a care need, people were provided with the assistance they needed to eat and drink. Staff liaised with the district nurses and the person's GP when needed.

Managers and senior staff provided effective leadership to the service and regular residents' meetings ensured people were involved in the running or the home. The atmosphere of the home was warm, friendly and supportive.
People were supported to engage with a variety of activities and entertainments available within the home.

The home employed two activity coordinators; activities were available to all people living in the home. The home is a member of the National Activity Providers Association (NAPA) and had participated in the Dignity in Care campaign and received recognition for this. People were actively involved in activities and entertainments within the home, one person told us they enjoyed different people visiting the home and the opportunity to go out.

Care plans were not always personalised and did not always make reference to people's emotional, psychological and spiritual needs. However, new documentation in relation to this was in progress at the time of our inspection.

We have made recommendations in relation to pre admission information and ensuring internal audits are more robust and effective.

We identified concerns in relation to medicine practices. This constituted to a breach of the regulation 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.

People were at risk of not receiving their medicines as prescribed because the service failed to ensure they ordered adequate stock from the services pharmacy.

People's medicines were not managed safely and in accordance with best practice guidelines.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with guidance on managing risks.

Is the service effective?

Good

The service was effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Induction procedures for new staff were robust and appropriate

Staff were motivated and well-supported by supervisions and appraisals

Is the service caring?

Good

The service was caring.

Staff knew people well and provided kind, compassionate support.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Pre admission information did not have detailed information to effectively plan care.

A wide variety of activities was available within the home.

People were empowered to make meaningful decisions about how they lived their lives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Managers and senior staff provided staff with appropriate support.

There was quality assurance systems in place to monitor the quality of care provided. However, internal audits did not always identify shortfalls.

Managers and staff were open, willing to learn and worked collaboratively with other healthcare professionals to ensure people's health and care needs were met.

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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 is 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 2 and 3 March 2016 and was unannounced. The inspection team consisted of one inspector and one specialist advisor. A specialist advisor is someone who has experience in a specific area. Their area of experience was older people's care.

This was the first inspection following registration. Prior to the inspection we reviewed information we held about the service and notifications we received. A notification is information about important events which the service is required to send us by law. A provider information request (PIR) was not requested prior to the inspection. A PIR is a form that asks the provider to give about some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service, three relatives, seven members of staff, the registered manager, deputy manager, and the GP. In addition we observed staff supporting people throughout the home and at lunchtime. We also inspected a range of records. These included five care plans, and one new admission record, four staff files, two Medication Administration Records, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely. We observed a member of staff with a container of medicines in their hand whilst organising people in the dining room. We asked if they were the member of staff who was responsible for administering medicines that day. They told us that they had not been trained in medicines administration. They were giving the medicine to a person as requested by the member of staff who was responsible for the medicines that day. They then put the medicines in a drawer in the dining room. We brought this to the attention of both the registered manager and the person who was responsible for administration of medicines that day. We pointed out this was unsafe practice and was 'secondary dispensing'. Secondary dispensing is when the medicine is removed from its original container and put into pots in advance of the time of administration. This process removes the safety net to check the medicine strength and dose with the Medication Administration Record (MAR) chart at the same time of checking the identity of the person.

We also found controlled drugs (CD) were not stored correctly and in accordance with their regulations for the storage of medicines that require additional controls because of their potential for abuse. The CD medicines were stored in the medicine trolley and not in a locked cupboard intended for that purpose. We informed the registered manager of this practice during feedback at the end of the inspection.

We also found several people had not received their medicine for several days. One person was without their analgesia for seven days and another person was without their eye drops for five days. There were two other people who had not received their medicine for two days. We brought this to the attention of the registered manager who assured us they had been in contact with the pharmacy to obtain a supply of the medicines. We informed them that it is the home's responsibility to ensure the people have their medicine as prescribed by the GP. There was no evidence to suggest people had suffered harm because they had not received their medicine.

This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included contact information. All of the staff we spoke with were able to explain the services available and the procedures in relation to safeguarding of adults. In addition they all said they would not hesitate to report any concerns they may have to the relevant people.

People's care plans included detailed and informative risk assessments. These provided staff with information and guidance on how to support people in relation to the identified risk. Where accidents or incidents occurred these had been appropriately documented and investigated. Where incidents occurred in relation to people, these had been reported and appropriate actions taken to protect the individuals concerned.

