

Maria Mallaband 12 Limited

Buckingham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection was undertaken on 9 and 10 February 2017. It was an unannounced visit to the service.

Buckingham House is a care home which provides personal care and nursing care to people. It is registered to provide care up to 53 people, some of whom are living with a dementia illness. At the time of our inspection there were 25 people living at the home.

On 3, 4 and 5 August 2016 we conducted a comprehensive inspection of Buckingham House and found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records relating to people's care and treatment were not always accurate and gave the reader conflicting information. This meant there was a potential for people to receive inappropriate care. We served a warning notice to the provider following the inspection. A warning notice gives a date the service must be compliant by. The date the service needed to be compliant was 26 October 2016. We also found people were not supported in line with the Mental Capacity Act 2005. We asked the provider to send us an action plan detailing how they intended to improve. In addition we made five of recommendations to ensure people received safe, effective and responsive care. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Buckingham House' on our website at www.cqc.org.uk.

The service had a registered manager in post. 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.

At this inspection we found improvements had been made and previous breaches of the regulation had been met. We found the home to be calm and relaxed, we saw people interacting with staff, with smiles and laughter.

People gave us positive feedback about their experience of living at Buckingham House. Comments included, "I think the staff are very good and friendly," "The staff are fantastic I have no complaints" and "I think the staff are first class." This was supported by what a visitor told us, "Yes the staff are fantastic, really are. Really kind and never seem to rush the residents."

We found risk assessments were completed correctly and evaluated on a regular basis. The registered manager and deputy manager had put systems in place to regularly monitor the content of records relating to people's care and treatment. This was to ensure people received the care they required.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns.

People's human rights were protected. We found the service correctly identified when a capacity assessment was required. When completed these were for a specific decisions and completed in line with the code of practice for the Mental Capacity Act 2005. The service recorded decisions that had been made in people's best interests.

People told us they received a personalised and responsive service. We found care plans were of a good quality; they gave detailed information about how to care for a person and contained people's likes and dislikes.

People gave us positive feedback about the food. Comments included "Food is good, and I get a good choice" and "Food is very nice, I get a good choice. If it wasn't nice I would complain." The chef was involved in meetings with the nursing staff to ensure they provided appropriate food to people who had been identified at high risk of malnutrition.

People told us they received the care they required and felt included in discussion about their care. One person told us "I have been here for four years; it's the best in every way. The caring is very good; the staff are wonderful, never too much trouble."

People told us they received the care they required and felt included in discussion about their care. One person told us "I have been here for four years; it's the best in every way. The caring is very good; the staff are wonderful, never too much trouble."

People were supported to join activities of their liking. Regular activities on offer included, quizzes, arts and crafts and reminiscence as examples. A programme of activities was displayed in key areas of the home.

People told us they thought the home was well led. People were complementary about the registered manager and felt their presence within the home helped to drive continued improvement.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People received their medicines when required.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People told us the food was good and people at risk of malnutrition were supported to reduce the likelihood of this happening.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

People had developed professional caring relationship with the staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were aware of their likes and dislikes.

People were supported to access a range of healthcare and appointments were made promptly when needed.

People had access to a wide range of activities, both within the home and the local area.

Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

There was a clear vision and culture within the home for continued improvement.

Buckingham House

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.

The inspection took place on the 9 and 10 February 2017 and was unannounced; this meant that the staff and provider did not know we were visiting. On the first day of the inspection, the inspection team consisted of one inspector, a specialist advisor within older people's care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The same inspector visited the home on the second day.

Before the inspection the provider was not asked to complete a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We gave the provider and registered manager an opportunity to share any information on what the service does well.

We spoke with nine people living at Buckingham House who were receiving care and support, three relatives. We spoke with the registered manager, deputy manager, seven nursing and care staff. We reviewed four staff recruitment files and nine care plans within the service and cross referenced practice against the provider's own policies and procedures. We observed the administration of medicines and made general observations throughout the course of the inspection. After the inspection we received feedback from a further three relatives.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Buckingham House.

Is the service safe?

Our findings

At the previous inspection carried out on 3, 4 and 5 August 2016 we found people who received care and treatment were not always protected from avoidable harm. We found a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks posed to people had not always been assessed correctly. Records relating to pressure damage and nutrition were not always updated accurately. This meant there was a potential for people not to receive the correct care. We served a warning notice to the provider. The date for compliance with the warning notice was the 26 October 2016. The provider sent us an action plan detailing how they intended to improve. At this inspection we checked records relating to pressure damage and nutrition. In all the records we checked we found the assessments were completed correctly and evaluated on a regular basis. The registered manager and deputy manager had put systems in place to regularly monitor the content of records relating to people's care and treatment. This was to ensure people received the care they required.

