Buchan Healthcare Limited

Buchan House

Inspection report

Buchan Street
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13 July 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Buchan House provides accommodation and care, including nursing care, for up to 66 people, some of whom live with dementia. There were 58 people living at the home when we visited.

This unannounced inspection was carried out on13 July 2017. At the last inspection on 10 February 2015 the service was rated good. At this inspection we found the service remained Good.

People told us they felt safe living at the home. Staff knew the procedures to protect people from harm..Risks to people were appropriately assessed and managed. Medicines were administered as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. The recruitment and selection procedure ensured that only suitable staff were employed to provide care and support to people living at the home.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were provided with appropriate support and encouragement to access activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The management team created an open, transparent and inclusive culture within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service. There were quality assurance systems in place and any shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Buchan House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 13 July 2017 and was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

During the inspection we spoke with eight people using the service, five relatives and six care staff. We spoke with the registered manager, care nurse manager, administrator, and two regional managers. We looked at four people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records.

Prior to the inspection we contacted a contracts monitoring manager from the local authority, the practice manager at a local surgery and a district nurse to obtain their views about the service provided at Buchan House. During the inspection we also spoke with visiting healthcare professionals including a healthcare assistant, a GP, hearing aid specialist and a specialist nurse visiting people living at the home.

We looked at records relating to the management of risk, care and support, medicine administration, training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I'm comfortable and secure here. Carers are here for me. They [staff] were quick to come when I fell. They called the doctor and an ambulance but in the end I stayed put." A second person told us, "I do feel safe here. It seems I have been here a lifetime, but I mean that in a nice way, because this has become my home. I am settled and I know the carers are here for me." A third person said, "I prefer my own company and I feel very safe and comfortable here."

A relative said, "They look after [family member] well so I can leave the place safe in the knowledge they are in good hands If I call them, they respond though of course sometimes they are busy." People were supported by staff who demonstrated to us they had received training and that they understood how to keep people in their care safe. This included how to recognise and report any incidents or allegations of harm.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks such as falls, mobility, medicines and nutrition. Referrals to relevant care professionals had been made where necessary. We observed that staff were proactive in reducing the risks to people. For example, we observed staff moving obstacles or trip hazards so people could mobilise safely and navigate their way around the home.

People told us and we observed that there were enough staff to meet their needs. However, some people told us that they had to wait when they had used their call bell. One person said, "I sometimes have to wait when I ring my bell – the staff are very busy." The staffing levels were kept under continuous review by the management team to ensure there were enough staff to meet people's changing needs.

Staff recruitment continued to be well managed. All appropriate checks had been satisfactorily completed to prevent unsuitable staff from being employed. Staff we spoke with confirmed that their recruitment had been effectively dealt with and that received an induction which included shadowing more experienced staff. This showed us that the provider only employed staff who were deemed suitable to safely provide care and support to people living at the home.

We saw that medicines was stored safely and were being kept at the correct temperature. Medicine Administration Records (MARs) showed that medicines had been administered as prescribed. We saw that dates had been recorded when liquid medicines had been opened. These measures showed that people were provided with the support they needed with their prescribed medicines in a safe way.

Health and safety checks were regularly made and personal evacuation plans were in place for each person in the event of an emergency occurring. This meant that appropriate support would be available in an emergency situation.

Good

Is the service effective?

Our findings

People told us and we observed that they were supported by the staff. One person said, "Oh yes! they know what they are doing and I am very satisfied with the support I receive." Another person commented, "Very good, [they] know what to do." A relative said, "The staff seem very good and know how to support my [family member]." Another relative said, "The carers [staff] are attentive and make sure my ['family member] is settled and comfortable, with the right level of care."

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received regular supervision and an appraisal. These sessions focused on encouraging and supporting good practice. Staff felt they could always raise any issues or concerns with the management team.

One member of staff told us that they were a 'Dementia Champion' and they had received additional training to assist and mentor staff with greater awareness of people living with dementia. We saw that a number of staff had achieved additional care qualifications (Note this is now the Quality credits framework and not NVQs.) NVQ at levels 2 and 3 and had also completed the Care Certificate (both nationally recognised qualifications for care staff). We saw that senior staff were due to receive additional 'end of life' training via a local hospice to aid their understanding and provide support for care staff.

We saw that in one of the units, where staff assisted people living with dementia, additional stimulus for people had been creatively organised. Examples included two 'themed' corridors where people's bedroom doors had colourful coverings including a 'beach hut' style and a 'terraced house' front door. There was also calming sound effects of the seaside in the background. We saw an abundance of helpful signage to assist people in finding their way around such as where toilets were situated. This showed how people were provided with additional aids and stimulus to enhance their stay in the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Where people lacked capacity to safely make decisions we saw that DoLS applications had been made to the local authority and the service were awaiting the outcome.

Discussions with staff and observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff had received training regarding MCA/DoLS and encouraged people to make decisions independently based on their ability. Where people were unable to verbally communicate, we observed staff using other methods to enable them to make decisions. For example, we observed staff assisting people with their mobility and choices of meals and drinks.

People told us the food was of good quality. One person said, "The food is tasty- very good. There's plenty to eat. If I don't like it, they'll get me something else. I always eat what's on the menu and it all tastes good."

