

Care UK Community Partnerships Ltd

Buchanan Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Buchanan Court is a nursing home registered for a maximum of 80 people. 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 who are frail or recovering from an illness or injury. The home is located close to shops and transport links. At the time of our visit, there were 36 people living in the home.

People's experience of using this service

People and their representatives were satisfied with the care provided. People were safe in the home. Risks to people's health and wellbeing had been assessed. There was detailed guidance for staff on how to minimise risks to people.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. There were suitable arrangements for the safe administration of medicines.

There were sufficient staff to attend to people's needs. Staff had been carefully recruited and essential pre-employment checks had been carried out.

The premises were well maintained, clean and tidy. The service had taken measures to prevent and control the spread of COVID -19 and other infections. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

The service provided people with person-centred care and support that met their diverse and individual needs and preferences. People's care needs had been carefully assessed prior to them coming to the home. Care staff were knowledgeable regarding people's needs.

People could participate in a range of social and therapeutic activities. The service had ensured that people's cultural and religious needs were noted and attended to.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

The service was well managed. Management monitored the quality of the services provided via regular audits and checks. The results of the last satisfaction survey indicated that people and their representatives were mostly satisfied with the care and services provided.

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

Rating at last inspection:

The last rating for this service was Good (published 12 November 2019). At this inspection we found the provider remained as Good.

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received regarding safeguarding, the safety of people who used the service and the management of the home. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Buchanan Court on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

Buchanan Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection visit was carried out by one inspector and a nurse specialist.

Service and service type

Buchanan Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not have a manager registered with the Care Quality Commission. The current manager was in the process of applying for her registration. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report and information we had received about improvements made. We also reviewed information received from the local authority and the local health authority infection control team.

During the inspection

We visited the communal areas and some bedrooms. We spoke with four people who used the service, the

manager, the deputy manager who was also the clinical lead, two nurses, two care staff, the receptionist, two activities organisers and the chef. We reviewed a range of care records and records related to the running of the service. These records included six people's care files, medicine administration records and four staff recruitment records. We also looked at policies and procedures, checks and audits carried out.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with four relatives. We also received feedback about the service from four care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained good. People were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Medicines were managed safely. Medicines administration records (MAR) examined had no unexplained gaps.
- Medicines were stored securely and at the correct temperatures.
- Regular stock checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home and they were well treated. One person said, "I feel safe here. Staff are very nice." A relative who had visited the home recently said, "My relative is in safe hands. The staff are respectful and ever so friendly." Another relative wrote, "We always felt that staff were helpful, kind and caring."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, malnutrition, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- There were arrangements for fire safety. The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, gas boiler, portable electrical appliances and electrical installations.
- Hot water temperatures to bedrooms and bathrooms were checked weekly. Staff also checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

- The service had adequate staffing levels to meet the needs of people. We observed that staff went about their duties in a calm and organised manner. People and their relatives told us that people's needs had been attended to.
- Two people told us that they were unsure if the home had sufficient staff. The manager informed us that the staffing levels were sufficient and provided with details of their staffing needs analysis which indicated that the staffing levels were adequate. However, she stated that she would review the staffing levels with people and staff.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and were aware of action to take to prevent infections from spreading.
- There were sufficient stocks of personal protective equipment (PPE) such as gloves, aprons, goggles and masks.
- People told us the premises had been kept clean and staff observed hygienic practices. One person said, "The premises are clean. The staff are hygienic, and they wear masks, gloves and aprons."
- On the day of inspection we found the premises were clean and tidy. The home had a cleaning schedule in place.
- The local infection control nurse had been in contact with the home and provided guidance and recommendations.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded.
- Records we examined indicated that where appropriate, guidance had been provided to staff for preventing re-occurrences.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Their care needs had been assessed and appropriate care plans prepared.
- Staff were well informed and knew how to support people. People and their relatives were satisfied with the care provided. One person said, "I am happy with the care. My medical condition is well managed. The staff consult with me about my care." Another person said, "The staff take good care of me. They are gentle when providing me with personal care." A relative wrote, "Just wanted to say a big thank you to all of you for the amazing work you are doing. My relative always praises all of you for your hard work."
- Several people in the home had diabetes. We found that staff were knowledgeable regarding the specific care needs of people. Staff monitored the glucose levels of people and administered the medicines people needed.
- We discussed the care of people with pressure sores with nursing staff and checked care plans and monitoring records. Risk assessments and care plans were in place. People's received the pressure area care they needed, and their condition had been carefully monitored. People's pressure area care had been reviewed with the tissue viability nurse.
- People had access to activities which were beneficial and meaningful for them. The home had two activities organisers who had regularly consulted and organised a range of activities for people. These included gardening, arts and crafts, knitting, games, walks in the garden and indoor exercises. There was a new project where they had five duck eggs ready to hatch. People were delighted when three new ducklings were born, and they were waiting for two more to be hatched.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious and cultural observances.