Risk assessments had been completed for key areas such as, risk of falling and use of bed rails. We noted one person had fallen in the recent past. The records relating to the incident were comprehensive. The records included an incident form, daily notes and follow up action. It was clear from the records that appropriate actions had taken place to ensure the person's immediate safety and onward referrals to healthcare professionals to identify if any preventative measures could be identified. We observed there was good communication with family members following the incident and what actions had taken place.

We were satisfied the service had made improvements in the management and recording of risk to ensure people received safe care and treatment.

At the previous inspection we made a recommendation about the storage of medicines. We previously found the home was not consistently storing medicine as per manufacture guidance, as fridge temperatures were not always maintained at safe levels. At this inspection we checked medicine storage. We found the rooms where medicines were stored were free from clutter and maintained to a good standard. Fridge temperatures were recorded regularly and staff had guidance on what to do in the event of the fridge temperatures being outside of the recommended levels. Staff were knowledgeable on safe storage practice.

We also made a recommendation about ensuring staff followed the home's own policy regarding the safe management of medicine that require additional controls. This was because we found staff did not always undertake stock checks as stated in their own policy. At this inspection we checked medicines which required additional controls due to their potential for abuse. These were stored safely and securely. Records relating to them were accurate. We noted the stock was checked weekly by two nurses.

We found there were good robust systems in place to manage, store and administer medicines. People who required medicine were supported by staff who had received training, and who had been signed off as competent by a senior member of staff. Medicine administration records (MAR) were clear and easy to read. Staff were aware of good practice in regard to providing support with medicines. Staff had also received additional training on blood glucose monitoring, which they had been signed off by a senior member of staff

as competent. The home was equipped to deal with any changes in a person's health due to diabetes. This included a 'Hypo Kit'; this was readily available for use by staff when a person's blood sugar plummeted. The kit contained recommended items as advised by the local Clinical Commissioning Group (CCG). A registered nurse confirmed that regular checks were made on use by dates of the contents. We noted there was no documentation to support these checks. The nurse told us this would be put in place in the near future. The deputy manager told us the registered nurse was expected to check the MAR's every day to ensure they had been completed correctly. They advised us this was an additional check to ensure people received their medicine when required.

Where people were prescribed as required medicine (PRN), we noted staff had additional information available to them. PRN protocols gave staff information on when to use the medicine and any possible side effects.

At the previous inspection we recommended the service kept the staffing levels under review whilst filling vacant beds within the home. This was due to concerns we had previously had about staffing levels and concerns raised by relatives. At this inspection we spoke with people, their relatives and staff about staffing levels. We received positive feedback about staffing levels. We observed call bells were answered in a timely manner. This was supported by what people told us. One person told us "I use the call bell and they come straight away, same at weekends and the same at night. No different." Another person told us "Yes I have a call bell and I call them two to three times a day... they come really quickly and the same at weekends." Staff we spoke with told us how they had time to spend with people and talk to them. One member of staff told us "That's what makes the difference; if you have time speaking to people makes them feel valued." This was supported by what one person told us "Never rushed in the mornings or at night." We spoke with the registered manager about staffing levels, they told us at present the home was over staffed. However they assured us staffing levels would be monitored. They used a dependency assessment tool to plan staffing levels. People told us they thought there was enough staff on duty. One person told us "Not only are there enough, the staff are very good and the same at weekends."

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We have asked the provider to ensure references are always dated. Where qualified staff were appointed appropriate checks were in place to ensure that they were able to practice as a nurse.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. We found there was an open culture among the staff for reporting concern or admitting errors. For instance the registered manager told us about how a member of staff had told them immediately when they had made a mistake.

People were protected from fire; a fire risk assessment had been completed on 29 September 2016, which identified areas on improvement. We noted an action plan had been developed and a number of actions had been completed. Each person who lived at the home had a personal emergency evacuation plan, which identified what level of support they needed in an emergency. Staff received training on fire and the regular fire drills were undertaken.

Environmental checks were completed to ensure equipment and the home was safe. For instance, we noted safety certificate were in date for electrical devices and equipment used to move people from one position to another were serviced regularly.