People lived in a well-maintained, clean and tidy home. Maintenance of the home was well organised and we saw weekly and monthly health and safety checks had taken place. The service had a personal

emergency evacuation plan (PEEP) in place for each person living in the home. A personal emergency evacuation plan informs staff how to support people in the event of an emergency situation such as a fire. A visitor to the home said, "X is safe because staff understand their needs, they have choice and their independence back".

We inspected the home's staff rota and found there were sufficient staff deployed to meet people's care needs. This was demonstrated throughout our two day inspection we saw staff spending time with people supporting them in their everyday activities.
The home was newly commissioned and had an increasing number of people moving into the home. Staff told us that some shifts can be busy and during these times managers helped if needed. The service's formal way of assessing people's dependency levels prior to moving into the home ensured there was enough staff to support people at all times.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and Barring Service (DBS) criminal record checks were completed before staff were appointed. Interview records demonstrated that employment histories had been reviewed as part of the recruitment process.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "Nothing is too much trouble, the staff are so kind". Another person said, "The staff look after me in every way, I don't have to worry".
A family member commented, they were always made aware of any changes in their family member's condition. They complimented the staff and management, stating that their family member's quality of life had improved and it had been made easier because they were able to bring their dog with them. Comments included "The extra care and attention and the activities made the home feel like a home and very much part of the community". The service had a 'pets welcome' policy by arrangement with the registered manager.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. We inspected the home's training matrix which accurately recorded details of the training staff had completed. The training matrix showed staff had completed training in relation to the safeguarding of adults, manual handling, infection control and food hygiene. Some staff had received additional training in a variety of topics including the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and safe handling of medications.

New staff were supported to complete an induction programme before working on their own. They told us "We shadow experienced staff for a minimum of two weeks before we provide care independently". Staff were given intensive training and were required to complete a Diploma in Health and Social Care and a range of in-house courses to ensure people received high standards of care. Staff who had completed training in administration of medicine had a competency assessment carried out following completion of their training.

People's consent to care was sought in line with legislation. However, we found one person had not yet completed a consent form. We spoke with the registered manager and deputy about this and they confirmed they will address this with immediate effect. Managers and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 interest and as least restrictive as possible. The registered manager had submitted applications to the local authority for a range of restrictions.

Staff were supported by the management structures within the home. Staff told us supervision meetings were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us there was a great level of support and leadership and senior staff acted as role models.

The home recognised that meal times are an opportunity for social interaction and involvement; visitors

were welcome to join their family member. We observed a meal time and saw people enjoyed a high standard of traditional home cooking using ingredients people were familiar with and wanted to eat. A visitor told us "I enjoy lunch with X, the meals are tasty, varied and food preferences are catered for". All meals were presented in an appetising way and people were offered appropriate support to ensure they ate as much as they wanted. In addition the home had snacking stations stocked with a variety of food and soft drinks to allow people to graze all day which ensured that the risk of malnutrition and dehydration was decreased. People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes.

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health care professional including GPs, district nurses and dentists. The home had followed guidance when provided in relation to treatment interventions at the request of clinical professionals. People's changing needs were monitored to make sure their health needs were responded to promptly. We spoke with the GP who visits the service and they commented that staff often called them out when the situation could have been dealt with by senior staff. However, the GP said it is 'working progress' and addressing training needs for staff may reduce the call out requests. We spoke with the registered manager and deputy regarding the comments made and they said they would prefer to 'err on the side of caution' and request a visit by the GP to ensure people are safe.

Good

Is the service caring?

Our findings

People appeared happy and contented. We witnessed numerous examples of staff providing support with compassion and kindness. For example, one person who remained in bed due to their frail condition, had music playing in the background of their room. Staff had ensured their hair had been attended to and they looked well groomed. Staff spent time chatting with people and everyone we spoke with complimented the staff who supported them. People's comments included "They are angels". One visitor said that the management and staff were 'fantastic' and gave examples of care and support the family member had received.

Staff spoke affectionately of the people they cared for. We observed staff interacting with people in a caring and kind manner. Throughout the inspection it was noted that staff were not rushed in their interactions with people. We saw staff spending time with people individually and supporting them to engage with activities. We saw that where people requested support, it was provided promptly. People in the home were smartly dressed and well cared for.

One relative said when they visited nothing was too much trouble, staff were happy to listen to any small concerns, and any issues were dealt with quickly. Another relative said "We come in once a week and the staff are very caring and we are involved in care plan reviews".

We observed that staff treated people with respect. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knocked on people's doors and waited to be invited in. For people unable to respond, staff ensured they knocked and introduced themselves when entering people's rooms. Care was provided to promote people's dignity and privacy.

