Care UK Community Partnerships Ltd

Buchanan Court

Inspection report

Sudbury Hill
Harrow
Middlesex
HA1 3AR

Tel: 02039440581
Website: www.careuk.com/care-homes/buchanan-court-harrow

Date of inspection visit:
04 July 2018
09 July 2018

Date of publication:
10 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 4 & 9 July 2018. The first day of this inspection was unannounced and we told the service that we will return on the 9th July 2018. This was the first inspection of Buchanan Court since registering with the Care Quality Commission (CQC) in November 2017.

Buchanan Court is a 'care home'. People in care homes received 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.

Buchanan Court can accommodate up to 80 people in one adapted building. Buchannan Court is newly built and it is managed by Care UK Community Partnership a large social care provider in England. People using Buchanan Court may require nursing care, have dementia or require re-ablement. Re-ablement is a short and intensive service, which is offered to people with disabilities and those who are frail or recovering from an illness or injury. During both days of our inspection 31 people were using the service. Buchanan Court can carry out the regulated activities on four floors, however during the day of our inspections only two floors were in operation.

During our inspections no manager was registered with the CQC. However, a new manager had been appointed and commenced employment on the first day 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.

We found that medicines were not managed safely, for example medicines were not stored, documented and administered safely on occasions. We saw that the provider had a variety of quality assurance systems in place, however, we found that these were not always effective.

One positive feature we found during our inspection was the highly effective cross sector partnership work between Buchanan Court, NHS and Clinical Commissioning Groups to reduce the time people stayed in hospital and received treatment by the multi-disciplinary team (MDT) to return to their own home.

Staff had the appropriate skill and training to recognise and report poor practice and abuse. People who were at risk in relation to the treatment or care provided, had detailed guidance and assessments in place to minimise such risks. Most of the time sufficient staff were deployed to meet people's needs. Appropriate recruitment procedures were followed to ensure people who used the service were protected from unsuitable staff. Staff followed appropriate infection control procedures and ensured the spreading of infections is minimised. Accidents and incidents had been documented, but we recommended that the service sought national guidance regarding analysing such events.

Not all staff had received regular supervisions, however we received reassurance that once the new manager

had settled in into her new role she would commence regular staff supervisions again. People's needs were assessed by suitably qualified and experienced staff to ensure their health and social care needs were met. A choice of healthy, nutritious and tasty meals was offered to people who used the service and people who required additional help with their dietary needs were appropriately supported. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People thought staff were understanding and respectful towards them. People using the service and their relatives spoke positively about the service and the care that the service provided. People said staff listened to them and involved people in decisions about their care. People told us staff respected their dignity and privacy when providing care. Staff were kind and showed compassion and understanding towards people they supported.

People's needs were assessed and a plan of care had been developed which included their choices and preferences. However, due to implementation of a new electronic care planning system we found some information missing and some information being duplicated. Guidance was in place for staff to follow to meet people's needs. Activity coordinators and champions offered a range of group and one to one activities to people which were meaningful and included people's hobbies and interests. Information was given to people about how to raise any concerns they may have. Any issue raised had been investigated and steps taken to resolve the situation to people's satisfaction.

People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys. A wide range of quality assurance monitoring systems were used to assess and monitor the quality of care provided.

We found one breach during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The administration, storage and recording of medicines were not always managed safely.

We found that appropriate systems and procedures were followed if poor practice was observed.

Risks to people in relation to the treatment or care provided were assessed and guidance was in place to minimise such risks.

There were sufficient staff deployed to meet people's needs most of the time. The provider followed a safe recruitment process to ensure staff were appropriately vetted prior to commencing employment.

The service was clean and free of any offensive odours.

While accidents and incidents were documented the service so far did not analyse them to see if there was a common trend.

Is the service effective?

Requires Improvement

The service was not always effective. While not all staff had received regular supervisions, we received reassurance from the manager that this would commence.

People's needs had been assessed to ensure their health and social care were met.

People could choose a well-balanced, nutritious diet suitable to their healthcare and cultural needs.

People who used the service received outstanding health care support from various health and social care disciplines to enable them to become well enough to move back to their own home.

People lived in a well maintained, well-furnished and decorated home, which met their needs.

People who were unable to make decisions on their own had appropriate safeguards in place.

Is the service caring?

Good

The service was caring. People were supported by kind and compassionate staff who showed consideration for how people may feel when receiving support.

