

James Hudson(Builders)Limited

Buddleia House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Buddleia House Care Home is a residential care home providing personal care to 24 people at the time of the inspection. The service can support up to 38 people.

People's experience of using this service and what we found

People received outstanding care around their nutritional needs because the home put strong emphasis on promoting the importance of eating and drinking. People's independence was encouraged by the creative design of the home. People were supported to achieve excellent outcomes through an innovative approach to dementia care. People's needs were holistically assessed and continually monitored to achieve best outcomes. Where it was needed, support from external health professionals was promptly sought. People were supported to take part in meaningful activities to promote independence and to give them a purpose to their day. People were supported by staff who were skilled and knew them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe and protected from avoidable harm. There were enough staff employed to meet people's needs. Safe recruitment checks were in place. Risks to people were assessed and measures were in place to manage any environmental risks. Medicines were generally managed safely. Systems were in place to protect people from catching COVID-19 infection.

People were treated with respect and dignity. Staff knew people well and respected their individuality. People were encouraged to retain their independence. We made a recommendation for the provider to look at the care plans review processes to improve family members or relatives involvement in those reviews.

People's support was individualised, their interests, preferences, likes and dislikes were known to staff. People were supported to maintain relationships important to them. The provider had a complaints processes which relatives were aware of and felt able to voice any concerns.

The service was well managed. There was a culture of continuous improvement with a clear focus on ensuring any changes enhanced the quality of the service people received. The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed.

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

Rating at last inspection

This service was registered with us on 27 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Buddleia House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Buddleia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced; however, on day one of our inspection we called the home from the car park and gave the person in charge short notice before we entered the home. This was to ensure we were informed of the home's COVID-19 status and procedure for visiting healthcare professionals. We gave the registered manager a day's notice before day two.

What we did before the inspection

The provider was in the process of completing the required Provider Information Return and we received this information after our inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the Local Authority, the Local Infection Prevention and Control Body, the Fire Prevention Officer and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one friend of a person who was living in the home, about their experience of the care provided. We spoke with eight members of staff including registered manager, house leader, nurse quality manager, care and development manager, domestic staff, maintenance person and chef. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional three care records, training data, evidence of good practice and quality assurance records. We spoke with three staff members, four relatives and we requested feedback from relatives via e-mail.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their prescribed medicine by staff who were trained and were competent in administration of medicine. We observed staff supporting people to take their medicine in a safe manner. Staff were aware of how people liked to take their medicines, for example to take one tablet at time from a teaspoon.
- We discussed with the registered manager how some procedures for people's 'as required' medicines could be made clearer to ensure the reason and desired outcome of the medicine was recorded. After we inspected, the system was updated to reflect why 'as required' medicine was given.
- Regular medicine audits were taking place; however, we found minor issues with the electronic medicine administration systems (eMAR). The actual number of medicines did not always tally with the stock recorded on the eMAR's. We highlighted this to the registered manager who took immediate actions to find the issue and report it to the system operator. Additional medicine checks were implemented to make sure all medicines tallied up.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. The provider had processes in place to safeguard people from the risk of abuse. Staff received safeguarding adults training and knew what action to take if they suspected people were subject to, or at risk of, abuse.
- The registered manager had reported any safeguarding concerns to the local safeguarding team and CQC when this was needed. The home kept a log of all safeguarding referrals. This allowed the registered manager to identify any trends and patterns with safeguarding concerns.
- People told us they felt safe living at the home, comments included, "Yes I feel very safe here, they [staff] do look after us." Relatives told us they felt their loved ones were "Very safe" in the home.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. The provider used nationally recognised risk assessments such as Malnutrition Universal Screening Tool (MUST) to check if people were at risk of malnutrition, The Braden Scale to assess the risk of people developing pressure ulcers and falls risk assessments. People's changing needs were regularly reviewed by the management team.
- Staff were knowledgeable about people's needs. Staff told us they were kept informed about changes affecting people's health and wellbeing through daily handover meetings and the information on the electronic care plan system.
- People were supported to live in a safe environment. Regular checks were completed on safety of the premises, communal and personal spaces. This included regular checks of hot water temperatures to ensure people were not at risk of scalding and checking moving and handling equipment to ensure it was fully operational.

Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place, this included checks with Disclosure and Barring Service (DBS) and references to ensure applicants were of suitable character to work with vulnerable people.
- We observed there were enough staff on duty to meet people's needs throughout the day, however there were only two staff at night. Some people required regular checks and repositioning during the night to prevent pressure sores which required support from two staff. This meant there was no other staff available to support other people. We raised this issue with the registered manager who told us they will review people's dependency needs and staffing levels.
- Agency staff were employed to cover staff shortages. The registered manager and the provider ensured the same agency workers provided staff cover to ensure consistency.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had installed air purification system throughout the home and in people's bedrooms. This was used to eliminate offensive odours and to help control infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were electronically reported to the management team without delay. Incidents and accidents were promptly investigated, and appropriate actions were taken to prevent incidents from happening again. Where it was needed advice from health care professionals was promptly sought.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Creative ways had been introduced to support and encourage people to eat and drink. New equipment and technology such as distinctive looking crockery with contrasting colours and specifically designed cups were used to support people who had difficulty in eating or drinking. As a result, one person regained their ability to hold their cup and drink without staff support. A relative told us their loved one was unable to hold their own drink before they moved into Buddleia House, but now they could do this independently.
- The home showed strong emphasis on promoting the importance of eating and drinking. People's nutritional needs and preferences were discussed in regular meetings with the catering department. The chef spent time with each person getting to know their likes and dislikes and whether they had any specialist diets. Catering staff used creative ways, such as food moulds for people who required softer diet, to ensure meals were presented in an attractive way and to ensure positive dining experience. Gluten free food alternatives were sourced by kitchen staff because one person had intolerance to gluten. As a result, this person was able to enjoy meals they liked without any unwanted side effect.
- Staff showed exceptional knowledge of people's abilities and strengths around eating and drinking well. Staff offered support to people who required more help with eating and drinking in a discreet and respectful way. Throughout the morning people were encouraged to use a self-service breakfast bar with cereal dispenser, fruits and soft drinks to prepare breakfast of their own choice. This meant people could maintain the choices they would have had prior to moving to the home.
- Themed restaurant nights had been developed to embrace different cultural and religious celebrations and became a standard at the home, to also enrich further the dining experience of others.
- One person told us, "The food is quite good, you can ask for a drink anytime you want". A relative told us the food at Buddleia House was "very good". We saw many positive interactions throughout the day of staff supporting people to eat well.

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

- Significant attention had been given to ensure that the environment at Buddleia House could support people with dementia well. Many areas of the home had been designed to engage people who may walk with purpose and we saw people were using these to good effect. People and their relatives were extremely positive about the environment and overall décor of the home. One relative told us, "The physical environment is superb and well thought out. It is stimulating, peaceful and varied throughout".
- The environment at Buddleia House promoted active and meaningful life for people. An innovative dementia friendly decoration and signage made it easier for people to orientate around the home. Prompts on the wall and in the key areas encouraged people to complete little tasks such as "please take a magazine" or "do a jigsaw". This enabled people to use their skills, abilities and improve their social life.

- People benefited from the garden which was designed by dementia experts. During warmer days people played games of bowls on a bowling green or took care of small allotment area with raised beds where staff supported them to grow vegetables and feed birds. This meant that people were able to continue to do something they loved and regain some independence.
- New equipment and technologies to support the delivery of high-quality care and independence were used. This included LED cloud lights throughout the corridors, which during daytime showed its 'daytime' and were switched off at night. This helped people who lived with dementia to tell the difference between day and night. The home had installed a whole home music system where music was played in different zones according to people preference and likes.
- The home had implemented an acoustic monitoring system which gave people the opportunity to call for help without having to press the nurse call bell. Staff answered those calls via a handheld device and gave people verbal reassurance before visiting their room, so people knew someone was on the way to assist them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, effective, timely care,

