Maria Mallaband 12 Limited

Buckingham House

Inspection report

Oxford Road
Gerrards Cross
Buckinghamshire
SL9 7DP

Tel: 01753468200
Website: www.mmcgcarehomes.co.uk

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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 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 8 and 9 February 2016 we conducted a comprehensive inspection of Buckingham House and found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. The service was rated 'inadequate' and placed into 'special measures'. We took enforcement action to ensure people's safety and ensure improvement occurred at the service. We made an urgent decision to place a condition on the provider's registration to restrict admissions to the service. We also served two warning notices 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 complaint was 7 May 2016. We asked the provider to send us an action plan detailing how they intended to improve. 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.

Services which have been placed in 'special measures' have to be inspected within six months of the last report being published. This comprehensive inspection was undertaken on 3, 4 and 5 August 2016. It was an unannounced visit to the service. At this inspection we found significant improvements had been made in many of the areas where previously they had not meet standards expected from health and social care providers.

At the time of our inspection there was no 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. We had previously been advised that the registered manager had not worked in the service for some time. We had previously asked both the registered manager and the provider to ensure that an application to de-register was made. The application was successfully made after our last inspection in February 2016. The service had not had stable and consistent management since October 2014. The service had successfully appointed new managers, however, none had continued in their position. The service had again appointed a new manager and at the time of our inspection they had been in post for one month.

Risks posed to people were assessed, however we found practices around the management of risk did not always reflect the care and support required. For instance some of the assessments and care plans for risks associated with falls, nutrition and manual handling were not assessed consistently which meant the true level of risk was not highlighted.

Staff had received training on the Mental Capacity Act 2005. Where people lacked capacity to make specific decisions, assessment was made. However there was a lack of evidence that decisions made by third parties

where people had lacked capacity had been made in people's best interest.

Care plans which detailed what support people required, did not always evidence that people had been consulted about the way they wished to be supported. We have made a recommendation about this in the report.

People were supported to have enough to eat and drink, and had choice over meals provided. However we saw that meal times were close to snack times, which meant some people, did not eat a main meal. We have made a recommendation about this in the report.

We heard mixed responses about the staffing levels. Relatives were concerned about when the service will start to admit new people. They told us they did not want this to affect the staffing levels. We have made a recommendation to management about keeping staff levels under review whilst the home fills its vacant beds.

People told us they felt safe at the service. We saw a significant improvement in the management and administration of medicine. People received their medicine when required and staff demonstrated patience to ensure people were involved in the process. We have made a recommendation about training for staff regarding the importance of maintaining fridge temperatures and the stock management of medicines that required additional controls.

People were protected from avoidable harm as staff had received training on how to recognise abuse and knew who report concerns to.

Environmental risks to people were assessed, and equipment in regular use was serviced. Information was available on how people should be supported in the event of an emergency.

People were supported to engage in activities, both inside and away from the home. The service had recently appointed an activities co-ordinator and people and their relatives provided positive feedback. Staff had developed caring relationships with people and were able to demonstrate how they involved people in what they wanted to do each day.

Following this inspection we have decided to remove the condition of restricting new admissions and have decided the service is no longer in special measures.

We found breaches of the 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 this 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.

We noted significant improvements to the way medicine were managed. We have made a recommendation about maintenance of fridge temperatures and stock control.

Risks were assessed; however evaluations of risks did not always reflect level of risks.

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

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to make certain decisions, the service did not ensure decisions made were in people's best interests.

People were supported by staff who received line management from senior members of staff.

People received the support they needed to attend healthcare appointments and keep healthy and well.

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 supported by staff who understood about confidentiality.

People were supported by staff who respected them and were

able to communicate with them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's current level of need was not always reflected in care plans.

People were aware of how to raise concerns about their care.

People had access to a wide range of activities, both inside and away from the home.

Is the service well-led?

Requires Improvement

The service was not always well–led.

There was no registered manager in post.

Care records were not always well maintained. Reviews and evaluations of care did not always reflect changes to people's needs.

The provider monitored the quality of the service through regular audits.

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 03, 04 and 05 August 2016. It was unannounced; this meant that the staff and provider did not know we were visiting. One day one of the inspection the team consisted of one inspector and a pharmacist specialist inspector. Day two of the inspection the team had two inspectors 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 third day of the inspection was carried out by one inspector.

