Amore (Watton) Limited

Buckingham Lodge Care Home

Inspection report

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Date of inspection visit: 15 January 2015
Date of publication: 21/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 15 January 2015 and was unannounced.

Buckingham Lodge Care Home is a nursing care home providing care and support for up to 70 older people, some of whom live with cognitive impairments such as dementia. The home has a registered manager, who has been in post since December 2014. 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 and associated Regulations about how the service is run.

Summary of findings

People felt safe living at the home. Staff were aware of how to safeguard people from abuse and acted accordingly.

Most individual risks to people were assessed, reduced or removed and although staff were aware of how to care for people with behaviour that could upset others, there was inadequate information about this for staff members.

There were enough staff available. Staff members all said that staffing levels were high enough to allow staff members to care for people. The required recruitment checks were obtained before new staff started working, meaning the service could be sure that new staff members were of good character or safe to work with people.

There was enough personal protective equipment, cleaning products and housekeeping staff to ensure that the home was clean and hygienic.

Medicines were safely stored and administered, and staff members who gave out medicines had been properly trained. Staff members received other training, which ensured they were able to care for people appropriately. Staff received supervision from the manager, which was supportive and helpful, although formal individual meetings were not frequent enough.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager recognised when people were being deprived of their liberty and was taking action to comply with the requirements of the safeguards.

Staff members understood the MCA and presumed people had the capacity to make decisions first. Where a lack of capacity had been identified there were written records to guide staff about who else could make the decision or how to support the person to be able to make a decision.

People enjoyed their meals and were given enough support to eat the meal of their choice. Drinks were readily available to ensure people were hydrated. Improvements were needed to ensure that meals were kept hot until people were ready to be served and records to show how much people ate and drank were completed in enough detail.

Staff at the home worked with health professionals in the community to ensure suitable health provision was in place. There had been improvements to the information available to health care professionals and in following their advice and this needed to continue.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

People's needs were responded to well and care tasks were carried out thoroughly. Most care plans contained enough information to support individual people with their needs, although greater detail was needed in plans addressing behaviour that may upset others.

A complaints procedure was available and complaints had all been dealt with appropriately.

The manager was supportive and approachable, and staff felt that they could speak with her at any time.

The home monitored care and other records to assess the risks to people and whether these were reduced as much as possible.

Summary of findings

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.

People were supported by enough skilled staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm.

Medicines were safely stored and administered to people.

Good

Is the service effective?
The service was not consistently effective.

Staff members received enough training to do the job required. The manager had acted on recent clarification of the Deprivation of Liberty Safeguards and ensured requirements under the Mental Capacity Act were met.

Staff regularly referred the health care needs of people using the service to healthcare professionals to ensure they obtained the treatment or advice they required.

People had a choice of meals and drinks were readily available to aim to prevent dehydration, but improvements were needed in associated records and keeping meals hot.

We have made a recommendation about mealtime experience for people.

Requires Improvement

Is the service caring?
The service was caring.

Staff members developed good relationships with people using the service, which ensured people received the care they wanted in the way they wanted it.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their care planned and kept under review, and staff responded quickly when people's needs changed.

People were given the opportunity to complain and those complaints were acted upon appropriately.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Systems required to monitor the quality of the service provided were completed and actions were addressed when areas of shortfall were identified.

Staff members and the manager worked with each other, health care professionals, visitors and people living at the home to ensure there was a good morale within the home and improving relationships with local community services.

Buckingham Lodge Care Home

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 15 January 2015 and was an unannounced inspection.

The inspection was carried out by three inspectors.

Before we visited the home we checked the information that we held about the service and the service provider. For example, notifications, which the provider is legally required to tell us about, told us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with 10 people who used the service and three visitors. We also spoke with 14 care staff and the registered manager. We spoke with one health care professional for their opinion of the service provided. We 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 completed general observations and reviewed records. These included 10 people's care records, staff training records, 12 medication records and records relating to audit and quality monitoring processes.

Good

Is the service safe?