Incident and accidents were recorded and monitored by the management team. The registered manager was expected to report all accidents and incidents on a monthly basis to a quality assurance manager. This provided an analysis of the event to try and prevent a future incident. We noted where accident had occurred appropriate action had been taken. For instance, one person had hit their head. We saw regular clinical neurological observations were made to ensure the person's health did not decline.

Is the service effective?

Our findings

At the previous inspection carried out on 3, 4 and 5 August 2016 we found a breach in Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the records about people's ability to make certain decisions did not provide sufficient information to ensure their human rights were upheld. We served a warning notice to the provider. The date for compliance with the warning notice was the 26 October 2016. The provider sent us an action plan detailing how they intended to improve. At this inspection we checked records relating to decision making and mental capacity. 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. Where providers have concerns a person is unable to make a decision, they must first assess a person's mental capacity to make that decision. We found assessments had been completed when required and were decision specific. This meant the person was supported to make as many decisions as they could and be involved in their care and treatment.

At the previous inspection we also noted the service was not working to the cores principles of the MCA as the service sought consent from people who did not have the legal authority to act on another person's behalf. We asked the provider to send us an action plan detailing what improvements they planned to make to ensure the service worked within the MCA 2005. At this inspection we checked what actions had been undertaken. We noted the service had requested copies of legal powers held by third parties. The records relating to people's mental capacity and decision making were clear and completed appropriately. One person had been assessed as not having mental capacity to make a certain decision. We saw a clear record of a best interest discussion and who the decision had been made with.

We were satisfied the provider had made improvements to ensure it complied with the MCA 2005.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted staff had a good understanding about the DoLS process and when to make an application. A number of applications had been made to the local authority. The registered manager held a record of when application had been made and when an outcome had been agreed. This record held information about when a notification had been made to CQC. This meant the registered manager was aware of when they needed to inform the CQC about DoLS.

At the previous inspection we were concerned that meal times were not person centred and meaningful. We made a recommendation in our last report. At this inspection we observed four meal times in different areas of the home. We found the lunch period to be relaxed, calm and informal. We noted people were enjoying meal times. This was supported by what people told us. Comments included, "The food is good and I get

enough to satisfy me. I am not as big of an eater as I used to be so I don't get hungry at night," "Food is good, and I get a good choice" and "Food is very nice. And I get a good choice. If it wasn't nice I would complain." We were advised the home has a new chef. People and staff told us the food choices had improved since their arrival. The meals we observed looked appetising and were presented very well. People who required specialist food received it. There was clear information available for kitchen staff on people's different needs. For Instance, we saw that copies of Speech and Language Therapy reports were shared with kitchen staff. One person who required a puree diet spoke highly of the food. "Food is good but my choice is limited as I am on a puree diet. But the new chef is much better, she really tries." Where people required support with a meal we observed this was provided in a professional and sensitive manner.

People were supported by staff who were knowledgeable and had received training to provide effective care. Staff told us they received an induction to the service. Staff did not work alone until they had worked alongside more experienced care staff. One member of staff spoke positively about their induction and felt it had equipped them to understand their role. The induction was role specific. The registered nurse induction included competency assessment in a number of key areas including leadership skills, effective communication and person centred care. Staff received support from a line manager; this included one to one meetings and an annual review of their performance. Since the registered manager has been in post they have developed a track of when supervision meetings and performance review meetings should be held. This would ensure on-going support is provided to staff.

The registered manager held details of when staff had undertaken training and when it was required to be undertaken again. The home had sought additional external training when required, and had also provided in-house training. For instance one person had been diagnosed with a condition that required them to be cared for using barrier nursing. The deputy manager had provided a training session on this to ensure all staff were aware of what was required. This ensured the condition did not present harm to other people or staff. Future training planned included diabetes and documentation. Staff members had been identified to be 'Champions' in specific areas, for instance, there was a tissue viability and dementia champion. The staff identified would have more in depth training in those areas and then cascade that to other members of staff.

People were supported with maintaining their health and well-being. For instance everyone who lived at the home had had a recent dental care review. The dentist had commented they found mouth care to be "Excellent." Each person had a mouth care; care plan and staff were knowledgeable about the information contained in them. The service responded to people's health care needs. Onward referrals were made when required. For instance we observed people were referred to tissue viability nurses and dietitians when required.