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 an opportunity to share evidence of what it did well and what they had planned for the future.

We spoke with eight people living at Buckingham House who were receiving care and support and five relatives. We spoke with the provider's operational director, quality manager, the interim and newly appointment manager. We spoke with ten other staff, including nursing, chef and support staff. We reviewed six staff recruitment files and eight care plans within the service and cross referenced practice against the provider's own policies and procedures. After the site visit we requested further feedback from 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.

We spent time observing practices within the home. The pharmacist specialist inspector looked at records

related to medicines, which included stock management records and they observed medicine administration in action.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection carried out on 08 and 09 February 2016 we found people who received care and treatment were not protected from avoidable harm. We found multiple breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments and preventative measures to reduce risks had not always been made when required. The management of medicines was not sufficient to ensure people received their medicine when needed and in a safe manner. Incidents and accidents had not always been reported. We imposed an urgent condition on the provider's registration to restrict anyone else being admitted to the service. The service could only admit new people if they received written permission from the Care Quality Commission. In the time since we served that notice, we had not received any formal requests from the service to admit anyone new. The notice did not have a compliance date attached. At this inspection we looked for evidence on what improvements the service had made to ensure people were provided with safe care and treatment.

At this inspection we found significant improvements in the way medicines were managed. The service had processes in place to ensure that people received their medicines as prescribed. All medicines were available, in date and suitable for use. Staff followed protocols for the administration of 'as required' medicines; the protocols informed staff when and how to administer the medicine safely. Care staff completed detailed administration records when they applied patches and topical medicines (creams, ointments, gels). We saw staff administered medicines on time and completed the medicine administration records (MARs) which showed what medicines people had received.

Sometimes staff made handwritten additions to MARs; the additions were checked and signed by two people, which minimised the potential for errors.

Medicines were stored securely within locked clinic rooms, refrigerators and medicine trollies. The service had recently reviewed the ordering and stock management processes. We saw evidence of good stock accountability and the cupboards were not over-stocked. Medicine waste was managed in line with legislation.

Staff recorded the maximum, minimum and current temperatures of the storage areas once a day. One refrigerator had the maximum temperature recorded as 9°C on three consecutive days. This is higher than the recommended range of 2-8°C for a medicines refrigerator; but the staff did not take any action. We spoke with the managers about this and they said they would make sure that staff knew how to record temperatures and what to do if the temperature was out of range.

It is recommended the service ensures medicines are stored as per manufacture guidance. This is to ensure they are safe and effective.

Medicines that required additional controls because of their potential for abuse were stored appropriately within the treatment rooms. When staff administered a controlled drug, the records showed the signature of the person administering the medicine and a witness signature. The staff did not consistently and routinely

carry out a monthly stock check; this was not in line with the company policy or good practice guidance. We checked medicine stocked against records held and found these to be correct.

It is recommended the service ensures it follows its own policy regarding the safe management of medicine that require additional controls.

We found some improvements had been made in the management of risk. Risks to people were assessed. For instance, fall risk, pressure risk and nutritional risk assessments were completed. However we found not all risk assessments completed reflected the current level of risk to people and what support was required to minimise the risk. For instance, one person had a fall risk assessments, which since the last inspection had been evaluated monthly. However information regarding the person's gait and sensory function, which both could affect the risk of falling, was recorded inconsistently. This meant the true level of risk was not identified. We noted this person had fallen and the risk assessment had not been updated following fall. The manager showed us guidance written for staff. It was clear this was an expectation from management. We found this did not routinely happen.

Risk assessments undertaken for moving and handling were not always updated to reflect the current support required. One person had significantly declined in their ability to walk and was unpredictable as they often attempted to walk unaided and where at risk of falling. The unpredictability was not recorded in the risk assessment. Another risk assessment did not identify the right equipment to help minimise the risk when the person moved position. However staff we spoke with were aware how to support people.

