Crown Care IV Limited

Buckingham Care Home

Inspection report

Green Lane, Penistone,
Sheffield, S36 6BS
Tel: 01226 762092
Website: www.crowncaregroup.co.uk/

Date of inspection visit: 06 July 2015
Date of publication: 12/04/2016

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

Overall summary

We carried out this inspection on 06 July 2015 and it was an unannounced inspection. This means the provider did not know we were going to carry out the inspection. At the last full inspection at Buckingham Care Home, we found the home to be fully compliant with the regulations inspected at that time.

Buckingham Care Home is located in Penistone and has access to the local amenities. The home has 72 bedrooms with en-suite facilities on four residential units, across two floors, including 'Memory Lane'; the dementia unit on the ground floor of the home. Some of the bedrooms have direct access to the garden and patio. Within the home there are four lounges, 4 dining rooms and a café. There is a car park to the front of the property. On the day of our inspection, there were 58 older people living at the home, some living with dementia.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the home was safe, effective, caring, responsive and well led. Comments included; “I feel safe [at the home]”, “My daughter comes nearly every day so she sorts out anything that needs doing or if I had any concerns”, “The staff are nice. We’re like a family” and “We have regular residents meetings. I’ve attended a few and we give feedback on [the home]”.

People were protected from abuse and the home followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide person-centred care and support.

Staff were well supported, received regular supervisions and were given regular training updates. There were additional non-statutory training course available that staff could sign up for if they wished.

We found good practice in relation to decision making processes at the home, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were good, regular quality-monitoring systems carried out at the home. We saw that, where issues had been identified, the registered manager had taken (or were taking) steps to address and resolve them. Audits and checks had been signed off when completed and action plans had been developed.

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 home was safe.

People were protected from bullying, harassment, avoidable harm and abuse through relevant and appropriate risk assessments being carried out and reviewed by staff and the registered manager. This ensured that people had their freedom supported and respected.

There were sufficient numbers of suitably qualified staff on duty on each shift at the home, including three senior care assistants, who were able to administer medicines to people safely and appropriately.

Good

Is the service effective?
The home was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Consent was sought from people before any care or support was provided and the home worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards guidelines.

People were supported to maintain good health through having sufficient to eat, drink and maintain a well-balanced diet and having access to relevant healthcare professionals, where required.

Good

Is the service caring?
The home was caring.

Staff had developed positive, caring relationships with people who lived at the home and supported people to express their views so they were involved in making decisions about their care and support.

People had their privacy and dignity respected by staff.

Good

Is the service responsive?
The home was responsive.

People's care was personalised and responsive to their needs. Care plans had been written with the involvement of people and their families. This included information regarding the person's likes and dislikes, preferences and activities.

Complaints and concerns were encouraged, explored and responded to.

People felt able to complain to staff or the registered manager and felt confident these concerns would be dealt with. Complaints were used by the home as a learning opportunity and changes were made in the home in response to complaints, where appropriate.

Good

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

Good

Summary of findings

The home promoted a positive, person-centred, open, transparent, inclusive and empowering culture. There was emphasis on support, fairness and transparency from staff and the registered manager. The registered manager observed staff practice and ensured they were available for staff, people who lived at the home or relatives to speak with them. Regular meetings were held for people who lived at the home, their relatives and staff to attend.

There was good management and leadership at the home. Regular audits and checks were carried out, robust records were kept and good data management systems were in place.

Buckingham 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 checked whether the provider was 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 home under the Care Act 2014.

This inspection took place on 06 July 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors and two expert-by-experience's (ExE's). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we spoke with nine stakeholders including the local authority joint commissioning unit, a dentist, an End Of Life team, a falls team and a continence management service. Stakeholders we spoke with told us they had no current concerns about Buckingham Care Home in the main, but that there were areas in which the home could improve. We also checked any previous notifications or concerns we had received about the home. This information was used so that we could check issues or concerns been dealt with appropriately.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used this information to assist with the planning of this inspection.

During our inspection, we spoke with the registered manager, nine staff members, 17 people who lived at the home, the relatives of nine people who lived at the home and two visiting professionals from the NHS specialist dental service.

We looked at documents kept by the home including the care records of four people who lived at the home and the personnel records of six staff members. We also looked at records relating to the management and monitoring of the home, including any audits carried out and reviews of care documents and policies.

Good

Is the service safe?