The service provided care and support to all groups of people regardless of their age, cultural and religious background and people said staff showed respect and understanding towards people ways of living.

Staff respected people's privacy and dignity when providing personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care needs had been documented and plans of care had been put into place to ensure their needs were met. However, due to the implementation of a new electronic care planning system some information was missing, while other information was duplicated.

People were offered a range of meaningful activities.

There were arrangements to listen and respond to people's concerns and complaints to improve the quality of care.

Is the service well-led?

Requires Improvement

The service was not always well-led. Quality assurance systems were in place, but these were not always effective.

The service had a positive culture that was person-centred, open and inclusive.

The provider gathered information about the quality of their service from a variety of sources.

The service had links with the community and other organisations.

Buchanan Court

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 was unannounced on the 4 July 2018, but we told the service that we will be returning on the 9th July 2018 for a second day.

On the first day of this inspection, the inspection team consisted of one adult social care inspector, one specialist advisor who had a nursing background, one specialist advisor who was a qualified social worker, one specialist advisor who was a qualified pharmacist and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of this inspection was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we looked at information we had about the provider, this included safeguarding notifications and notifications of specific incidents and quality monitoring reports carried out by the local authority.

During this inspection we spoke with 22 people who used the service, six relatives, seven care staff including nurses, one cook, one maintenance worker and three visiting health care professionals. We met with the new manager on the second day and the regional manager was available during both days of this inspection.

We assessed 12 care records, six staffing records, eight medicines administration records (MARs) and other records relevant to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We found that medicines were not always documented and recorded appropriately. For example, for one person who should have had their medicines administered 'once a month'. The persons you need to state what MAR is in full here first MARs had no record of which day or time of the months these medicines were prescribed to be administered. For another person we saw that the MARs were typed by the service, without stating the person's name, which made it difficult to identify if the medicines related to the person. We saw the MARs for a third person who was prescribed two different medicines to be administered as PRN. Medicines that are taken "as needed" are known as "PRN" medicines. However, there were no clear instructions to be followed of which PRN medicines should be administered and it was the discretion of the administrator to choose the correct one.

Most MARs were handwritten by the home and not by the dispensing pharmacist. However, we could not find a clear procedure for this process and there was a lack of guidance in how to update changes to medicines, which resulted in some inconsistencies in MARs. There is also a greater risk of error for handwritten MARs once the service is at full occupancy.

People's medicines were stored in a metal medicines trolley, which was tethered to a wall if not in use. Most people who used the service had been prescribed a range of medicines. For example, one person was in receipt of 29 different medicines and another person was in receipt of 12 different medicines. On both occasions we found that the medicines prescribed for these two people, were mixed up with medicines of other people using the service. This could have resulted in medicines being administered to the wrong person.

We also observed the morning medicines round on the ground floor lasted almost three hours and timings of administration was based on mealtimes as opposed to clock times as prescribed and noted on the MARs.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told by the regional manager, that most of issues we found during our inspection in relation to medicines administration and the MARs was due to poor communication between the prescriber, dispensing pharmacist and the service. The regional manager told us that she planned to arrange a meeting between all three parties involved to tackle and resolve the shortfalls.

People who used the service and their relatives told us that they felt safe at Buchannan Court. One person said, "I feel I am in safe hands." Another person said, "Oh, yes, I am very safe here, it would never come into my head, that anything would be unsafe." One relative told us, "I do feel my mum is safe here, it gives me peace of mind."

The service sent us up to date training information after this inspection. The training matrix showed that 79% of staff had completed safeguarding adults training. The service had a rolling training programme and

training was frequently offered. Staff spoken with told us that they would always report abuse to the person in charge or manager. For example, one care worker said, "If I would see anything I would talk to the manager, but it's not always what you see it is also what you hear." Since registering with the CQC we had received several safeguarding alerts from the local authority. The service cooperated with safeguarding investigations, was open and transparent and looked at ways to reduce the risk of similar issues being raised in the future again. We saw the local and the providers safeguarding procedure and posters throughout the home, with contact details for people who used the service, relatives, visitors or staff to contact if they observed poor practice.