Risks to people from pressure damage was assessed, recorded and evaluated. The service used Waterlow, which is an assessment to identify risk of pressure damage. The assessment asked the assessor to comment on weight loss as a contributory factor of risk of pressure damage. We found no weight records for one person from 24 June 2016 to 07 July 2016 and from 08 July 2016 to 24 July 2016. However the Waterlow had been evaluated within those timescales. This was also true for the same person in a Nutritional risk assessment. Therefore as the person had not been weighed, a true record of weight loss could not be assessed. Another person who had a nutritional risk assessment completed, which had been evaluated monthly showed some weight loss, however the risk assessment noted a weight gain of 0.25kg. We spoke with the manager about this. They agreed there was discrepancy in which weight was used to calculate the risk. This meant staff had a mixed understanding about how to calculate perceived risk. This could have led to someone not receiving the care they required.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At the previous inspection we found people were not protected from abuse, as not all cases of potential or actual abuse had been reported to the local authority and to CQC. This meant that they were not probably investigated to prevent future occurrences. We served a warning notice in respect of the breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 07 May 2016. We asked the provider to send us an action plan detailing how they intended to improve. At this inspection we looked for evidence on what improvements the service had made to ensure people were protected from abuse.

Staff had received training on abuse and were able to communicate their understanding. Staff knew how to recognise abuse and the process for reporting it. Contact details of the local safeguarding team were displayed on notice boards. People told us they felt safe. Comments included, "Yes we're looked after very nicely. Staff are always visible," "Oh yes, quite safe, Outside doors are locked" and "Very safe, Its good care.

I've never been frightened and I have my door open so I can always call out." We noted that safeguarding people from abuse was discussed in team meetings.

We are satisfied that the service had achieved compliance with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback from people, their relatives and staff, regarding staffing levels. Positive comments from people about staffing levels included, "Yes it's very good. Staff are always there and willing to help" and "There are plenty of staff." Positive comments from relatives included "It is much better than it was now they have permanent staff" and "They are all busy. One has left so they are looking for staff." One relative told us "I am concerned about when they start taking more people in. I wouldn't want them to do that quickly." We bought this to the manager's attention and they informed us they would admit people to the service in a staggered way. They told us they would not admit on a Monday or Friday and no more than one person per week.

It is recommended the service keeps the staffing levels under review whilst filling vacant beds within the home.

Staff acknowledged that staffing levels had improved and there were more permanent staff on duty. However one member of staff told us "We have spoken with management about when the medicines are given, as that only leaves two staff and seven people need help from two people." They told us this had been considered by management and a member of staff had been added to the numbers to 'float' between the two occupied floors.

We looked at records relating to staffing numbers including signing in sheets and rotas. We saw there had been an improvement in the numbers of permanent staff. However on average 60 percent of the nursing night staff were from agencies. We also noted that where possible the service used the same agency staff which ensured they had some knowledge of the service. The manager advised us recruitment was ongoing. On the days of inspection we noted that there was enough staff to meet people's needs and call bells were answered promptly.

The service had support from another department for the recruitment of new staff. 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 noted that one member of staff did not have copies of the most up to date information regarding their eligibility to work in the United Kingdom. We spoke with the manager about this and they quickly sought this information. Where additional checks were required to check if someone was eligible to work as a nurse, we noted these were completed.

We also made two recommendations at the last inspection for training on hand hygiene and fire risk management. We found improvements had been made in both areas.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place which detailed what support was required in the event of an emergency. Fire procedures were displayed in many areas within the home. There was a person identified to undertake regular fire tests and fire drills. Records seen confirmed these happened and were easily accessible when requested.

Equipment used regularly by the service was maintained and repairs conducted when needed. Hoists in place were serviced; water and gas safety checks were undertaken and certificates were in date. Incidents

and accidents were recorded and where required onward referrals were made. For instance, one person, who had a number of falls, was referred to the specialist healthcare professional who had provided equipment to prevent further falls.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection carried out on 08 and 09 February we made a recommendation about supporting people to express their views and involving them in decisions about their care and support. This was because the core principles of the Mental capacity Act 2005 had not always been adopted.

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 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.

The service had made referrals to the local authority for them to consider if a person required an authorisation to deprive them of their liberty. The manager told us they kept a record of when applications and decisions had been made. Providers are required to inform CQC when decisions had been made about applications. We checked our records and found that we had been notified when required.