Our findings

People we spoke with told us they felt the home was safe. Comments included; "I don't doubt this is a safe place to be", "I'm really safe here, I know that" and "I feel quite safe, and there's plenty of staff". Everyone said they knew what it meant to 'stay safe' and that they felt able to speak with staff members if they had any concerns.

We asked people if they received their medicines on time and in a way they preferred. Everyone told us they received their medicines at the correct time and were always given a drink. One person told us; "They come round and give me my tablets. [Staff] put [medicines] in my hand and give me a drink to take them".

Most people we spoke with told us there were enough staff at the home. One person who lived on a residential unit at the home told us; "One of the [care assistants] is always available if I need help. I just press a buzzer or ask if there's someone there and they come to me" and another person said; "There's always someone to help. They're [staff] ever so good here". However, one person, who spent most of their time in bed told us; "I think they need more carers because sometimes when I press my buzzer, I can wait some time for someone to come if they're all busy."

Care records we looked at demonstrated people were protected from abuse and avoidable harm. Each care record contained regularly reviewed risk assessments and care plans, which had information on how to keep the person safe. Assessments and care plans had been written with involvement from relevant professionals, the person who lived at the home and their relatives, where appropriate. These risk assessments and care plans contained details of how to keep the person protected from discrimination in areas including age, disability, gender and belief. They also contained details of people's general health, tissue viability, bathing, breathing, medication and nutrition and hydration. Care records also contained 'personal evacuation plans', with information of how to assist each person during an emergency or untoward event. This demonstrated the home had measures in place for dealing with emergencies and there were appropriate assessments and plans to protect people from bullying, harassment, avoidable harm and abuse.

Staff we spoke with were able to tell us about different types of abuse, any signs to look out for and how they would report any concerns, either within the organisation or externally. One staff member we spoke with told us; "People are really safe here. There are coded doors and lifts so not just anybody can walk in. If I did see anything untoward or anything I thought was abuse, I'd make sure the person was safe first then I'd report it to [the registered manager]". Staff told us there were formal and informal methods of sharing information on risks to people's care and treatment. One staff member told us; "We [staff] have handovers but we talk to each other as well about any risks or concerns. [For example], if I had a concern about someone being off their food, I'd tell the senior carers so people are aware". This meant staff knew about abuse, how to report any concerns and that there were formal and informal methods used to share information on risks to people's care and support.

We looked at the safeguarding log held at the home and saw that all concerns and alerts were addressed, fully investigated and learned from. The home made appropriate safeguarding referrals and the local authority safeguarding team confirmed this. Safeguarding investigations had been carried out with relevant and appropriate individuals, including other healthcare professionals. Action plans were developed and meetings took place following a safeguarding investigation being concluded so the home could learn from these concerns and incidents. This meant risks and safeguarding concerns and alerts were managed well.

We looked at the two accidents and incidents files held at the home and saw that information was appropriately recorded and concerns dealt with. One of the files contained a monthly summary of accidents and incidents and the other contained records relating to each individual incident. We found that the home took appropriate action regarding accidents and incidents and actions had been put in place to reduce the risk of the accident or incident occurring again. We saw in the 'monthly summary' file that accidents and incidents had reduced in number over the last five months. This demonstrated the home had arrangements in place to deal with and continually review accidents and incidents in order to identify themes and take necessary action to reduce the risk of accidents and incidents happening again.

We looked in bathrooms, shower rooms and toilets around the home and saw that some of these rooms were being used as storage rooms for hoists and a laundry trolley. We

told the registered manager that this was not considered safe. The registered manager had all hoists and the laundry trolley removed from bathrooms and toilets within an hour of us speaking with them and told us they would ensure these rooms were not used for storage in future.

We checked staffing rota's at the home and carried out observations throughout the day to assess whether staffing levels were adequate. We found there were enough staff members on each shift with the right mix of skills, competencies, qualifications, knowledge and experience, which included a senior care assistant on each unit in the home. Staff worked well as a team and told other staff what they were doing and requested support from each other when needed. Staffing levels were regularly assessed according to the needs of people who lived at the home. On the day of our inspection, staffing levels throughout the home consisted of three senior care assistants, nine care assistants, a cook, a kitchen assistant, a laundry person, an activities co-ordinator, a housekeeper, three domestic assistants, an administrator, a maintenance person and the registered manager. Staff were appropriately deployed throughout the home. No agency staff were currently being used by the home. This meant there were enough staff on duty to adequately meet people's needs.