Our findings

Prior to this inspection we received information that there had been a reduction in the number of housekeeping staff and the availability of personal protective equipment, such as gloves, and cleaning products for staff. During our inspection we found that hand hygiene facilities around the home were good. Liquid soap and paper hand towels were available in all bathrooms and toilets to reduce the risk of infection. Posters were on display above sinks to remind staff to wash their hands thoroughly.

We checked bedrooms, bathrooms and en-suite toilets on all three floors of the building. Levels of cleanliness in all were good. Surfaces, windows, furniture, radiator guards and flooring were visibly clean and dust free. We noted that communal bathroom and toilet flooring was made of medical grade welded vinyl with curved, easily cleanable edging. We saw that personal protective equipment such as latex gloves and aprons were easily available to staff around the home, and that staff were using it correctly. Cleaning equipment for different areas of the home was colour coded to reduce the risk of cross infection.

Domestic staff we spoke with showed a good knowledge of infection control procedures and additional measures they needed to take if dealing with someone with a highly infectious disease. A visiting healthcare professional also commented that infection control practices in the home had improved.

The home's kitchen had been achieved a 5 star award from the food standards agency meaning the food that people ate at the home was stored, prepared and cooked in a very clean, hygienic and safe environment.

All of the people we spoke with told us they felt safe living at Buckingham Lodge. They told us there were usually enough staff members available and most people said that they only occasionally had to wait for help. Only one person felt that they often had to wait unacceptable periods of time for help. One person's visitor told us, "We feel we can go on holiday and leave Mum knowing she is safe and trust the home to look after her". Visitors to the home also said that staffing levels had improved throughout the week.

The risks to people of abuse were reduced as the provider had taken the appropriate action to protect them. Staff members we spoke with understood what abuse was and how they should report any concerns that they had.

However, they were less certain of the external agencies involved in protecting people. There was a clear reporting structure with the manager responsible for safeguarding referrals, which staff members were all aware of. There were written instructions to guide staff and they knew where these were kept. We saw that information for visitors was located in an easily accessible area within the home. Staff members had received training in safeguarding people and records we examined confirmed this.

The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

We saw during our visit that some people who lived at the home displayed behaviour that might upset others. These were dealt with in a calm manner by staff members, allowing people to relax whilst engaging with them and reducing the potential for a confrontation with another person. Staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people within the service safe.

We looked at the care records regarding this and saw that the information in some people's care plans about how best to manage this behaviour was limited. They did not give staff enough information about how to keep people who used the service and themselves safe. One staff member told us how a person had recently been physically aggressive towards them and they were now anxious when providing the person with care. When we looked at this person's care plan there was little information about how to manage their aggressive behaviour. This meant that any staff members who were not familiar with a person's needs would not have enough information to help them care and support that person.

Risks to people's safety had been assessed and records of these assessments had been made. They were individual to each person and covered areas such as; malnutrition, medication, moving and handling, and evacuation from the building in the event of an emergency. Most assessments were accurate and had guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed.

Good

Is the service safe?

We checked a range of the home's equipment during our visit including standing aids, hoists, pressure mattresses, profiling beds and hoist slings and straps, all of which were fit for purpose and in good condition. We noted that all electrical equipment carried a sticker to show when it had last been tested and these indicated that testing had been carried out within the last 12 months.

Most staff we spoke with felt that staffing levels were sufficient to meet people's needs, and maintain their chosen routines. We also saw that there were periods, such as meal times, when staff members were busy, although everyone who needed help received assistance promptly. A staffing rota was produced detailing how many staff were needed to provide care and we found that staffing levels on the days of our inspection were consistent with this. Staff told us that other staff were usually available to cover sickness or holidays and that agency staff were rarely used. We concluded therefore, that there were enough staff available to ensure people received care when they needed it.

We spoke with three recently recruited members of staff who told us their recruitment had been thorough and they had not started in their role until appropriate references and checks had been obtained by the provider.