The home had recently introduced clinical governance meetings. These were an opportunity for the wider care and support team to discuss a person progress. For instance when discussing nutrition the chef attended to help improve the nutritional care of someone. The deputy manager spoke highly of the meetings and felt they helped the home provide more effective and responsive care.

Is the service caring?

Our findings

Throughout the course of the inspection we observed people being supported by staff who provided a kind, caring and thoughtful service. People told us how they liked the care staff. Comments included, "I think the staff are very good and friendly," "The staff are fantastic I have no complaints" and "I think the staff are first class, they come and talk to me." This was supported by what a visitor told us, "Yes the staff are fantastic, really are. Really kind and never seem to rush the residents."

Relatives told us the staff team are much more consistent and this has helped develop relationship between staff and people. This had also developed relatives' trust and faith in staff. One relative told us "Permanent staff, same folk are able to get to know and better assess needs; it has improved vastly." Another relative told us "Since we have had permanent staff I have had no problems, the head of laundry is extremely helpful."

People and their relatives told us they felt valued by staff. They felt there were positive relationships between staff and people who lived in the home. We observed this in action. For instance we saw people laughing with staff in an appropriate manner. Staff spoke respectfully to people. Where people liked to have a joke we could see staff were able to join in while maintaining a professional boundary. People were supported to celebrate special events. One person told us "Yes they did on my birthday. They laid on a party for me, and no one told me about it and what a surprise! They made me a cake, we had finger food and it was wonderful. I cried. They're a good bunch here."

People told us staff understood how to promote their dignity and maintain privacy. One person told us "The staff are very good. If you want anything they will always help you. They are very friendly and I have bars on the side of my bed. I wait until they come in and let them down for me. And they are very good they come in at the right time of morning." Staff were able to demonstrate to us how they would ensure they provided a dignified service. We observed all staff were respectful towards people and always knocked on doors and waited for a response before entering a room. This was supported by what one person told us "Yes they always knock on my door and they do close my curtains and the door if their doing anything for me."

People told us they received the care they required and felt included in discussion about their care. One person told us "I have been here for four years; it's the best in every way. The caring is very good; the staff are wonderful, never too much trouble. They bring food to my room, as I can't get up as I am not very well." We observed many interactions of staff ensuring people were given choice, for instance, staff would routinely ask "Would you like me to leave the door open or would you like me to close it?" "Would you like your radio on?" and "Are you warm enough?"

Staff were knowledgeable about people's medical conditions and how that affected communication. For instance one person had limited spoken language. Staff told us they were aware to look out for other communication signs. One staff member told us, I always look at [the person's name] facial expressions, as this tells me a lot about how they are feeling. I will then go and talk to them to see what I can do to help them."

Staff spoke passionately about the work they did. One member of staff told us "You have to care, that's what it is all about." Another member of staff told us "I absolutely love it here, everybody is interesting." Staff we spoke with respected they worked in a person's home, and felt they had time to be responsive to people's needs. For instance one staff member told us, "If someone doesn't want to get up in the morning, that's their choice. That is one thing I have noticed here there is no set routine and no pressure on people to conform. I really like working here, I love it." The caring nature of the staff was summarised by a person who said, "They are all very nice and if they weren't I would be out of here like a shot."

Staff were aware of the need to involve advocates when needed. Advocacy gives a person independent support to express their views and represent their interests.

People who choose to discuss end of life care had their wishes documented. The registered manager told us they have an area of interest in end of life care and are passionate about getting it right.

Is the service responsive?

Our findings

At the previous inspection carried out on 3, 4 and 5 August 2016 we found a breach in Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because care plans had not always been updated to reflect the current needs of people. We found them conflicting in information provided. We served a warning notice to the provider. The date for compliance with the warning notice was the 26 October 2016. The provider sent us an action plan detailing how they intended to improve. At this inspection we checked the details of care plans and if they were updated when changes occurred to reflect the needs of people.

Care plans we looked at were of a good quality, they gave detailed information about how to care for a person. We saw these were evaluated and updated on a regular basis. The management team had introduced a number of systems to ensure updates and reviews of care plans took place. This included 'resident of the day', each day a person's care plan was reviewed and updated. The home had also introduced regular care plan audits. These were undertaken by the registered manager and deputy manager. The registered manager told us there was a system of cross checking to ensure the audits were undertaken to a satisfactory standard.

People told us they received a personalised service, for instance if their preference was to have a shower staff understood this and supported as required. Care plans detailed people likes and dislikes.