The provider's senior clinical trainer had provided staff with guidance on compliance with the MCA and how to undertake a mental capacity assessment and the best interest's principle of the 2005 Act. However, four of the records checked were not completed to a satisfactory standard. One record demonstrated that a capacity assessment had been commenced but to date had not finished. This was regarding a decision not to accept a prescribed medicine. The person had been refusing to take this medicine on occasions. The delay in the decision being made in the person's best interest could have had a detrimental effect on their medical condition. We spoke with the management about this. They provided us with feedback after the inspection that the situation had been re-assessed and a best interest discussion had taken place with the GP.

Three other records seen had mental capacity assessments regarding specific decisions about people. The assessment confirmed people did not have mental capacity to make an informed decision for the topic concerned. All three records had no records of best interest discussions held and the records stated 'family aware'. This did not comply with the principles of the MCA 2005.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

We found mixed evidence about how the service sought consent from people about their care and

treatment. Some people had clearly been involved in discussions and had signed documentation. Positive comments included "Yes, I am involved. I take care of my personal care" and "They always involve him, they request not order." However other comments included, "It's purely routine. They do all that's needed," "They do ask-yes, but it's always fairly early so they can get on" and "They consult with my son. I think so."

Third parties, for instance a relative who holds specific legal powers of authority can only make decisions on another person's behalf if the person themselves lack capacity to make a specific decision. The service had made attempts to ensure third parties who supported people who lived at the home with decisions about their care had the legal authority to act on their behalf. However, we found some discrepancies in this. For instance, one person had received medical treatment without the consent from their legal representative.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At the previous inspection carried out on 08 and 09 February 2016 we found people were supported by staff who had not received adequate training to provide safe and effective care. We found multiple breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan detailing what improvement they would make to improve this area. At this inspection we looked for evidence on what improvements the service had made to ensure people were provided with effective care.

Since the last inspection the service had been supported by the provider's senior management team to ensure staff received appropriate training. The service had provided re-training to existing staff and had introduced a robust programme of training and induction for new staff. Staff we spoke with were able to tell us about their training and were able to demonstrate how they used the knowledge gained. For instance we observed staff giving medicine to people. Staff that administered medicines received on-line training and went through a competency assessment before administering medicines unsupervised. If a member of staff made an administration error then their competency was re-assessed.

People and their relatives gave us positive feedback about the staff and felt they were well trained. Comments included, "Definitely, Yes they always wash their hands and wear aprons," "They are all very good, we would complain otherwise" and "(relative) has vascular dementia which has gotten worse. They have Dementia care training." The manager had a record who had received training and when. We saw that training was discussed at team meetings, and on day one of the inspection a number of staff had requested a laptop to complete online training.

We acknowledge that improvements had been made in the training and ongoing training of the staff. However we noted that not all staff received support in the form of a one to one meeting at the frequency expected by the provider. We discussed this with the management team. They provided us with information about how they intended to rectify this. Staff we spoke with told us, "Supervision and appraisal take place, I have found them useful," "I feel very much supported" and "A clinical lead from another home was bought in to support me; it gave me a long time to get my confidence."

We observed and received mixed feedback regarding the quality and availability of food and drinks. The service was supported by staff that had a hostess role. The role was in addition to the care staff. It had been introduced to ensure people had enough to eat and drink. We observed on all three days timings of meal times could have been more spread out. For instance, we observed breakfast finishing at 10.30 am, and then snacks were offered up until 11.50 and a hot meal was served from 12.31. There was also a delay in people being sat at the dining table and the meal being served. It was noted that the meal time was relaxed and a

social event. People who required support with their meals were supported with this in a professional and sensitive manner. Positive comments from people included. "Food is very good. Yes there is enough choice," "Food is never boring. I am passionate about salads and we do have them" and "Food is very good. Have the same choices every week. Fish & Chips are good. I eat in my room. I can manage." Negative comments regarding the food included, "Lunch is at 1.00pm, we had cake at 12.00" and "I have a pureed diet and its limited." Relatives told us they were happy about the meal choices available. On day one and day two of the inspection, we observed people asking for different meals as they did not like what was on the menu. This was quickly responded to by kitchen staff. We spoke with the new manager about the timings of the meals. They had acknowledged this and were due to review meal times to ensure choice of time to eat was available.

It is recommended the service looks into how it can make meal times more person centred.

Where people needed support from outside healthcare professionals, we saw that appropriate onward referrals were made. This was supported by what relatives told us. We noted that people had received support from Speech and Language therapist, physiotherapy and a specialist nurse. All external visits and outcomes were recorded.