One person said some days they prefer to stay in their room, and staff check on them throughout the day to ensure they are comfortable. Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. People's wishes regarding resuscitation were documented in their care plans with the appropriate signed form in place.

In addition the home had participated in the Dignity in Care campaign and received recognition. Which meant that people could be assured that staff who provided care, support and promote a person's self-respect, seeing the individual person and respecting their own space and way of life.

One family member we spoke with told us how the whole family can feel re assured knowing their relative is content, as they have their companion (dog) with them.

Requires Improvement

Is the service responsive?

Our findings

The care plans were developed from the information people provided during the pre-admission assessment and enquiry process. However, some pre-admission assessments were incomplete and did not have sufficient information to effectively plan care. We spoke with the registered manager and deputy manager regarding this and they confirmed all future pre-admission assessments will be sufficiently detailed in order to plan care based on the information obtained. The care plans we reviewed had good information about people's life history. However, this information was not always incorporated into the persons main care plan. This meant that staff would not always be able to facilitate meaningful conversation. Some staff we spoke with were not able to tell us about people's life history and personal preferences. Staff were knowledgeable about people's care needs but did not always know them as individuals with individual needs and choices. This meant that some staff missed the opportunity to build relationships and interact with people in a person centred manner.

We recommend future pre-admission assessments contain essential information in order to plan care effectively.

The home had a cafe, lounges and quite spaces. A hair and beauty salon was also available. There were landscaped gardens with outdoor seating areas for friends and families to enjoy together with their family member. This meant that people could choose how they spent their day.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. People were consistently positive about the activities. There was a strong focus on person-centred activity planning, and engagement of people in meaningful activities. We were told about creative projects to improve people's well-being and a creative range of activities had been planned for the coming months. The home had provided life enrichment activities. Examples of past events included a visit from the Antiques Roadshow, Salvation Army band and an Old Musical Hall event with staff dressing up. The local 'men and sheds' group, and the cubs and beavers helped people make bird boxes and the planting of various plants in the gardens.

The home employed two activity coordinators. Activities were open to all people in the home. To accommodate larger functions the home's large reception area was used. The latest project, creating a new shop, was embraced by people. The shop was planned to provide items to buy and people can be actively involved in all aspects of running the shop. The new shop had become a focal point of discussion, for example finding a name for the shop and finding ways to celebrate the official opening. People we spoke with told us they had access to activities. One person commented, "I enjoy different people visiting the home and opportunities to go out".

The home is a member of the National Activity Providers Association (NAPA) and future plans for further development of the activity coordinators' roles was encouraged. The activities coordinators were by

undertaking the Diploma in Activity Provision in Social Care.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.
None of the people we spoke with had any complaints about the quality of care they received at the home. People were aware of how to make a complaint and we saw the service's comments and complaints procedures. People told us they would raise any issues or complaints with staff. People's comments included, "No complaints, if I had any I would speak to staff". There were no complaints received at the time of our inspection

Requires Improvement

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights and put these into practice. For example, staff ensured people receiving care was at the centre of things, they asked about specific wants and needs and how people wanted to be supported. This was demonstrated when we observed staff asking people what they wanted to do that day.

The registered manager had notified us about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The service worked in partnership with other healthcare professionals such as district nurses and GPs.

Staff told us that the manager had an open door policy, was visible around the home and was approachable. Staff said they were kept informed about any matters that affected the service through supervision meetings, talking directly to the manager and at team meetings. During our observations it was clear that the people who lived at the service knew who the manager was. People and visitors we spoke with told us the service was well-led.

A healthcare professional visiting during our visit told us that the manager and deputy manager were approachable and would listen to what they had to say. They commented that as the home had recently been commissioned it was 'working progress' and as the home grows and develops any changes that are needed can be discussed and addressed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. The service provided a range of ways for people and their relatives to give feedback. This was by way of feedback forms, forums and family meetings.

Quality monitoring systems were in place to monitor the quality of the care and support that people received. Senior managers regularly visit the service to carry out audits and the registered manager and deputy manager at the home carried out internal audits. However, the internal audits were not always robust to show shortfalls. For example, with reference to the medicine and lack of stock, the audits carried out did not identify this. We discussed this with both the registered manager and deputy manager following our inspection. They confirmed they will look into a more robust system to ensure any shortfalls are identified.

We recommend internal audits are robust to ensure any shortfalls are identified in a timely manner

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not supplied by the provider to ensure that there were sufficient quantities of these to ensure the safety of service users and to meet their needs.