We saw that systems were in place and actions had been taken to reduce the risk in relation to the treatment or care people who used the service received. For example, in one care plan we saw that the persons were at high risk of developing pressure ulcers. We found in this person's care plan information of the relevant equipment to be used to reduce the risk of developing pressure ulcer and information on action to be taken by staff to minimise the risk. The action to be taken by staff was to ensure that the person was repositioned regularly, we viewed the repositioning chart and there was evidence that the guidance in the risk assessments to manage the risk of developing pressure ulcers had been followed.

In another care plan we saw that the person was at risk of falls, and a separate moving and handling risk assessment was available with guidance to mitigate the risk of falls. The person had most falls at night-time and to manage the risk of falls the guidance said to have the bed on the lowest level and a crash mattress on the floor to soften the fall. The guidance included the positioning of the bed and mattress, hourly night checks and encouraging the person to use the call bell if the person required support. Records of night time checks indicated that this had been done most of the time.

We spoke with one care worker about this person and the care worker could explain the guidance to us as stated in the persons care plan. We further saw that the person had been referred and assessed by the physiotherapist working at Buchannan Court and strengthening exercise had been prescribed to further reduce the risk of falls.

We saw in other care plans risk assessments of similar standard in relation to nutrition, continence, choking and in relation to chronic conditions such as diabetes. Risk assessments were reviewed monthly, by the nurse in charge. The nurse in charge advised us that risk assessments will be reviewed earlier if the person needs had changed.

We had mixed responses from people who used the service about the staff. While some people and relatives told us that there were enough staff, other people told us there were not enough. Comments made by people who used the service included, "Sometimes they are a bit short. They certainly work hard." Another person told us, "I don't' think they are short staffed." Rotas reviewed didn't really confirm that there were not enough staff deployed to meet people's needs. For example, on the first day of our inspection there were two registered nurses, three team leaders, nine care staff and two life style coordinators on duty during the morning shift to support 31 people who used the service. Staff told us the service did not always have sufficient staff deployed. However, we observed staff and found that they responded in a timely manner to requests made by people who used the service and did not appear to be rushed off their feet. We spoke with the regional manager about the issues regarding staffing raised by staff. The regional manager told us, that staffing was sufficient and was based on people's needs, using the Universal Dependency Tool to calculate staffing hours needed. However, she told us that she will discuss this with the new manager and will arrange a meeting with staff and people who used the service to discuss staffing.

Recruitment and recruitment checks of new prospective staff was carried out by Care UK's Human Resource

Department. We viewed in Buchanan Court information on checks being carried out. All staffing records we viewed had the appropriate recruitment checks such as two references, proof of identification, proof of address, proof of the right to work in the United Kingdom and up to date Disclosure and Baring Services (DBS) check. This ensured that only appropriately vetted care workers, were employed and supported people who used the service.

The service had four domestic staff on duty during the day, the domestic staff was responsible for the cleaning and hygiene at Buchanan Court. We observed the domestic staff using appropriately colour coded mops for cleaning to ensure the risk of spreading infection was minimised. We observed staff wearing protective clothing and observed them changing gloves between people they supported. Over 80% of staff had undertaken control of infection training. Staff could access this training on-line and can update this training any time. The home was very clean and free of any offensive smells. One relative told us, "They are always cleaning, this home is spotless, just look around."

The service has a system in place to monitor, accidents, incidents and near-misses. Staff told us, that they would report everything to the manager or person in charge and complete a form, with the event and any actions taken. However, the regional director advised us that so far accidents and incidents analysis had not been completed. She advised us that once the newly appointed manager had settled in that this would be one of her responsibilities.

We recommend that the service sought national guidance on appropriate analysis and monitoring of incidents and accidents.

Requires Improvement

Is the service effective?

Our findings

We asked people who used the service and relatives if staff had the right knowledge and skill to support and meet their needs. One relative told us, "Oh yes, no doubt about that." Another relative said, "They seem to well trained, they are very efficient.". One person told us, "The staff is good, they know what they are doing.

We saw in people's care records that their needs had been assessed prior to admission. People admitted for reablement using twenty intermediate beds available were referred through the local Clinical Commissioning Group CCG or admitted following a hospital stay. A registered nurse worked in partnership with the service, CCG and local hospital trust to assess people's needs and the service's ability to meet their needs. The purpose of the reablement service provided by Buchannan Court was to work in partnership with the NHS and to reduce hospital stays and free up hospital beds.