Good

Is the service caring?

Our findings

At the previous inspection carried out on 08 and 09 February 2016 we made a recommendation about training for staff which ensured they provided dignified care. At this inspection we observed and received mixed feedback about how privacy and dignity were maintained.

Staff told us how they would provide dignified care. For instance staff told us "I involve them in whatever I am doing. I say, It's hot out today, what you would like to wear," "This is their home, you have to treat them like they are at home" and "I always knock on door and wait for permission. I close curtains."

However staff did not always knock on people's door before entering. Two people choose to have their door left open as they spent a lot of time in their room. Staff knocked and waited for an answer two out of five entries into one room. This was supported by what people told us. Comments included "They do knock but don't wait, they just come in. There is a lock on the door" and "They do knock before coming in, they don't wait for an answer." We provided this feedback to the managers, who advised us they would address this. Other observations of staff were positive.

We observed a meal time and found staff provided dignified care. One person was offered a napkin so they could keep their mouth area clean whilst eating. Staff members supporting people with their meal, sat close to them. All staff ensured a choice of drink was offered. Staff supported people at a pace that suited their eating style. Staff engaged with the people as they ate, commenting on the food. This demonstrated it was a meaningful experience for people.

We received positive feedback from people about how caring and supportive the staff were at Buckingham House. Comments included, "They (staff) are very capable and friendly," "I am handled desirably. Always polite and helpful," "Yes, they are friendly and come in for a chat." Comments from relatives included, "Yes they are very friendly. I come in every day," "Yes definitely, very approachable & courteous" and "Yes always."

These comments supported what we observed. Staff demonstrated they treated people with kindness. Staff understood about people's preferences and choices. Staff were able to talk to people about their families and other important people in their lives. We overhead staff communicating with people who lived at the service. This was done in a professional manner and in a way that respected them as individuals.

We observed people laughing and smiling in a session carried out by the activities co-ordinator. It was clear that people enjoyed the session. Relatives told us the addition of activities was a welcomed asset to the service. One relative commented "She (new activities lady) is fantastic."

Staff understood the need to maintain confidentiality. This was re-enforced at team meetings. Staff told us "We don't divulge anything that's not needed." We observed staff speaking quietly in communal areas when handing over sensitive information about people. For instance, what care had been received or required.

The staff administered medicines in a way that respected the individual. Staff always asked if the person was

ready to receive their medicines and tailored the administration to the needs and preferences of the individual. We saw a staff member spend 30 minutes with one resident to make sure they took their prescribed medicines.

Staff were aware of people preferences as to how they wished to receive care. For instance, one staff member told us "The care plans guide us, for example one person only wishes to have female carers and in other care plans it says if they take a vegetarian diet."

We observed staff involving people in their care, staff routinely asked people where they wanted to go and do.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection carried out on 08 and 09 February 2016 we made a recommendation about the management of and learning from complaints. Since the last inspection the service had received complaints. We looked at how the complaints had been responded to. We found the systems for the management of complaints had improved. The managers kept a log of complaints received. Complaints received had been responded to. One relative told us "I was very unhappy and complained to (the manager) who handled things very professionally."

People told us they knew how to make comments about their care. "Yes I know how and would," "Yes but have had no need." Relatives told us they were aware of how to make a complaint. "Yes most certainly. I am confident that what happened was addressed and logged" and "There is a complaint box, I've only had minor concerns." We observed there was information displayed in communal areas about how to raise a concern about care.

We received and observed mixed evidence for how responsive the service was. We observed that some people had been involved in discussion about their care, as they had signed care plans and consent forms. This was not supported by what people told us "Not really involved .Yes care meets my needs" and "My son has. Yes it meets my needs." This meant that some people did not feel involved in decisions about their care.

It is recommended the service seeks support from a reputable source about how people can be encouraged to be involved in decisions about their care.

We found some improvements in the way care plans reflected people's current needs; however this was not consistent in all records seen. We saw good examples of how staff should support someone with very complex needs. For example staff were guided by the care plan to follow certain strategies for when particular behaviours were displayed. A review of incident forms confirmed staff had understood this and had provided personalised care. It was noted that the care plans relating to the way people wished to receive personal care were much improved. They provided good details of people's personal preferences. For example, when someone wished to have support and who from.