We found that the arrangements for the management of medicines were safe. Staff received regular training in medicines administration and had their competency to administer it assessed to ensure people received their medication safely and correctly. We observed one member of staff giving out medicines at lunchtime. This was done correctly and in line with current guidance which was in place to make sure that people are given their medicines safely. People told us that staff members were prompt with their medicines, with one person commenting, "It is always there for me. Even when my medicines change they sort it out for me".

There was secure storage for medication and the temperature of the storage areas and fridges had been monitored daily to ensure they were at the correct level for storing medicines safely. There were no staff signature omissions on the MAR charts we reviewed, indicating that people had received their medication as prescribed. The date on which bottles of liquid medications had been opened had been recorded, stock control was good and people's controlled drugs had been properly accounted for.

However, there were no protocols in place for two people who had their medication prescribed, 'as and when required' to ensure it was given consistently and safely by staff. During our inspection, we were particularly concerned as staff gave one person medication to calm them when in fact they showed no sign of agitation or distress. We spoke with the manager about this and were advised that this had been discussed with the person's GP, who wished for the medicine to continue to be administered to the person on a regular basis. The manager said that they would change the person's records accordingly.

Requires Improvement

Is the service effective?

Our findings

We found that meals times provided different experiences to people, depending on where in the home they lived. Some people ate meals in their own rooms, others in the dining room. On one floor we observed that this was not a social occasion for the people using the dining room; there were very few people and the meal was eaten in silence. In another dining area there were more people and the atmosphere was friendly with general conversations going on between people. We also saw that meals were served fully plated up and there was no salt and pepper on tables, thereby not giving people a full choice in their meals. In one area breakfast took a long time to be served and some people were given cold porridge and toast. And for one person, the meal took so long to be served that they told us they were fed up with waiting and left the dining room.

The amount of food being consumed by people was being recorded, but not always in enough detail to ensure they received as much food as they needed to maintain or increase their low weights. Fluid intake charts had not always been totalled daily to determine the overall amount that people had received.

However, we also saw that staff members adapted their support to each person, whether that required them to prompt the person, supervise or to physically assist them. Staff members helping people were attentive, spoke with people appropriately and allowed the person to eat at their own pace. We saw that people were able to eat and drink where and how they wished, sitting or standing, and they could have their choice of course first. For example, one person had their dessert first and then went on to eat their main meal.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. People we spoke with told us that the food provided at Buckingham Lodge was good and that staff members helped them to choose what they wanted to eat. Staff offered people food that they liked and prompted them to eat and drink when necessary. Drinks were easily available around the home including in all communal areas and in people's bedrooms. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice.

People were able to make their own choices in aspects of their daily lives and one person commented, "The staff respect my decisions and always ask me my opinion, if I say no then that is alright".

Staff spoke highly of a course called 'Creative Minds' which had really helped them understand the needs and behaviour of people living with dementia. One nurse told us she was greatly looking forward to a specialist course in palliative care that was to be provided at a local hospice centre. Another nurse told us, "I was surprised at how good the training was, you don't usually expect that level from a care home". The manager told us that the home's nurses had recently received additional training in Parkinson's disease, catheterisation and pressure care to ensure they could meet the specific needs of people they supported. Housekeeping staff told us they completed the same training as care staff, including dementia care, to ensure they had the skills to support people they came into contact with in their daily work.

Staff told us that they felt supported and they could talk to the manager or head of care at any time. They confirmed that they had regular supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed. One staff member told us that they had recently returned to work and their supervision meetings were already planned. Another staff member told us they had recently raised concerns about working hours at a meeting and that the manager had listened, and taken appropriate action to resolve the issue.

The manager provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. Staff members we spoke with told us that they had received training in this area and their understanding of their role in supporting people to continue to make their own decisions was good. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent.

There was clear evidence in the care records that we viewed, that decisions affecting people which had been made contrary to their stated preferences, had been done so in consultation with health care professionals and family, and had been made in their best interests.

Requires Improvement

Is the service effective?