We looked at the staff personnel files of six staff members who worked at the home and found adequate pre-employment checks had been carried out by the registered provider. These checks included (at least) two reference checks from previous employers to confirm their satisfactory conduct and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the home followed safe recruitment practices to ensure the safety of people who lived at the home.

We looked at care plans relating to medicines in people's care records. We saw each care record contained medicines care plans that stated the medicine name, dose, frequency and what the medicine is used for. There were also details of how people liked to receive their medicines and what support they required with this. On one medicines care plan, we read; "[Person] likes you to put the tablets in her hand for her to put them in her mouth. She also likes a drink of water to take them. [Person] will take a sip of water and put her head back, shake her head then [person] will swallow them all together, just hold her arm gently while she does this. Occasionally, you will need to put [person's] medication on a spoon then into her mouth for her. This is a rare occurrence". We read in another medicines care plan; "[Person] likes to have his inhalers first and his tablets after them". This demonstrated staff were provided with clear instructions on how to administer medicines safely and in a way that people preferred.

Medication Administration Records (MAR) were well maintained, signed by the administering member of staff when the medicine had been administered and contained no gaps. We carried out a stock check of 21 medicines across the units at the home and found these were correct, according to the MAR's. However, when we checked the medicines for the dementia unit, we found there were some minor discrepancies on a separate 'countdown sheet', where three out of the nine medicines checked contained a different number of tablets than what was recorded on 'countdown sheets'. We spoke with the senior care assistant from the dementia unit and the registered manager about this. The senior care assistant and registered manager told us they would speak with the member of staff who completed the 'countdown sheet' the day before to ascertain the reasons for these minor discrepancies. We checked the stock levels of four controlled drugs at the home and found these were correct, according to the controlled drugs register. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of the treatment rooms, where medicines were stored, were carried out on a daily basis and there was equipment to ensure the temperature in treatment rooms were as required. No unlicensed (over-the-counter) medicines were administered by staff at the home and all staff had been assessed by the registered manager using a medicines administration competency assessment. This meant the home ensured medicines were managed so that people received them safely and assessments were carried out to ensure staff were competent to administer medicines.

Good

Is the service effective?

Our findings

People we spoke with told us they received their care and support in the way they wanted it and that they could make choices about their day to day living. One person we spoke with told us; "When it was so hot last week I just wanted to go to bed in the afternoon because I was completely wrung out. I told the carers and they said that was fine. I got up for tea and felt a lot better for the rest". Another person told us; "I spend most of my time in bed, so I don't get very dirty. Having a shower is very exhausting for me, so the carers usually just help me with a good wash and that's all I want most days. They do ask every day if I want a shower, but I usually don't".

We asked people about the food and drinks available at the home. One comment made by someone who lived at the home was; "I've never had a meal I didn't like. It's all good food here and well-cooked too". Another person said; "If you don't want what is on the menu, you can have something different. I love the puddings". We saw that, when people asked for drinks, these were supplied.

People and their relatives told us they were involved in care planning, where possible. One relative said; "I couldn't wish for anything better when it comes to knowing what's going on. We have regular reviews, but I can raise anything anytime and I know the carers will do something about it".

We spoke with people who lived at the home and their relatives about accessing other healthcare services, such as GP's and dentists. One relative told us; "I know I don't have to worry about any sudden deterioration – because I know the carers will pick it up and get a doctor in straight away" and another relative said; "It's such a relief to know [family member] is in good hands. I've got no worries about the standard of care here. Staff have called the doctor to[family member] a few times to give antibiotics".

We checked staff personnel files to see if staff had received adequate induction at the beginning of their employment at the home and ongoing training. We found staff had completed an appropriate induction on commencement of their employment at the home, which included mandatory training areas. We looked at the training matrix held by the home and saw that staff received regular training updates in areas including safeguarding, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Recent additions to the training courses available for staff to undertake included 'record keeping' and 'dementia' training. These courses had been attended by some staff and other staff were awaiting course dates. One staff member said; "The dementia training has been really good –it's amazing what you learn and it all helps us do better". This demonstrated staff were up to date with their training requirements.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. The registered manager told us they carried out supervisions with senior members of staff and senior members of staff carried out supervisions with other staff i.e. care assistants. We looked in staff personnel files for records of supervisions undertaken at the home. We saw that all files we looked at contained records of supervisions that had taken place within the last six months, in line with the provider's policy. Supervisions covered a range of areas including professionalism, time-keeping, attendance, behaviour, attitude, residents and documents. Supervision documents had comments boxes for the manager and staff member to write in, as well as a space to write information about training needs and actions required. In staff personnel files we looked at, we saw all staff who had worked at the home for over 12 months had an annual appraisal document in their files, with details of any training requirements or areas for improvement. This demonstrated staff were adequately supported to identify areas for improvements, concerns, training requirements and to effectively carry out their roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the home to be acting within MCA 2005 legislation and observed people being asked for consent before any care and support was provided. In care records we looked at, there were details about the person's mental capacity. For example, in one care we read that the person lacked mental capacity and that consent to provide the person's care and support had been given by an advocate;