Care plans did not consistently reflect the current needs of people and therefore could have led to people not receiving the care they needed. One person had significantly declined in their ability to walk and was unpredictable as they often attempted to walk unaided and where at risk of falling. We asked the staff to read the care plan and tell us if it reflected the person current abilities. The member of staff confirmed it did not. Another person had a moving and handling care plan that was confusing as it gave mixed information to the reader. The person required the support of a full hoist to help them move positions. This was not clearly documented. We asked the manager to read the care plan and risk assessment. They confirmed it was confusing and was not accurate. This meant that people did not always receive person centred care.

We acknowledged that care plans had been evaluated regularly; however the evaluations did not always reflect changes where required. For instance, one person had a nutritional care plan as they had previously

been identified at risk of malnutrition. Their condition had improved and they had reached their target weight. However the care plan still reflected their previous needs. Another person was at high risk of pressure damage. Their wound care plan and associated documents gave the reader conflicting information. For instance, one part of the documentation stated their skin was intact, however, another part of the care plan for the same time period stated 'Blister slightly open 7cm X 4cm', and a wound care plan had commenced. Another person who had been supported by the district nurse following a fall resulting in open wounds had multiple body maps, which had conflicting information recorded. This meant there was potential for people to receive inappropriate and inconsistent care they required. We spoke with the managers about this. They confirmed that improvements were required in the storing and completion of wound care records. On the third day of inspection the management shared with us how they intended to improve wound record management.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Relatives told us they had been involved in care plan reviews and the management, told us this would continue as not all people who lived at the home had a formal care review. However there was a programme in place to address this.

One area of improvement we observed was the access people had to activities. There was a marked difference in the atmosphere within the home. People were actively involved in activities. The service had recently recruited an activities co-ordinator. They told us they had spent time with people to understand what their interests were. A weekly schedule of activities was displayed.

Comments from people were positive about the activities, "I'm going to men's club today, we are playing scrabble," "Kept busy and engaged. We had a trip on the Thames from Windsor" and "They are very good, all areas covered, we have outings once a month which is new. Activities lady is personable." It was clear from observing a number of the activities session over the course of the inspection; people were enjoying and got a sense of purpose from them.

Relatives were complimentary about the addition of activities. Comments included, "Brilliant at present. They have been to Virginia Waters, Thames trip, Pub lunches. They have musical activities. New lady is very active with them" and "They ask her what she want to do and try to talk about things she is interested in." In a recent relative meeting, the activities co-coordinator had been presented with some flowers to thank her for the improvements she had made to people's well-being.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection carried out on 08 and 09 February 2016 we found the management, storage and completion of records did not meet the required standard. In particular we found records were not kept securely. In addition risk assessments and care plans did not always reflect people's needs. We had concerns about the quality of record keeping as it did not meet the standards laid out by the Nursing and Midwifery Council (NMC). We served a warning notice in respect of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 07 May 2016. The provider sent us an action plan detailing how they intended to improve. At this inspection we looked for evidence on what improvements the service had made to ensure people received the care they required and their privacy was maintained.

We noted some improvements in the way records were managed. We found all care records were secured either in locked cabinets or in a secure setting. The action plan completed by the provider stated that all care plans would be reviewed and updated. They stated this would be completed by 30 May 2016. We found that although care plans and risk assessment had been reviewed the review did not always acknowledge changes to a person's need. This meant that people were at risk of receiving inappropriate care, particularly in areas of malnutrition and wound care. Some records we looked at did not state who had completed them or when. These were nursing care plans and risk assessments. We spoke with the clinical quality manager. They acknowledged that some records were lacking of the requirements under the NMC guidance. On day two of the inspection they had made changes to forms used to ensure future records did meet this standard.

A number of records we requested on the inspection were not readily available when asked for. There was no clear archiving system for previous records. For instance when we were looking for how a particular incident had been managed we had to check current records, archived records, daily handover sheets and incident forms. This was because the detail had not been recorded in one place. When looking through the archiving, we found there was no order or sense to how they had been filed. A number of accidents had not been recorded in daily notes, but incident forms had been completed for them. As the incident forms were stored separately it was not always clear to incoming staff what had happened to someone on the previous shift. This was improved by the use of a handover sheet, however we found this was not consistently and routinely completed fully.

