

Care South

# Buxton House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 9 and 10 June 2016.

Buxton House is registered to provide accommodation and personal care for up to 64 people in a residential area of Weymouth. At the time of our inspection there were 60 older people living in the purpose built home that was comprised of four separate units over two floors. The first floor of the building was designated for the care of people living with dementia and at the time of our inspection 28 people were living there.

There was a registered manager in post at the time of our inspection. 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.

The home was last inspected in August and September 2015 and found to be in breach of regulations relating to: the deployment and support of staff; safeguarding; how people were treated with dignity and respect; person centred care; quality assurance and safe care and treatment including concerns about the safe administration of medicines. The provider told us they would make improvements and at this inspection we found that improvements had been made; people were receiving better quality care and staff felt supported.

We also found some areas where further improvement was necessary. We discussed these with the registered manager and senior managers and they described the plans they had in place to address these issues or took immediate responsive action.

The registered manager had not made appropriate checks on the agency staff who worked in the home. We highlighted this and the checks were put in place during the course of our inspection.

Audits whilst largely effective had missed some areas identified by inspectors. The registered manager and senior managers told us they would consider the scope of the audits to address this.

Staff used their knowledge of people's preferences and communication skills to develop caring relationships with people. They also sometimes audibly discussed care tasks with reference to people in communal areas which did not promote dignity and respect. The registered manager described work that was being done to promote dignity and respect.

Deprivation of Liberty Safeguards (DoLS) had not been applied for when people needed their liberty to be restricted for them to live safely in the home. This had been due to recent changes in personnel in the home and was addressed immediately.

People felt safe but some people's risks were not reduced effectively because their care plans were not followed or records were not kept to review how these plans were working. However, most people were supported in ways that reduced the risks they faced because staff who understood these risks and the care the person needed to reduce them. This was an area for improvement and the registered manager and senior managers described the measures in place to ensure these plans were monitored and reviewed effectively.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. They understood the principles of the Mental Capacity Act 2005 and described how they applied them in their work.

People had support and care when they needed it from staff who had been safely recruited. These staff understood people's care needs and spoke confidently about the support people needed to meet those needs. They told us they felt supported in their roles and had undertaken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received the training they needed to stay up to date with the care needs of people living in the home.

People were at a reduced risk of harm because staff knew how to identify and respond to abuse. Information about how to report abuse was available to staff. People also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

People described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely these were in place.

People were involved in a range of group and individual activities that reflected their personal preferences. Activities were provided by a team of activities staff who worked across the whole week and also by care staff.

Improvements had been made, and continued to be made, to the care of people and support of staff at Buxton House. People, relatives and staff were invited to contribute their views and staff in particular felt part of the process of improvement. Support from senior management from the provider organisation was evident. Staff, relatives and people spoke positively about the management and staff team as a whole.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe but some people's risks were not reduced effectively because records relating to risk management were not kept accurately.

Most people were supported in ways that reduced the risks they faced because staff who understood these risks and the care the person needed to reduce them.

People felt safe and were supported by staff who understood their role in keeping them safe.

There were enough staff to meet people's needs.

People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective. Deprivation of Liberty Safeguards (DoLS) had not been applied for when people needed their liberty to be restricted for them to live safely in the home. This was addressed immediately.

People told us the food was good and plans around food and nutrition were followed for the majority of people. There were plans in place to address the support people received to ensure all care plans were followed.

People were supported to make choices and staff understood the importance of enabling this.

People were cared for by staff who understood their needs, were trained to carry out their role and felt supported.

People had access to healthcare professionals when they needed them and staff followed guidance effectively.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People received compassionate and kind care from staff who knew their preferences and the people and

**Good** ●

things that mattered to them.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by staff although care tasks were sometimes discussed audibly in communal areas.

People were listened to and felt involved in making decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive. People told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People were confident they were listened to.

People and visitors had access to information about how to complain about the care at Buxton House. Complaints were investigated appropriately.

### **Is the service well-led?**

**Requires Improvement** ●

The service was well led although some monitoring had not been effective in identifying areas that needed attention and this was an area that required further improvement.

People and staff had confidence in the management and spoke highly of the support they received. The staff and management were well supported by the provider organisation.

There were systems in place to monitor and improve quality including seeking the views of people and relatives. This had been mostly effective in identifying where improvements were necessary.

Staff were committed to the ethos of the home and were able to share their views.

# Buxton 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.

This inspection took place on the 9 and 10 June 2016 and was unannounced. The inspection team was made up of one inspector, an inspection manager and a specialist advisor. The specialist advisor had expertise in the care of people with dementia.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had also completed a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care practices and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 18 people living in the home, four visitors, eight members of staff, the registered manager and two members of senior management from within the provider organisation. We also looked at 14 people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and training records.