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and manager were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. In response to a recent change in legislation, the manager had applied for Deprivation of Liberty Safeguards to be implemented for most people in the home, as they required constant supervision and their ability to leave the home was restricted by staff.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We spoke with one health care professional who said that information from staff members was variable and instructions were not always followed. However, they also said that there had been an improvement in recent months and the home was getting better. People saw specialist healthcare professionals, such as community consultants, opticians, GPs and district nurses when they needed to.

We recommend that the service consider current good practice guidance on meals and mealtimes for people living in care homes.

Good

Is the service caring?

Our findings

All of the people we spoke with were very happy with the staff members and they confirmed that staff were polite, respectful and looked after them in the way they wanted. One person told us, "Staff talk to me properly, not downwardly (sic) if you know what I mean". Another person told us, "Staff make us laugh at times, are friendly and worry about us when we are not well. I really like that". All of the visitors we spoke with told us that the staff were kind and caring, one visitor stated, "This is a brilliant home. The staff give really good care to Mum and the other people living here". Another said, "They have asked me for my advice as to the best way to care for her. I could not do better myself".

The service had a strong, visible, person-centred culture. During our inspection we heard and observed lots of laughter and most people looked happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. One member of staff showed great patience when answering the same question asked many times by one person. They answered calmly and patiently, never showing irritation at being asked repeatedly.

All of the staff were polite and respectful when they talked to people. They made good eye contact with people and crouched down to speak to them at their level so as not to intimidate them. Staff took time to explain things in a simple way to help people better understand. In one instance explaining clearly to a person how to play the game Connect 4, and showing them how handle the counters. Another staff member showed great skill in distracting one person to another subject matter when they began to talk inappropriately.

There was information in relation to the people's individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, from our observations we saw that one person had a particular drink preference that staff members were all aware of and that was well documented in the person's care notes. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive and meaningful way.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their opinion. People were given choices about what to eat, drink and where to spend their time within the home. However, one person told us that staff members had stopped another person from visiting them in their room late in the evening, even though this was the request of both people. We discussed this with the manager, who advised they would look into the issue. We concluded that staff members usually involved people in their care and respected their choices but that on this occasion, staff members had not respected these people's wishes.

Visitors told us that they were involved in their loved ones care but that they were not involved in reviews of their relatives' care and could no longer look at care records. We discussed this with the manager who said that care records had been removed from people's rooms following advice on maintaining confidentiality. They also said they would discuss with senior managers within the organisation regarding whether care records could be reintroduced to people's rooms.

Posters on display outlined the provider's commitment to promoting people's privacy and dignity, and clearly set out the behaviour that people should expect from the staff supporting them. We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

Good

Is the service responsive?

Our findings

Prior to our inspection we had received a concern that staff had purposely turned off one person's call bell to prevent them ringing it so often. During this inspection we checked the calls bells in 12 people's rooms and noted they were all attached correctly and functioning. We spoke with the person concerned who told us that their call bell always worked and was not aware of it having ever been disabled by staff. Staff we spoke told us it was not possible to disable people's call bells as this in itself would set off an alarm. We also received a complaint that two people were kept in bed all day, as there were not enough staff to support them. We looked at care records for these two people, which clearly showed that they had been supported to get up each day and spend time in the main lounge.

People living in the home and visitors we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. They received the care that they needed in the way that they wanted it and they were able to spend time with staff doing what they wanted. One person told us, "We can do as we like here. I have no complaints but if I did have I would tell the manager. Lovely person really listens to you and sorts things out". Another person said, "I like it here but would rather be in my own home. If I cannot be at home this is a good place to be. The staff really work hard to make sure we are all cared for and given the attention we need. We can spend time in our bedrooms or join in with others in the lounge or dining room". One visitor told us, "Yes we feel listened to by the staff and manager and that action is taken if we raise an issue of concern".