Staff reported medicine incidents, the process for recording and investigating incidents was not consistent. We saw different paperwork used and the reports did not always demonstrate that a thorough investigation had taken place. For the majority of medicine errors, the responsibility for the error was placed on the member of staff before investigating if processes or external factors were possible contributing factors.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At the previous inspection carried out on 08 and 09 February 2016 we found the provider did not meet the

requirements of Regulation 20 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As they were not open and transparent when things went wrong. We call this Duty of Candour (DOC) They had failed to display their previous rating given by CQC, both of which were required by law. We asked the provider to send us an action plan detailing what improvement they would make to improve this area. At this inspection we looked for evidence on what improvements the service had made to ensure they were open and transparent.

The law states when certain events happen providers have to apologise to the person or to a third party if they hold legal powers to act on the person's behalf. This initially has to be in person and then followed up in writing. This should include an explanation of any investigation made to understand why the event happened. The provider had identified 11 records which met the DOC threshold. We checked the records relating to these incidents. Four of the 11 had written letters to either the person or their representative. However none of the records reviewed had evidence of an apology to the person in writing. We found no records in writing pertaining to the remaining seven records. This meant the service did not comply with the legislation when needed. We spoke with the provider's nominated individual about the letters sent out to people, as they did not include an apology. They told us the letters had not been written in line with the provider's policy and they would be addressing this to ensure the policy is followed in the future.

We checked if the previous rating by CQC had been displayed and it had.

At the previous inspection carried out on 08 and 09 February 2016 we found the provider did not always inform CQC of certain events. We call these notifications. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009. We asked the provider to send us an action plan to tell us what improvements they intended to make. At this inspection we looked for evidence on what improvements the service had made to ensure CQC were notified of certain events when they were legally required to do so.

We reviewed incident forms at the home relating to serious injuries, suspected abuse and whether any DoLS applications had been made. We checked these against our system. We had been notified of all events when needed.

The service did not have a registered manager in post. Since the last inspection the service had been managed by different personnel. The provider had successfully recruited into the permanent manager's position. At the time of the inspection they were being supported by an interim manager. The new manager told us they hoped to complete a CQC application to be the registered manager in the near future.

The service had been receptive to working with external partners, for instance, the local authority and CCG to help drive improvements in the home. A number of supportive meetings were attended by partnership agencies. The service had continued to receive support from the provider quality management team. A provider visit report was produced regularly. Information was required to be provided from the service to feed into the report. Information regarding the number of falls, and weight loss were included to name a few.

We observed a number of regular audits were undertaken to drive improvement and to monitor progress against the action plan. Due to the number of improvements required the service had produced a service improvement plan which pulled the results from all the audits together. The managers kept the plan in easy reach so they could update it when required. Completed audits included medicine, dining and safeguarding to name a few.

The service sought feedback from people and their relatives about the quality of the service. Resident and relative meetings were held. The service had been criticised in the past for the lack of consistent communication. However relatives told us this had improved and could continue to improve. The service had also developed a newsletter to improve communication between management and people who lived at the service.

People, their relatives and staff all commented on how different the service was since the last inspection. All agreed that the service was better well-led than previously. People told us "Yes, It's better now there are more permanent staff," "Management are good. Don't see them often" and "It is well managed." Relatives told us, "It's going in the right direction," "X is top notch, Y is very new. They had a lot of problems in the last year but it is much better" and "There is a good feel to the place. People being happy make a big difference. It must be very hard for them."

Staff recognised the changes in management and how difficult it had been for them. One member of staff had been managed by 7 different managers since they had been in post. However staff felt supported and understood the need to drive improvements within the service. Staff told us "It's smoothed out now, it was so up and down," "Home is more stable now, not stressed at work now" and "It's been a big journey, but it's been so worth it."

Staff felt valued by management and told us they were "approachable" and "encouraging", "X has been absolutely fantastic, helping us on the floor and helping us to understand paperwork." We saw culture and values were discussed at team meetings. We found there was a genuine commitment from all staff within the service to improve the wellbeing and health of people who lived at Buckingham House.

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 11 HSCA RA Regulations 2014 Need for consent The service did not ensure that it complied with the MCA 2005. Best Interest discussions were not always evidenced.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not ensure that records reflected the current need of people.

The enforcement action we took:

We issued a Warning Notice