Good

Is the service effective?

the person's son who had lasting power of attorney. An advocate is a person who speaks or writes on someone's behalf when they are unable to do so for themselves. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or make decisions on their behalf. There are two types of LPA's; 'health and welfare' and 'property and financial affairs'. People who were deprived of their liberty had appropriate DoLS authorisations in place or had DoLS applications submitted to the local authority for authorisation. Staff we spoke with were able to explain the main principles behind the MCA 2005 and DoLS and what this meant for people who lived at the home. This demonstrated the home acted in line with the MCA 2005 and DoLS.

In care records we looked at, we saw nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with appropriate frequency. Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments were also in place, assessing and identifying any support that the person required when eating their meals. For example, in one care record we looked at, we read; "Staff must ensure they cut [person's] food up at all mealtimes". We observed lunchtime on two of the units at the home, one being the dementia unit and the other a residential unit. We saw mealtimes were relaxed and not rushed and the dining areas were bright, airy and well-decorated for people living with dementia. Some people ate their meals in their bedrooms, which was their choice. Staff spoke sensitively with people whilst supporting them with their lunches and all food was homemade, including pies and a hotpot. Plate guards were provided for people who required extra support with their meal to enable them to eat independently. We saw one person stand to leave the dining area at lunch time and a staff member asked them; "Do you not fancy lunch? Do you want something different? How about pudding?". The person replied; "Nature calls". We then saw that, when the person returned to the dining room, a care assistant offered to reheat the person's meal in the microwave and, after doing so, told them to be careful as the meal was now very hot. Throughout the home, we saw there were hydration and nutrition stations on corridors with fresh fruit and snacks available for people to eat. We saw people being offered hot and cold drinks throughout the day and a 'tuck shop trolley' was taken around the home for people to purchase additional snacks, such as chocolate bars and crisps. This demonstrated people were supported to have sufficient to eat and drink to maintain a balanced diet.

We saw people and their relatives were involved in regular reviews in monitoring their health and, where required, referrals were made to, and assistance sought from appropriate healthcare professionals. We saw care records contained details of any visiting healthcare professionals that the person had seen and details of each visit. The relative of one person told us; "I am very satisfied with the care [family member] receives. I have very good communication with the home and we regularly discuss her care plans. I'm really happy with how she's looked after". On the day of our inspection, we saw that a GP was present, seeing people who lived at the home. This demonstrated the home supported people to maintain good health and have access to relevant healthcare services.

People's bedrooms were well decorated and personalised. We saw bedrooms were bright, airy, clean and fresh-smelling. Televisions were present and some people had photographs, pictures, music systems and CD's. On the dementia unit of the home, there were 'memory boxes' outside people's rooms for items of significance to the person's life. These are helpful for people with dementia to assist with memory and reminiscence about their lives. They also provide a talking point and encourage social interaction. However, not all of these 'memory boxes' were used to their full effect and only contained a piece of paper with the person's name written on. We recommend 'memory boxes' have items placed in them and are made more personalised for people whose rooms they are outside of to assist people to identify their rooms and create opportunities for conversation and social interaction.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were nice and treated them with kindness and compassion. Comments made by people who lived at the home and their relatives included; "[Staff] do a very good job. They're always talking to residents – really friendly", "They're all lovely people and do a long day's work with a smile" and "I can't fault the staff here – they're marvellous". People also told us that staff listened to them and provided kind and compassionate care. Comments about this included; "It's excellent care here, absolutely excellent", "I like it here. If you can't be in your own home, then this is a good place to be", "The care here is fantastic" and "It's absolutely brilliant care". One staff member said; "My dad was placed here last year until he died. That says something". Some people at the home told us that, at times, some staff members could be slightly brusque in their manner. One person said; "There are one or two staff that are surly" and another person said; "Sometimes the younger ones [staff] can be a bit impatient, but most of them are alright, they're friends".