Staff told us that they had access to on-line and classroom based training. All staff we spoke with told us that they had an induction and opportunity to shadow more experienced staff during their induction. One care worker told us, "The training is good, I can easily access it and do it when I have time. The training has helped me to understand my job better." We viewed training records for all staff. Training provided included person-centred care (Dignity and Respect), Equality and Diversity, Safeguarding adults, manual handling, first aid, fire safety and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service refers to this training as mandatory or statutory. We also saw that staff had training such as Dementia, Diabetes, palliative and end of life care and pressure area care. We also saw that all staff had completed or were currently in the process of completing an induction which was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

Staff told us that they had not all received regular supervisions. The regional manager advised us that due to changes within the management structure of the service not all staff had received regular supervisions. However, she told us that the new manager, who commenced employment on the first day of our inspection, would ensure that all staff will receive regular supervisions. When we spoke with the new manager during the second day of our inspection, she explained to us the importance of supervisions and reassured us that she will arrange and delegate regular supervision sessions to all staff, within the next month.

People who used the service told us that they were satisfied with the meals provided and food choices available. One person told us, "You couldn't complain at all, there is always a choice. If there are things on the menu I don't like, I'm a bit fussy, they always make me an omelette. I think there is too much food." Another person told us, "Yes, it's nice and yes I can things of the menu. When I came, they asked me if I had allergies, but I don't so I am ok." A third person told us, "The food is quite good considering, it's very good and tasty and there is always plenty. The tea is not bad at all." One relative told us, "They also provide vegetarian food for us, which is important to our culture."

We observed lunchtime on both floors and saw that there was water and juice available to choose from. People who used the serve were supported by staff to their table if they required assistance. Staff and people who used the serve interacted with each other and the atmosphere was relaxed. Staff asked people if they were happy with the meal provided and asked if they required any further help, like how one would expect to be served at a restaurant. People could eat independently, however if they required assistance, staff told us that they would help people to eat.

The service had two chefs and one kitchen assistant employed. We met with one chef and one kitchen assistant. The chef explained to us that the menu was planned for four weeks and always had two and sometimes three choices available. People who used the serve were asked the evening before what they would like to eat and this was confirmed with them during the morning. The cook told us that she would always offer an alternative if people didn't like what was on the menu. She showed us a meal she was preparing and said, "This is for Mrs [name] she asked for something different, she doesn't like particular vegetables."

Peoples dietary needs had been assessed during their admission and if they were at risk of mal nutrition an assessment called Malnutrition Universal Screening Tool (MUST) was carried out. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

Buchanan Court worked effective together with the NHS and the multi-disciplinary team (MDT). A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together and make decisions regarding recommended treatment of individual people. MDT's may specialise in certain conditions, such as reablement, physical disabilities or older people. We observed a MDT meeting which demonstrated a vision for a service designed to relieve pressure on hospital beds and provide people with reablement and rehabilitation they required to leave hospital and move back to their home. We observed excellent communication between professionals involved and understanding of the aims of the service. Following the MDT meeting various professionals visited people to communicate suggested treatment plans with people. One person told us with the help of an interpreter, that their treatment plan was to investigate a chronic condition and to establish why the person had mobility difficulties. The MDT also was a place where the service could get specific information regarding falls, mobility issues or nutrition. We also spoke with one consultant, who was extremely positive about the work Buchanan Court and the MDT and the positive affect this has had on reducing hospital stays and enabling people to go home much faster.

Buchanan Court is a newly, purposed built home. It is spacious and well decorated, keeping people's needs such dementia needs in mind. For example, rooms have memory boxes, colours are vibrant and different textured surfaces help people with dementia to find their way around more easily. A hairdressing salon was available on the ground floor and a room has been furnished like a pub for people to use. The service had a designated maintenance worker employed, who oversaw and ensured that all required maintenance and health and safety checks were carried out. We checked a range of maintenance records and found them all to be of good standard and required checks were carried out in appropriate intervals. The maintenance worker explained to us that he was responsible for minor repairs, such as changing lightbulbs, replacing missing toilet seats or hanging pictures in people's rooms, but more complex repairs were carried out by staff provided from a designated maintenance department. One person told us, "It's beautiful here, a bit like staying in a good hotel."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Most staff and had completed training in the principles of the MCA and DoLS. Staff we spoke with were clear about how to obtain consent to care and understood that some people could be deprived of the liberty and that they had to seek the appropriate authorisation in the best interest of the person. One care worker told us, "I would always ask people first what they wanted, I never assume what people want or that they can't make a decision on their own."