- People's needs were holistically assessed before they moved into the Buddleia House. Staff had used this information to develop exceptional understanding of people's backgrounds to match their life history with the activities people enjoyed doing. For example, staff encouraged one person, who used to be a head teacher, to oversee the 'book club'. This had a positive impact on that person physical and mental health, gave them meaningful purpose, and it reduced their anxieties because they were involved in a task that was important to them.
- Staff had used an innovative research-based approach to dementia care, which placed an emphasis on people's independence and improving people's lives. Creative activities with meaning and purpose, based on people's needs, interests, skills and abilities were put back into their lives. For example, we saw many people were encouraged to take part in specifically designed for people living with dementia activities, such as larger jigsaws, darts or dominoes. Being involved in meaningful activities helped people to reduce their anxieties and agitation, improved their motor skills and co-ordination and helped with positive social interactions.
- Some people who lived with dementia were supported through 'doll therapy'. Doll therapy is sometimes used for individuals with advanced or severe stages of dementia and it can be effective in offering sensory stimulation. A specially designated baby/dolls nursery was created within the home where people could 'pick the babies' up, change their clothes or collect a push chair. Staff told us the 'doll' therapy worked well for people who can get a little bit agitated or anxious as it calms them down. We saw people looking after and nursing the babies in a very content way.

Staff working with other agencies to provide consistent care, Supporting people to live healthier lives, access healthcare services and support

- The home and provider worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice, especially in dementia care. The provider had heavily invested in members of staff to develop the expertise in delivering innovative dementia care, so they better understood people's needs. This enabled staff to support people to live as independently and reduce their anxieties.
- The home had worked together with other agencies and care providers to plan effective and coordinated transition of people between placements when it was needed. For example, when one person's health needs changed and they required specialist placement, the home had worked collaboratively with the relatives and social services to support them in finding their new home. As a result of this, the transition between homes was seamless and this prevented additional distress to the person.

- People had good access to health care professionals to help keep them healthy. The home worked in partnership with other stakeholders such as, dietitians, speech and language therapist or the dementia outreach team for additional guidance and support for staff. For example, one person was at risk of developing sore skin. Staff referred them to a Tissue Viability Nurse, who provided the person with equipment to reduce the risk of skin damage. This meant that right timely treatment was sought to prevent future hospital admission.
- People who were at risk of malnutrition were closely monitored and referred to the GP and/or to the dietitian for further guidance. When it was needed, food supplements were prescribed and given to people to prevent them from losing weight.
- The home had achieved the Nottinghamshire County Council Band 5, which is the highest quality award care homes can achieve following quality checks by the local authority. This recognised area of best practice which had a positive impact on people.

Staff support: induction, training, skills and experience

- Staff from all departments had the right knowledge, qualifications and experience to support people living at Buddleia House. Staff training was developed and delivered around people's individual needs and there was a strong emphasis on dementia care. Additional distance learning was available to staff, to explore further areas of interest. For example, dementia training strengthened staff approach and ethos to dementia care and gave staff the skills needed to support people who lived with dementia
- staff who were new to the home had to complete a robust induction and were asked to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff were also required to complete other competency assessments such as manual handling or personal emergency evacuation plan procedure. This meant staff had the skills and knowledge to deliver effective care and support to people.
- People were supported by staff who were champions in specific roles, such as infection control or nutrition and hydration. The champion staff supported their colleagues to make sure people experienced good outcomes. For example, nutrition and hydration champions encouraged people to choose their preferred food, took part in nutritional meetings and care planning, or led the initiative for themed nights food ideas. This had a positive impact on people's dietary needs and encouraged people to make their own choices and maintain their health through a well-balanced diet.

Ensuring consent to care and treatment in line with law and guidance

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people who lacked the capacity to make certain

decisions. Where people were unable to make decisions for themselves this was discussed with their relatives and family members to ensure decisions were made in person's best interest. For example, decisions about people's end of life plans or COVID-19 vaccination were discussed with their relatives to ensure appropriate treatment was given.

- Staff actively promoted practices about people's consent to improve how they were involved in making decisions about their care. One relative told us, "The staff always seem to maintain an air of pleasant and professional disposition, always with a view to 'help' rather than 'take over". This shows people were involved in decision when it was needed, even where disability or other impairments made this very difficult.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The care home used an electronic care planning system, which showed regular reviews of care needs were completed by staff to ensure information was accurate.
- Most relatives told us they had been consulted about their loved one likes, dislikes and personal history prior to them moving into the home, however they had not always been involved in regular reviews after that. Despite the lack of involvement in the reviews of care plans, the relatives told us they were kept informed about any changes to people's health or care needs and the care plans had reflected people's needs and preferences.
- Prior to the lockdown the home held regular meetings with the relatives where they could discuss any issues or concerns relating to the home.