People also told us that they had established friendly relationships with staff. One person who received care in their bedroom on the residential unit told us; "The carers will pop by for a quick chat if they have time – and that's always nice. I think I know everything about their families now". Another person said; "We have a good old laugh with these carers most days". One staff member introduced us to a person who lived at the home, who had made several DVD's about local history, and said; "He's a brilliant local historian. I've lived in Penistone all my life and I find the films fascinating. You learn so much".

One staff member told us; "It's a really nice atmosphere here and I think we all work well as a team, which means the residents get the best out of us".

We carried out observations throughout the day and saw people were treated with warmth, kindness and compassion. People looked clean and well groomed, wearing their own clothes and looking well cared for. All staff we observed spoke with people who lived at the home in a respectful manner. During lunchtime, we heard one staff member shout to another staff member about someone who lived at the home; "What is it he has for his bowels? Has the blockage gone now?". This did not maintain the person's privacy and dignity. We spoke with the registered manager about this, who told us the staff member had been spoken to before regarding their use of appropriate language and that they would address this with them again. We found that, overall, staff were respectful of people's privacy and dignity.

In care records we looked at, we saw that people and their families, where appropriate, had been involved in making decisions and planning of care and treatment provided at the home. We saw evidence of people's input, which included details about the person's life and past experiences. In one care record we looked at, we read; "In his younger days, [person] worked the fairgrounds, later he worked as a delivery driver delivering to Wimpy". We saw people's likes and preferences were included in care records. One of the care records we looked at contained details of the person's preferences of what to do in their free time. We read; "[Person] really enjoys watching football" and "[Person's] favourite time of year is Christmas. He will turn his room into a grotto with lights, decorations and he has lots of musical dancing toys. [Person] has been known to dress up in his Father Christmas suit!!". This demonstrated the home made information available for staff get to know people better and to provide a personalised and person-centred approach to care and support.

We saw advocacy services were used at the home and, although advocacy information was not provided to people as a matter of routine, this information was made available for people when required.

People were assured that their information was treated confidentially as the home used an electronic care planning system, that required a separate password from each staff member for anyone to be able to access their information and details. Confidentiality was also covered as part of staff inductions.

Throughout our inspection, we walked around the home and carried out observations to see if people had their privacy and dignity respected. We saw that, when staff were providing personal care to people in their bedrooms, they closed bedroom doors so no one could see. We also heard staff speaking to people in a respectful manner, explaining things clearly and showing patience with people who may have struggled to hear or understand what was being said, even when having to repeat themselves several times. We saw there were locking mechanisms on all bathroom and toilets.

Good

Is the service caring?

The home's 'Privacy, Dignity and Compassion' policy contained details of the provider's 'dignity challenge', which explained to staff good practice regarding promoting and protecting people's privacy and dignity. This included information about people who lived at the home such as; "Respect their confidentiality and the confidentiality of all service users", "Help them to access appropriate services", "Provide easy to understand information", "Ensure they are not humiliated or treated with hostility because they belong to a particular community or they are being stereotyped" and "Ensure that they are not discriminated, harassed or made the object of ridicule or humour because of their gender, race, sexuality, religion, belief, or belief systems, country of origin, disability, age or because of some distinctive characteristic". All staff we spoke with were aware of the dignity challenge and how to protect people's privacy and dignity. This meant people who lived at the home had their privacy and dignity respected by staff who were provided information about good practice in regards to this.

The registered manager, staff, people who lived at the home and visiting relatives told us there were no restrictions on times they could visit their family member.

Where required, people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. These DNACPR forms contained details of why CPR should not be attempted and a date that this form was to be reviewed. Care records also contained details of people's preferences for any funeral arrangements for when they passed away, if they had agreed to speak about this with staff. This meant the home had arrangements in place to ensure the body of a person who had died was cared for and treated in a sensitive way, respecting people's preferences.

Good

Is the service responsive?