Another person said, "I can manage myself but I know they'll [staff] help if I ask." People told us, and observations we made, confirmed to us that people received regular snacks and drinks throughout the day. We observed lunchtime in the various dining areas in the home. People were assisted with their choices and provided with assistance where required.

Staff and the managers continued to have good working relationship with external health professionals such as GP's and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. A local GP visiting people in the home told us that the registered manager and staff were knowledgeable about people's care needs and followed up on any advice that they had given. This view was echoed by other care professionals we met and spoke with.

Good

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards them. However some people commented that although the staff were kind they were very busy and did not always have a lot of time to socialise. One person said "The carers are kind and if I say something they make sure they understand exactly what I asked so there is no room for misunderstandings. If I need help they'll come and do as I ask but there's no time for chit chat." Another person said, "The carers on the whole are kind and decent and I can have a chat with them, but I so wish they had more time for me. One relative said, "The carers [staff] are very friendly and polite. My [family member] is happy with them - she says they are lovely. They do chat occasionally but they are just too busy I reckon." Another relative said, "They are lovely to [family member] they are gentle and kind - they acknowledge when we arrive and are friendly too.""

We observed that although staff were busy with care tasks they interacted with people in a thoughtful and attentive way. For example, comforting people with a reassuring touch or sitting with people and engaging them in conversation. Staff showed interest in the people they supported and we observed that people were comfortable in their presence.

People and their relatives told us that they were involved in making decisions about their care. One relative said, "The manager [registered manager] and staff discuss any changes to my [family member's] care needs." Care records supported what people told us. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People were encouraged by staff to remain as independent as possible, to uphold their dignity and respect. One person said, "I like to stay in my room and they [staff] check on me occasionally which I like." Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as during lunch and assisted people in cutting up their food, when needed, but then encouraging them to eat independently. This reduced the risk of people being over supported and losing the skills they still had.

The registered manager told us that local advocacy services were available to people as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

A relative said, "The atmosphere in the home is cheerful and very homely - we can visit whenever we like, and we are always made to feel very welcome [by the staff]."

Good

Is the service responsive?

Our findings

People told us that staff knew them well. One person said, "I have no problem with bedtimes and getting up. They help me at times that suit me." This was to the benefit of the person and this individualised care was supported by our observations and speaking with staff about people's needs.

People told us, and we found from records viewed, that an assessment of their care and support needs continued to be completed. This ensured as much as possible that each person's needs were met. People we met said that they felt they were treated as individuals. One person said, "I feel that they [staff] know me well and meet my needs." We saw that there were regular reviews of all aspects of people's care and we saw that regular daily updates were made to ensure that staff were aware of people's changing needs and any appointments with healthcare professionals.

People's care plans had been reviewed regularly and changes had been made to people's care where this was required. An example of this was referrals made to the district nursing team and local GPs. Nutritional assessments continued to be undertaken along with monthly weight records. This demonstrated the staff monitored people's care and health needs and followed up on any advice provided by health care professionals.

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. There was an activities coordinator who arranged a range of activities both individually and for groups of people. We saw that people had enjoyed going to see a film arranged in the afternoon. A programme of activities was available and examples included; arts and crafts, bingo, garden parties, trips to the seaside, musical entertainers and involvement in religious services. However, some people we spoke with told us that they would like more activities during the day as they mainly spent their time watching television. This put these people at risk of social isolation.

We observed that people living in the home and their visitors interacted well with staff. For example, a relative of a person living in the home told us that they felt that staff were friendly and provided a cheerful atmosphere in the home.

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

There was an effective complaints process in place to manage complaints to the satisfaction of the complainant. We saw correspondence between complainants and the provider which had been appropriately responded to in line with the home's complaints procedure. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider. One relative said, "We have not had the need to complain and if we have any concerns I would be confident that they [registered manager and staff] would sort things out for [family member]." Another relative said, "They [registered manager and staff] keep in touch with us and always check that everything

for [family member] is being provided."

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, 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.

People and relatives we spoke with told us they knew the registered manager well and that they frequently spoke with them during the day. One person said, "I feel I can talk to the staff and if there is anything I am not happy about." Another person said, "I see [registered manager] during the day and often talk with them." A relative said, "The manager [registered manager] is very friendly and easy to talk to. The carers [staff] are kind and committed to their work. I know when I leave this place that the caring will continue as it was when I am there."

The registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external health professionals. This information was used to develop the service. For example, staff told us they felt able to share concerns with the registered manager and felt that their views were sought before changes were made in the service.

People, relatives and staff were provided with a variety of ways on commenting about the quality of the care provided including surveys. We saw a copy of a 2017 summary/analysis of surveys which included areas highlighted for improvement. These included more development of activities within the home and staff recruitment.

Staff told us that they were confident that if they identified or suspected poor care they would have no hesitation in whistle blowing and that they would be supported to do so. Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of at work. One staff member said, "We are a good team if there was any bad practice I know this would be acted upon immediately."

There were links with community. Examples included, links with local schools, colleges and religious organisations.The registered manager also told us that volunteers visited people living at the home.

The registered manager continued to undertake monthly audits as part of the provider's quality assurance system which included; health and safety, medicines, staff training, care planning and complaints monitoring. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, we saw that people's care plans had been reviewed in response to people's changing healthcare needs which showed that people's needs were regularly reviewed. This showed that the registered manager and staff were proactively committed to driving forward improvement to develop the services for people.