Meeting people's communication needs

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

- The home had a procedure for meeting this standard. Certain important documents were in large print so that people could understand them easily. This was evidenced in the notices displayed, menus, fire procedures and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people. Some documents such as the brochure of the home had been translated into other languages for people whose first language was not English.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed on the noticeboard in the reception area. People and relative we spoke with knew who to complain to.
- Complaints received and recorded had been promptly responded to. One person said, "They are responsive. I have no complaints at present. Last year I made a complaint and it was responded to my satisfaction."

End of life care and support

- The service was not providing end of life care during the inspection. However, there was an end of life policy to provide guidance for staff. Staff had also received end of life training from the local hospice.
- The service had explored the end of life preferences with people and their representatives. These were documented in people's care records.
- A healthcare professional stated that they were impressed with the enthusiasm of the home to participate in their palliative care training so that they could provide end of life person-centred care. This professional said, "I would like to praise the response of the clinical Lead and staff."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had established a culture that was open, inclusive and put people at the heart of the service.
- Staff ensured people's needs were met through ongoing review of their care and consultation with them and their representatives.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- People and relatives told us that the service was well managed, and people were well cared for. A relative said, "I feel happy they are doing a splendid job." Another relative said, "I am very satisfied with the care provided throughout the pandemic. They communicated well with us every week. The staff are respectful."

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

- The manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- Care documentation contained information related to concerns and complaints and action taken by the service to rectify deficiencies identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service had opportunities to feedback about the care provided. The last survey of people's views of the home was carried out at the end of 2019. The overall satisfaction rate was 82%. Action had been taken in response to concerns and suggestions made. The home had recently commenced their new survey.
- Monthly meetings had been held where people could express their views. The minutes of recent meetings indicated that people were satisfied with the quality of services provided. The home had weekly internet meetings with relatives to inform them of progress within the home. Relatives expressed satisfaction that they were able to make suggestions regarding the care and services provided.
- People's diverse and individual needs had been met. People stated that they had meals they wanted, and this included having meals which met their individual, cultural and religious needs.
- Care professionals stated that staff worked well with them to ensure that the needs of people were met.

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

- There was a management team in place. The registered manager was supported by a team of administrative staff and a deputy manager who was also the clinical lead. There was a team of nurses and care staff. The regional director of the company was in constant contact with the home weekly to provide support to the manager.
- Staff felt well supported. They told us the manager was approachable and listened to them. One staff said, "We are well supported by management."
- Staff meetings were used to share information about people and the service. Morale and communication within the team was good
- With one exception, the four professionals who provided feedback were satisfied with the management of the home. One professional stated that there had been several changes of managers and it would be good if there was stable management.

Continuous learning and improving care

- The service had a quality assurance system. Checks were carried out daily and weekly in areas such as medicine stocks, maintenance of the building and the hot water system. Audits took place monthly. These audits included areas such as complaints, accidents, health and safety and staffing arrangements. Outcomes of audits were discussed with staff so that action could be taken to improve the service.
- Complaints recorded had been promptly dealt with. They had also been audited to ensure that appropriate action was taken.
- Social and healthcare professionals made positive comments regarding the management of the home and the care provided. One professional stated, "I have noticed a bigger improvement in patient's care now. The care plan provided has been followed as much as possible."