All people apart from one person had capacity to make their own decision. We saw that this person had been assessed by a best interest assessor and an application for DoLS had been made to the supervisory body.

Good

Is the service caring?

Our findings

People who used the service told us that they were satisfied with the care received. One person told us, "Oh yes, I couldn't be happier with the home and I think that staff are marvellous." A second person said, "The home is very good, the staff are very friendly and very supportive." One relative told us, "They are very caring here and follow up on everything I ask them."

Staff knew people well. Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention.

People's care plans included information on people's personal likes and dislikes. People's records included information about people's history, their leisure interests and their religious observances. One person told us, "Carers know me well and if they are new, I tell them what I want." Another person told us, "Some staff speak my language, which is good and helps me to have chat with them." A third person said, "I can go to church if I want to, but I am happy to pray on my own."

Staff we spoke with showed a caring and thoughtful attitude about people they supported. Some of their comments included, "I care for the people here, like I would like to have my relative treated" and "It's important to show some interest in people's lives, so we have something to talk about."

We spent time with people in the communal areas observing care. It was evident that staff knew people well. The atmosphere was calm, friendly and inclusive. The interactions between staff and people were caring and respectful. Staff were familiar with people's backgrounds, wishes and preferences. They had relevant knowledge regarding people's routines, and their likes and dislikes. It was clear people were at the centre of care and the service valued the contribution of peer support and the importance of family in supporting the individual. One example we saw of this was when a person came from the toilet with the support of staff, but when the person reached the lounge they asked the staff to wash their hands again. The staff gently took the person to the toilet again to wash their hands again. The staff calmly encouraged the person to return to the lounge, asking the person if they would like a cup of tea.

People we spoke with said staff listened to them and they felt involved in decisions about their care. Some of their comments included, "Yes, they're [staff] lovely, they're very careful to not upset you.", "We have a 'residents' association' and I am the resident ambassador, the resident association meetings are used to share things and make changes to the care and the running of the home" and "Everything I ask of them they do to their best ability." One person told us that staff did not listen, they just got on with their work carried on with what they had to do.

Staff respected peoples' dignity and privacy when providing personal care. Records showed, staff were also provided with training on how to ensure people's privacy and dignity was protected. Staff we spoke with told us that they always respect people from all cultures and origins. They said that respect was essential for building trusting relationship with people they supported. All people we spoke with told us staff respected

them when receiving personal care. Their comments included, "They're very nice, don't worry I'd soon put them in their place.", "Oh yes, very, very good, they asked if you're okay or want anything more – they can't help you too much, you need to be independent" and "Absolutely lovely place, care assistants are kind, caring even over caring, wonderful, they don't mourn. My son and daughter are next of kin, they are in contact with the manager."

Staff we spoke with understood how to protect people's privacy and dignity. Staff said they would knock on doors before going in and would ask people's permission before providing any care. They also said they would close bathroom or bedroom doors when giving personal care. They also said, and family members confirmed, people could choose if they preferred a male or female staff supporting them. One person told us, "Yes, they always respect my privacy." Another person said, "They are very respectful and always close the door when the wash me."

Requires Improvement

Is the service responsive?

Our findings

People who used the service told that care staff would talk with them about their care and care plans were formulated with their input. One person told us, "I came from the hospital and had a care plan, but here the nurse spoke to me about my care plan and I will always discuss anything with the physiotherapist and the doctor." One relative told us, "They spoke with me about what my relative needed."

We saw that the service was currently in the process of transferring care plans and care records to a new computerised care planning system. Because of this we found quite a few care records and information in relation to people who used the service duplicated. We spoke to one nurse about this, the nurse told us, "We work through each care plan step by step it will take us some time until all the information is in one place."

We found that in care plans viewed people's care needs had been identified and daily logs confirmed that regular monitoring was taking place. This ascertained that conditions had been monitored and were completed to good standard and outcomes were recorded. For example, we saw in one record a person receiving treatment for a skin condition and the person's care record had been updated to confirm that the skin condition had usefully been treated and healed. Care records seen also demonstrated that changes had been made in line with people's wishes and records reflected the information given by the person.