We also spoke with two healthcare professionals and two social care professionals who worked with the home.

During the inspection we asked the registered manager to send us confirmation that DoLS applications had been made by 15 June 2016. They sent us this information on 14 June 2016.

# Is the service safe?

## Our findings

At our last inspection, in August and September 2015, we had concerns about how people were protected from the risk of harm and how staff were deployed. There were breaches of regulations. Following the inspection the provider sent us an action plan and described how they would meet the requirements of the regulations. At this inspection we found that, whilst the need to improve risk management continued to require development work, people were at reduced risk because of improvements that had been made.

People told us they felt safe. One person said: "I certainly feel safe, I've never felt unsafe." Another person told us: "I feel safe here... I have only ever seen people be kind." Some people were not able to describe their experience with words as a result of their dementia. These people smiled with staff and were confident when they spoke with them indicating they were relaxed in their company.

There were some inconsistencies in records relating to risk and whilst we did not find this had a detrimental effect on people it heightened the risks they faced. For example one person was assessed as needing help to move every two hours to protect their skin; records did not reflect that this was happening and whilst their skin was in good condition we could not ascertain if their plan was being followed. Another person had lost weight and their care plan described that they should be weighed monthly and this had not happened. The rest of their care plan related to nutritional intake. This was being followed and reflected appropriate support for someone who had lost weight. We spoke with the registered manager and deputy about risk management. They told us they had already identified problems in the recording of risk management plans and described the measures they were already taking to address this. This included more time for senior staff to review risk assessments including checking that care delivery reflected the plans in place. Most people were, however, at a reduced risk of harm because staff understood and followed care plans that responded to their assessed needs. Health and social care professionals told us that people were now safer because staff had an improved understanding of how to meet their needs and were communicating potential concerns more effectively. Staff were able to describe the measures they took to keep people safe. These included the measures they took to reduce the risk of a person developing pressure sores; how a person was helped to move safely; how a person was protected from falling and how a person was protected from the risks of leaving the building without support. Staff spoke respectfully about people whilst describing these measures and emphasised people's right to make choices. There was not a continued breach of regulation because people were receiving safe care but this remains an area for improvement.

Staff were confident they would notice indications of abuse and knew how to report any concerns they had. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Staff were deployed effectively to meet people's needs safely. Most people, and visitors, told us people did not regularly wait to receive care and staff were able to spend time talking with people as well as responding to their physical needs. One person said: "Oh yes there are plenty of staff." Another person explained that this meant the staff were not rushed: "They always stop and say hello, never just go passed." The deputy manager told us they had a budgeted number of staff but this could be increased to meet people's needs. There were records relating to which staff had been working in each part of the home on each shift,

however, these were not always completed in a way that would enable the review of staff deployment. We spoke with the registered manager about this and they told us they discussed deployment regularly with the senior staff who completed this paperwork but would also ensure this information was recorded.

Staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. These checks had not been reviewed by staff in the home for agency staff. We discussed this with the registered manager and this was immediately rectified during our inspection.

People received their medicines as prescribed. Medicines were stored safely although the recording of fridge temperatures was not accurate and this had not been picked up by audits of this system. This was discussed with the management team during our inspection and rectified immediately. People were given their medicines by staff who wore red tabards stating they should not be disturbed. This was not always respected by other staff which could increase the risk of mistakes being made. People were supported to take their medicines safely and this was recorded using an electronic system introduced to make medicines administration safer. Staff who give medicines have received training in the safe use of the system and had their competence assessed. There had been no medicines errors since the system was introduced. Some people living in the home took medicines that were covered by the Misuse of Drugs Act. This meant the medicines required additional security to be in place. We checked these medicines and found them to be stored and accounted for appropriately.

# Is the service effective?

## Our findings

At our last inspection we found that staff were not sufficiently trained or supervised and there was a breach of regulation. Following the inspection the provider wrote and told us how they would meet the requirements of the regulation. At this inspection we found that improvements had been made and staff now received the training and support they needed .

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

People received care that was designed to meet their needs and staff supported and promoted people's ability to make choices about their day to day care. One member of staff told us: "We start off by assuming they can make their own choice." Staff described their roles in line with the principles of the MCA including the need to find the least restrictive way of supporting people when they are not able to make decisions for themselves.

The home had applied for some Deprivation of Liberty Safeguards (DoLS) to be authorised people for people who were not able to consent to their care being provided in Buxton House. However, following changes in personnel these applications had not been reviewed and a majority of additional appropriate applications had not been submitted. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely and as such it is important that applications are made to protect people's human rights. We spoke with the registered manager and senior management about this and they undertook to complete this piece of work immediately after our inspection. We received notification that this was completed two working days later.