We recommend the provider look at the review processes to ensure better involvement of relatives or family members in regular reviews of care plans.

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

- People were treated with respect. Interactions between people and staff were warm and showed they knew each other well. The home had moved away from describing staff as 'carers' and took an approach of introducing 'care companions'. The registered manager explained that care companions support people with day to day tasks as well as encourage people to stay busy and occupied during the day.
- We saw staff spending a lot of time with people in communal areas. This included assisting people to eat and drink as well as helping people to complete jigsaws or offering sensory stimulation by massaging their hands.
- Staff were very cheerful and talked to people about their hobbies and interests. Relatives told us they could see very positive interactions between staff and people on the videos uploaded to social media platform.
- Comments from relatives included, "My relative loves staying at the home" and "The team is very caring, they know my [relative] very well and staff play the music my [relative] likes".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to be as independent as possible. For example, during day one of our inspection we saw one person showing domestic staff where to Hoover up, the domestic staff then passed the Hoover to the person and asked them if they'd like to do it themselves. The person seemed to be very happy with that and vacuumed small area of the floor.
- Staff were discreet when they offered support to people. Staff told us they would maintain people's privacy by ensuring doors and curtains were closed when supporting people with personal care or that they

would always knock on people's doors before they went in.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had personalised care plans in place which reflected their choices and preferences. In each person's bedroom there was a poster outlining the person's likes and strengths. We saw evidence of activities which encouraged people to find purpose in their day. For example, people were supported to access the garden areas to set out food on the bird tables or watering the plants.
- The home had identified that some people had a passion for reading, and they introduced a regular 'book club' where people were supported by staff to read books especially written for those with dementia. The books had been specifically adapted with specific layout and larger font. This promoted people's cognitive stimulation and social participation.
- We saw an extensive photographic and video evidence of people taking part in various activities, which included baking, book club, crafts and celebration of special events such as Easter or VE day. Due to the global pandemic and the national lockdown, relatives were not able to visit as much as they wanted, however they overwhelmingly said they saw photos and videos showing people taking part in activities on social media platform which were frequently added. A relative told us, "Entertainment is well thought out, from Hawaii parties to making time capsules! There has always been a cheerful and fun atmosphere". Another relative said, "It is clear that the quality of life the residents enjoy is testament to [provider's] ethos".
- Relatives told us the care staff were "amazing and friendly" and they knew people well. Relatives confirmed they had been offered video calls with their loved ones during the lockdown. Some relatives told us that at times they struggled to get through to speak to someone over the phone and the communication channels could be improved. Although, other relatives told us they were mostly kept up to date about any changes to their loved one's health needs or following incidents.
- On the day of our inspection we saw number of visitors coming to see people whilst maintaining social distance due to the COVID-19 pandemic.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and reflected within support plans. Information was available to people in large print with visual prompts. In people's bedroom there were picture cards describing the content of their furniture items, for example a 'pants and socks' picture was attached to the draw where these items were stored.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and any issues were responded to promptly. The home had installed an electronic signing in and out system for visitors. The system had been designed to allow relatives or visiting professionals to provide 'live' feedback about the home following their visit. We saw a report with the feedback which had consistently rated the home as 'excellent' or 'very good'.
- Relatives told us they knew how to make a complaint if they wished to and they were given the contact details for the registered manager.