We saw that care staff followed the recommendation and guidance given in care records when observing care staff supporting people who used the service and responding to requests made by people in accordance with their care plan. However, we also found that some care records did not included information on the person's 'history or background, their medical history and incorrect information in relation to the person's gender. The regional manager and the regional lead nurse explained to us that this is because of the implementation of the new electronic care planning system and should be resolved once all care plans had been updated and reviewed. The new manager explained to us, that the full implementation of the new care planning system was one of her priorities to be completed within the next two months.

A programme of structured activities was delivered by a team of dedicated activity staff. Members of the team met regularly to make sure activities on each unit met people's requirements. Activity coordinators were enthusiastic about their role and had several ideas to upskill the staff team to create more customised recreational opportunities for people. A record made of each activity including what was positive, what could be done differently and how it met people's sensory, emotional, intellectual or physical needs. People were supported to attend the activity of their choice. This included group activities such as arts and crafts, exercises, cake making, quizzes, gardening, dominoes and music. People had access to a hairdressing salon, which was very well used by people who used the service. People who used the service had hair treatment done at an extra cost, which was not included in the care package. During the inspection we saw people playing dominoes, taking part in a 'Life History' session and a cooking session, which was facilitated by the chef together with the activity coordinator. For people who preferred one to one activities a programme was in place to help ensure everyone benefitted from this. People who used the service told us, "I play Dominos, but I also take part in other activities like puzzle and scrabble. I like to watch movies", "I participate in

activities, I often go to the hairdresser on the ground floor" and "They do lots of things and they always tell me what is going on."

People and relatives said they felt confident to speak up if they were unhappy or worried about any aspect of care at the service. One person told us, " If I wanted to make a formal complaint I would just look in the brochure. But I don't have any complaints, just questions" and another person said, "I've had nothing to complain about they're usually pretty quick if I've asked them to do something." Another person said, "I haven't really thought about it, but if I needed to, I would speak to someone on duty." Information about how to make a complaint was available in reception and was given to all people on admission. The complaints policy set out how a complaint would be investigated and the timescales for response. It also included the right for people to direct their concerns to the local government ombudsman if they were not satisfied with the way the service had handled their complaint. Complaints had been taken seriously, investigated and a record kept detailing all actions and progress of the complaint investigation. .

The service understood the importance of consulting people and their family members about a person's end of life wishes. They also understood that these conversations could be difficult. Staff had received training in end of life care. However, during the day of our inspection nobody was receiving end of life care at Buchanan Court.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a manager registered with the CQC and care staff told us, that there had been a lack of clear visible leadership and direction over the past few months. They told us that this had led to not being fully clear and understand of what was expected from them. One care worker told us, "It was sometimes very difficult to know who was in charge and whom to ask for advice, but I know a new manager started recently, I haven't met her yet, this should improve things."

Regardless of quality assurance and audit systems in place we found them not always to be effective. For example, during our inspection we found that administration of medicines was noted to be unsafe and supervisions to support staff were not arranged regularly. We told the registered provider that further improvements to the quality monitoring process was required. This will ensure that people who use the service were safeguarded and the registered provider has a clear synopsis of systems within the home and therefore the service would be well-led.

We met and spoke with the new manager during the second day of our inspection. The manager told us that she had experience of working and managing large services and was happy to take on the challenge and improve the service provided to people at Buchanan Court.

People who used the service however spoke very positive about the quality of care provided and received at Buchanan Court. They said, "There are far worse places than this. They seem to have a good system, it's all efficient", "On the whole, it's a nice place to be" and "The management is very good, but I heard the new manager will come soon."

Surveys were used to gain the views of people and relatives about the standard of care. The last survey showed 80% of people or their relatives considered the standard of service as good. People and visitors were encouraged to make comments and suggestions via the provision of forms in the reception.

The provider representative visited the service on a regular basis. We viewed the most recent governance report from April 2018. The report was very detailed with several actions for the manager to follow up and complete. We noticed they had identified some of the same issues as the inspection team had. The manager said she will be working through the issues raised.

Records were well maintained and were secure and confidential. The provider was aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

Specific policies and procedures had been devised to ensure compliance with this legislation. Records were well maintained and were secure and confidential.

The new manager and regional director were fully aware of their responsibilities and had submitted statutory notifications which they are legally obliged to, to the Commission. Notifications are incidents

which occur at the service, for example, deaths, incidents involving the police and safeguarding concerns.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners, hospital consultants, physiotherapists and occupational therapists.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person did not always ensure that medicines were managed proper and safe. Regulation 12 (1) (2) (g).