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to people, their daily routine and what activities they enjoyed. Staff members told us that care plans were improving in terms of giving enough information to help provide care. We sat with one person and read through their care plan with them. They told us the information it contained was accurate and was a good reflection of their needs. They told us that staff delivered the care that was stated in their plan. One member of care staff told us that they always looked at the plans as they needed to know how to care for people.

We observed that staff were responsive to people's needs. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. A visiting healthcare professional told us that people looked well cared for and information in care plans was available when asked for. The manager had recently implemented a 'Resident of the Day' initiative to provide a mechanism to ensure that people's care plans, risk assessments and needs were fully reviewed. In addition to this, the maintenance officer visited each person that day to check their bedroom was in good condition and the chef visited to check whether any changes were needed to their meals.

People had access to a number of activities and interests organised by staff members. This included events and entertainment, such as films and games, or time with people on an individual basis. One staff member told us that activities were flexible, depending on how people were feeling and what they wanted to do. During our inspection we saw that staff members sat with people, talked with them about films or magazines they had. We watched as people enjoyed musical entertainment, during which both they and staff members sang along with songs they were familiar with.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people saw friends and relatives.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. We examined the complaints records and found that these had been dealt with appropriately.

Good

Is the service well-led?

Our findings

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. People and visitors we spoke with told us that the service was well led, they spoke often with the manager and they were happy that staff members and the manager were approachable and that they could speak with them at any time. They also felt that staff members were a happy and friendly group who got on well.

Staff told us that the morale was very good and most staff spoke highly of the support provided by the whole staff team. The home was made up of three units, one based on each floor. Staff told us they worked well as a team in their respective areas and supported each other. We found that there was some reluctance from staff to work in other areas, although they all said they would do this if required. They knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings during daily handover periods. One staff member commented, "Yes I am included in discussions and I feel consulted and involved in the home", another staff member told us, "We can speak out and challenge things if they are not right or working". This ensured that staff knew what was expected of them and felt supported.

Staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection when the manager visited each area in the home during our inspection. One staff member told us that they could talk to the manager and she would sort things out. They also told us that the manager noticed when staff members were not working at their best and acted to improve this. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

Management at the home had been previously unstable with a number of managers in post in the previous five years. Staff told us they had found this unsettling and one reported she had experienced four different managers since she had started her job two years ago. However, we received many positive comments about the current manager from staff who told us that she was approachable, fair and communicated well with them. One staff member commented, "Ligia is the best manager we've ever had and she's always got time for the housekeeping staff". Another reported, "The home has come on leaps and bounds under Ligia. You see her about the home, she talks to residents and staff, and is never just stuck in the office". It was clear that staff had confidence in the manager and appreciated the many changes she had introduced since taking up her post.

The manager told us that they worked in a friendly and supportive team. They said that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. This was echoed by the staff we spoke with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with.

A healthcare professional visiting during our inspection told us that there had been several changes of manager, but that the current manager was approachable and she listened to what they had to say. They said they had an improving relationship with the home and that they and the manager worked together to make sure this continued. The home had good links with the local community. At the time of our inspection the manager was working closely with Age UK to open a monthly dementia café at the home to support local carers in the community who were looking after family members with dementia. The home also offered placements to local college students who were studying for a health and social care qualification.

The manager completed audits that fed into the organisation's quality monitoring report. The manager conducted regular unannounced night visits to monitor the performance of night staff.

We found that people's care records were regularly audited to ensure they had been completed correctly by staff and contained accurate and up to date information about people's needs. The provider had established a central reporting system for accidents and incidents that compiled the information entered, looking at common themes or

Good

Is the service well-led?

trends for such areas as times and locations where falls had occurred. The resulting analysis was then returned to the manager and Operations Director to act on if required. We saw that action, such as removing clutter from staff office space, had been taken following the most recent audit.

Questionnaires had been sent to people and their relatives in December 2014 asking them about the quality of the service provided. These had not all been completed or returned at the time of our inspection. To ensure they were able to obtain as many views of the service as possible a suggestion box was situated in the reception area, although there had been little feedback from this source.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.