People and staff told us that the food was good and commented positively on the new chef. One person told us "You cannot fault the food." Another said: "The food is good you get complete choice." Two people commented that they did not always get the menu in time to consider their choice, and we saw that the menu was not on the table in one area of the home, but that they could make their choice when food was served. The menu offered a choice of dishes and alternatives were made available if people did not want these. We saw that people were given a choice of meals in a way that supported their decision making.

Some people were asked verbally and other people chose by pointing at a physical meal. The majority of people chose to eat communally and those that stayed in their rooms or did not want to eat at dining tables received their food at the same time as those that sat together. The tables were set with table cloths and condiments and people chose where they sat. On the first day of our inspection the food was delayed and people waited for more than 20 minutes in all parts of the home after they had sat at the tables set for food. This was a substantial amount of time to wait and we discussed it with the management team. They told us that this was not usual and this was reflected in people's experience on the second day of our inspection. People who needed support to eat and drink received this from staff who sat with them and were attentive to their needs. The chef understood people's nutritional needs and their likes and dislikes and kept records to ensure people received the food they both needed and wanted. People who were very active due to their dementia received additional snacks that were placed in their bedrooms to reduce the risk that their activity would burn more calories than they were eating.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. There had been a review of people's needs to identify whether people needed additional monitoring and to ensure those that needed it received it. This meant that staff were following nationally recognised guidance in order that people received safe care. We found that this was being implemented appropriately for most people and discussed the anomalies with the registered manager who assured us that new systems of reviewing and care planning would ensure it worked for all people.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. One person said: "I had my eyes tested in the home last week." Another person said: "I see the doctor when I need to." Records indicated that changes to people's health were addressed quickly and input was sought in a timely manner. We spoke with two health professionals who worked in the home about the support people received. They told us that they felt the staff team were becoming more established and had increasing confidence in the decisions made by senior staff about when to contact health professionals. They also commented that advice given was always followed.

People, and visitors, told us the staff had the skills they needed to do their jobs. One person said: "The staff are well trained. I can't fault them." Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They described their training as appropriate for their role and that their professional development was reviewed through regular supervision. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. The provider had established links with a university and was developing bespoke training based on the needs of people and staff in their homes. At Buxton House the registered manager was exploring training opportunities to enhance staff understanding of dementia and its impact on people's mood state and behaviour.

## Is the service caring?

### Our findings

At our last inspection people were not being treated with dignity and respect and there was a breach of regulation. The provider wrote and told us how they would meet the requirements of the regulation. At this inspection we found improvements had been made.

People told us the staff were kind and that they felt cared for. One person told us: "They are very kind nothing is ever too much trouble." Another person said: "The staff are wonderful... I can't help loving them all."

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. Staff always acknowledged people when they entered a room and took the time to make positive comments. They also spent time chatting with people before and during care or support tasks. One person reflected on this and told us: "The staff smile, they are happy and warm." They spoke confidently about people's likes and dislikes and were aware of people's social histories, preferred names and the relationships that were important to them. We saw they used this information to encourage communication that was meaningful to people. Humour was prevalent but staff spoke respectfully to people living in the home and each other. People also told us they could discuss difficult situations and emotions with staff and we observed staff reminiscing with people and supporting them when they were anxious.

People's privacy was mostly respected: care was taken to ensure people's rooms were personalised and respected as their own private space and staff ensured that any support with mobility was done with dignity. However, we also heard staff discuss care tasks and reviewing what people had eaten audibly in communal areas. We discussed this with the registered manager who told us they had been working with the staff team on issues of dignity and respect as part of the home's action plan. They told us they would continue to do so and would highlight this practice.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us they like to have a lie in and their relatives told us that they were often still in bed when they came to visit because they had chosen to get up a little later. Where people couldn't use words easily to tell staff what they wanted because of their dementia we saw staff being attentive and taking cues from people's demeanour and behaviour and then using the knowledge they had about the person to inform their support. For example one person moved a cup and was offered a choice of two drinks staff knew they liked.

## Is the service responsive?

### Our findings

At our inspection in August and September 2015 we found people were not receiving person centred care and there was a breach of the regulation. The provider wrote to us and explained how they would meet the requirements of this regulation. At this inspection we found improvements had been made.

People told us that they received the care they needed in ways that suited them. One person told us: "I am very well looked after. There is nothing in the world they wouldn't do for me." People told us they felt well cared for; one person explained that they were always made to feel at ease when they needed help with personal tasks which they had thought might have made them feel uncomfortable. Staff reviewed and discussed people's current care needs at handover and this ensured that people experienced continuity of care.