End of life care and support

- Where appropriate, people were supported to help plan their end of life care in a way that reflected their wishes. Care plans detailed people's end of life plans for staff to refer to. For example, an end of life care plan for one person listed what kind of music the person likes and responds to or to ensure the person has their teddy in their room to hold in bed to offer additional comfort.
- Staff demonstrated good understanding about end of life care and felt they had all of the information on how to support people to stay comfortable and pain free.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The care provided at Buddleia House mirrored the provider's visions and values to create communities that enhanced quality of life. The providers and management's passion and enthusiasm were evident throughout our inspection and they took every opportunity to demonstrate their values and innovative ways of working. We saw extensive evidence of examples where staff followed the providers ethos and new approach to support people to take part in variety of meaningful activities and where people were encouraged to take part in daily tasks which promoted people's independence. This meant people were empowered to achieve good outcomes.
- The provider showed their gratitude to staff for their commitment during the pandemic. For example, a ceremony for 'National Reflection Day' was held to thank staff for all their hard work during COVID-19. Staff were rewarded with extra payment and were given small gifts as a thank you gesture. The provider had sent a letter to the families of staff working at the home to show how proud they were of staff and what they achieved during the pandemic.
- An industry recognised website, "carehome.co.uk" is used for people who use services and their relatives to give feedback and to write a review about the quality of the care provided at homes. At the time of writing the home had received an average score of 9.8/10 from a total of 17 reviews. All 17 of those reviews stated they were 'likely' or 'extremely likely' to recommend the home to others. A relative we spoke following the inspection said, "Buddleia has reassured me that care can be excellent and fun" and another relative said "I had recommended Buddleia House to other people".

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

- The service had clear governance systems in place. The provider had implemented an electronic system to check the safety and quality standards across all areas of the home. Staff from different job roles were responsible for carrying out specific checks and where issues were identified plans of actions were put in place to rectify any shortfalls. This led to the improvements and reflected best practice.
- The registered manager was supported by a house leader, nurse quality manager and care and development manager. For the last year, the registered manager had worked remotely due to risks associated with COVID-19. This however had not affected the day to day running of the home and the registered manager was in regular daily contact with staff and people living in the home.
- There was a wide range of policies and procedures available to provide guidance for care staff on how to fulfil their roles and responsibilities. Care staff we spoke with were clear about their roles and they had

received appropriate training. The home used an electronic system to send instant messages to all staff, or individual staff, with any updates or changes affecting the home to make sure staff were always kept informed about changes.

- Staff were asked to express how they feel about the quality of the home through quality surveys. The feedback from staff was gathered and analysed by the management team. Areas where staff raised concerns were put into an action plan to ensure improvements could be made.
- The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager would continue to operate in an open and transparent manner.

Continuous learning and improving care

- The provider had used a range of internal quality audits and checks to ensure good quality of care. We found a minor discrepancy in the most recent medicine checks and we raised this with the registered manager. The registered manager took immediate action during and following our inspection to ensure that concerns raised about the management of medicine were investigated and resolved. As a result, the electronic medicine systems were improved to ensure additional checks for checking quantity of medicines were implemented. This meant people's medicines were safely managed and risks of receiving wrong medicine were reduced.
- There was a focus on continuous learning and improving care the home had implemented an ongoing home improvement plans where any issues or shortfalls were listed, these were delegated to appropriate staff member and the actions were regularly reviewed.
- The provider had invested in staff undertaking new and exciting training opportunities to develop their skills. Staff from all departments took part in the new outcome based approach training. Management team were encouraged to enhance their leadership skills through five-day programme which was tailored to the home's needs. This meant staff kept up to date with relevant changes to best practice to enable each individual to live their lives to their fullest.

Working in partnership with others

- The provider and senior management worked alongside staff at Buddleia House on various research projects to create an innovating culture of care and promote high-quality person-centred care.
- We noted several examples of the home working in partnership with other professionals or organisations to benefit people living at the home. This included working with other health and social care professionals, such as community nurses, occupational therapists and social workers. Feedback we received from the local authority showed the service worked with them to meet the needs of people.
- The provider had worked with external specialists to ensure the quality of the home. This included working with health and safety consultants who inspected the home yearly in detail on all health and safety matters making sure the systems and operational procedures are in place and carried out. The outcome of that inspection was 'excellent'.
- The home had close links with local nursery and local choir. Before national lockdown children from the nursery visited the home and took part in some activities with people. The local choir came out at Christmas time and sang Christmas carols for people from the car park.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had clear understanding about duty of candour. Duty of candour means that it is the registered managers legal responsibility to be open and honest with people when something goes wrong.