We were satisfied the provider had made improvements to ensure it provided person centred care through robust care planning.

At the previous inspection we recommended the service ensured people were encouraged to be involved in decisions about their care. At this inspection people told us they were involved in decisions about their care. We also observed this in action. Staff asked people what they wanted to do and where they wanted to sit. The home had a number of different seated areas, and we observed these were all used by different people during the course of the inspection.

Staff were able to give us many examples of how they involved people in decision making. One staff member told us, "I really enjoy the opportunity to sit down with a resident and check what we are providing for them is still relevant, you really get to know residents." Another member of staff told us, "I don't assume, I always ask a person what they want to do."

The home held regular meetings with people and their relatives, these provided opportunities for people to feedback their experience of care they received. One person told us "We have meetings about every 3-6 months for the residents and they have them for the relatives. I think they do listen to us."

People told us they knew who to speak with if they had any concerns, the home had a complaints procedure and information on how to provide feedback about the service was available to people and their relatives.

The service had an activities co-ordinator, people and their relatives spoke highly of the person in post. Comments from people included, "The activities coordinator is very good. She takes us out on a boat trip up the Thames and the vicar is coming at 3pm and he is lovely and he is doing communion" and "We go out on trips to places like Windsor, I like scrabble, playing bingo and word search and I really like chess ... I also have a laptop and they do have entertainers come in at weekends. There is always something for me to do." Regular activities on offer included, quizzes, arts and crafts and reminiscence as examples. A programme of activities was displayed in key areas of the home. In addition to the programmed activities people were encouraged to engage with staff through impromptu activities. These included singing and dancing session. One member of staff told us "I know [name of person] likes to dance so if I have time we have a little dance, it all about what they want to do."

People who choose to spend time in their room were not isolated. All staff ensured people received a personalised service. For instance a person, whose main language was not English, was given some audio books in their own language. Staff told us since these have been playing the person appeared to be more content.

One person told us how they had been supported to celebrate their birthday. The activities co-ordinator had arranged a trip to a local pub. This was particularly important as the person required a pureed diet. The activities organiser had arranged for the pub to provide a meal that was safe for the person to eat. The person told us "They also took me out to the pub across the road along with a few other people for my birthday which was really nice."

Is the service well-led?

Our findings

People told us they felt the home was well led. Comments from people included, "The new manager, she is doing a good job. She comes to see me, and if I have any problems I go to see her," "The manager is, in my mind, doing a good job running it here and "The place is run properly." This was supported by what relatives told us. One relative told us I see the manager regularly, I find them helpful and knowledgeable."

There was a clear set of values laid down by the registered manager; staff told us they understood the values of the organisation. We found there was a culture of transparency and a commitment from all staff to provide a high quality service for people who lived at Buckingham House. In the staff survey conducted in 2016 all of the staff who completed the survey stated that they personally identified with the values of the organisation.

The registered manager had recruited people who also had a vision to provide a high quality service. There had been a number of personnel changes within the home since our last inspection. The use of agency staff had been non-existent this year. We found the current staff team to be professional, kind and caring. The registered manager wanted the staff to feel part of the team and was keen to develop their skills.

Staff told us they felt supported and valued by the registered manager. One member of staff told us "I have every confidence in the manager that standards will continue to improve," another staff member told us "The manager is an amazing lady, I respect her totally."

The registered manager sought feedback from people, their relatives and staff on how the service could be improved. There was a programme of meetings for the whole year, which was communicated to all. The home had worked with external services to help drive improvement. The Local Authority had developed a project in improving community engagement in care homes. Buckingham House hosted the last meeting and four residents who lived at the home attended.

The registered manager was required to undertake regular audits. These included a monthly care plan audit and quarterly infection control and mealtime experience audits as examples. In addition to these the provider had introduced a compliance assessment. The assessment tool used followed our own Key Lines of Enquiry (KLOE's). We noted the service had recognised improvements made since August 2016. The current action plan was a live document and was being worked on by the registered manager.

The provider had visited the home on the 30 January 2017. The visits looked at key areas of the home's performance and had made a number of recommendations. We noted some had already been completed. This meant there was robust system in place to drive improvements in the home.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. We found that letters had been written to people when certain

events had happened, and the registered manager was fully aware of their responsibilities under the requirement of the regulation.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a serious injury had occurred. We found the registered manager had a good understanding of when to notify us of certain events and had done so when it was legally required.