People, and their relatives, were involved in developing the care and support they received at Buxton House. People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were usually reviewed monthly and reflected changes. For example one person's care plan had been updated to reflect changes in the support they needed with food following input from a Speech and Language Therapist. Another person had a temporary care plan put in place whilst they were being treated for a urine infection. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met.

Records indicated that relatives were kept informed and their knowledge about their relative was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately.

People told us they felt listened to and were able to approach all the staff. We heard from people about residents meetings and records showed these gave people further opportunities to contribute to decisions about the whole home rather than their own individual care. A meeting in January 2016 had covered a variety of subjects including problems with the laundry, the balance between group and individual needs and mealtimes. The concerns about the laundry had been raised by relatives too and work had been undertaken to improve this. We spoke to the member of staff responsible for the laundry and they told us about improvements that had been made.

Activities were planned for groups and individuals. People told us that the activities were varied and appreciated. During our inspection some people chatted with each other and staff, or spent time engaged in their own choice of activity in their rooms. Other people took part in organised activities and individual trips out with a member of staff. On the first day of our inspection people were recovering from a busy day celebrating the Queen's birthday and we were regaled with tales of cakes and crowns and shown themed finger nails. We spoke to the activities coordinator who explained that activities staff covered the whole week offering regular activities such as a quiz, baking, a men's group, singing and exercise. People enjoyed activities during our visits with both skittles and keep fit leading to a lot of laughter. There were records kept describing people's preferences and needs specific to the role of the activities staff but people's involvement

in activities was not always recorded. This meant there was a risk that people would enjoy an activity and this information be lost for future planning. It was also difficult to review how often people who were at risk of social isolation were being engaged in meaningful activity. The activities coordinator had increased time to develop the activities available to people and planned to involve people more in activity planning. They recognised that the reporting of activities would be integral to this.

People told us they would be comfortable raising concerns and complaints. One person told us "I don't have any complaints but I would definitely tell them if I did." Another person told us: "I can speak to anyone, they listen." Where complaints had been received they had been investigated and the person was informed of the outcome. There was information in the hallway available to people and visitors about how to make complaints. This included external agencies that could be contacted.

## Is the service well-led?

### Our findings

At our last inspection we found that there were insufficient systems and processes in place to monitor the service. There was a breach of regulation and the provider wrote and explained the actions they would take to meet the requirements of the regulation. At this inspection we found that improvements had been made. There was not longer a breach of regulation but quality assurance remained an area for development.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved and whilst these were mostly effective we found areas for improvement that had not been identified and addressed. Action plans drawn up following our last inspection, and in conjunction with commissioners, were being followed and significant improvements in people's care had been achieved through the introduction of improved systems and team development. Staff understood changes required and reflected positively, and objectively, on progress. One member of staff told us that time scales were being reviewed but change was happening. Another member of staff said they felt the atmosphere was "upbeat and cheerful" and told us they felt "good about the care of the residents". Internal audits had also been effective in ensuring some change but were not always effective and this remained an area for improvement. For example care plan audits included a check that people's charts were present and stored but did not check their content. This meant people's care could not be reviewed effectively. A medicines audit had not picked up an issue with fridge temperature recording. This meant there was a risk that issues would not be addressed in a timely manner. The omissions related to the information held about agency staff had also not been identified. We spoke with the registered manager and other senior managers who told us they would consider the scope of audits to ensure their efficacy.

Buxton House was held in high esteem by the people living there, relatives, and staff. Most people told us they thought the home was "lovely" and made comments like "I love living here." And "I am sure I am in the best place." Staff also said they enjoyed working there and felt proud of, and part of, improvements that had been made over the previous months. Everyone identified the registered manager and other senior staff as being important in these changes. One member of staff told us: "We were told things would change, they have and they still are." We met a senior manager from the provider during our inspection who had played a role in supporting the home since our last inspection. They were familiar to staff and people which evidenced their presence and accessibility within the home.

The registered manager worked closely with, and was supported by, senior managers and colleagues from other homes within the provider organisation to ensure ongoing improvement to the quality of care people received and the support available to staff. They used feedback from people and staff to inform this process. Staff meetings reflected forums in which staff were able to share their concerns and celebrate the successes of their work. Staff told us this approach was becoming embedded in the home and they felt able to discuss issues with senior managers.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "there has been a massive improvement we are now well structured." Another member of staff referred to a change in culture that left staff feeling positive about their work. Staff told us

that the management team were approachable and responsive. One member of staff commented: " I feel like I can approach (senior staff and registered manager) anytime."

Professionals working with the home reflected on improving and positive relationships with the staff and management of Buxton House. One social care professional described the senior staff as "accommodating" and "organised" stating that they always followed appropriate procedures.