Our findings

We asked people about activities available at the home and if they were encouraged to be involved. People who lived at the home told us; "I like the games and bingo, but I'm not fussed about the other stuff, so I don't go to everything. They do ask me though" and (when speaking about a church service that a person's relative provides once a month) "Last month there were about 30 people there. I right enjoy it". A relative of someone who lived at the home told us; "In one meeting we discussed what sorts of activities we thought the residents would like" and another relative said; "It was from a relatives' meeting that it was agreed to have a tuck shop". Another comment made by the relative of someone who lived at the home was; "I know that the carers will listen to me and that's important because I know what my [family member] wants and needs".

People and their relatives told us they felt able to complain, if they felt the need to. People said the registered manager was approachable and that they were confident that any complaints would be addressed. One person said; "I'm not sure of the complaints procedure but I would just tell me [relative] or tell the staff or [registered] manager". A relative of someone who lived at the home told us; "I think the manager here is great. She gets stuff done and is very friendly and approachable. So far, we've had no problems, but if we did I'd have no hesitation in going to see her and I reckon she'd sort any complaints pretty quickly".

Care records we looked at were personalised and had been written with the involvement of people and their families, where possible and appropriate. People expressed their views and these were recorded in care records. We found there was information about the person's life, including their life history, preferences and interests. This meant information was available for staff to provider personalised, person-centred care and support.

We saw activities being carried out on the day of our inspection. One activity we saw being carried out included two 'targets' being placed on the floor and people who lived at the home took it in turns to throw a beanbag onto the targets. This activity was used for both social interaction and as gentle exercise. We saw an activities plan at the home, with details of that week's activities. These included activities taking place outside, a quiz, 'knit and natter', a games afternoon and bingo. Activities that had been carried out the previous week included 'painting & creating', a coffee morning and flag and banner-making for the upcoming 'Fun and frolics' day, where an event was planned to 'bring the seaside to Buckingham [care home]'. We saw there was a greenhouse in the garden of the home that people could use if they enjoyed gardening. We saw this greenhouse had been used and there were some plants growing inside.

We spoke with the activities co-ordinator, who was on shift on the day of our inspection. The activities co-ordinator told us about some activities that had been attended by people, which included trips out to the market, attending an organ concert at the local church, going to pantomimes at Christmas time, having pamper mornings at the home where people could have hand massages and arts and crafts. They told us they asked people who lived at the home what activities they would like to take part in and catered the activities timetable to people's interests. The activities co-ordinator also said that they regularly met up with other activities co-ordinators across the borough to share ideas and that outside entertainment sometimes comes into the home, such as singers, to entertain people who lived there. This demonstrated activities were made available and people were supported to take part in activities, build and maintain relationships and avoid social isolation.

We looked at the complaints and compliments file held at the home and found that any complaints received had been addressed, fully investigated and responded to. We saw action plans were developed following these complaints. For example, the home had received a complaint that one person who lived at the home had had an item of clothing go missing. Actions recorded following the complaint investigation included that a list of people's clothing was given to the laundry person, staff were spoken with regarding procedures around laundry, clothing was labelled and the person's family was made aware of the actions from the complaint. A date was added to the action plan, demonstrating the date the complaint was resolved. This demonstrated the home listened to complaints, identified any actions required and used these complaints as an opportunity for improvement or learning.

Good

Is the service responsive?

We saw, and staff confirmed that, the registered manager maintained an 'open-door' policy, where staff, people who lived at the home, relatives and other professionals were able to speak with the registered manager about anything, including to make a complaint, if they wished.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew who the registered manager was and that they felt able to speak with them. Comments made by people and their relatives included; "The [registered] manager is very approachable", "The [registered] manager is lovely, so kind. You can tell she really cares" and "They look after [family member] very well. I can talk to the [registered] manager any time I like. She's very approachable". People and relatives told us they felt the home was managed well.

People told us they were happy with living at the home. When asked about what would improve the home, four people said there could be more activities. People said they had discussed this at 'residents meetings' and activities had been added and changed.

We spoke with staff members, who told us they were actively involved in developing the home and felt supported with any suggestions they had for improvements. Staff comments included; "The [registered] manager is very approachable. We have a good professional relationship", "I'm very happy with our [staff and registered manager] relationship. I can ring her at any time for advice or support. If not, I can call [the regional manager]. She is also very supportive and visits regularly" and "[Registered manager and staff] have been working together to personalise the lounges and dining rooms more. We're keen to keep improving the environment for people". All staff we spoke with told us they did not have a high turnover of staff. One staff member said; "There's not a high turnover of staff. Most staff stay here a long time and we don't use agency now. We're well trained and [the registered manager] is a good manager so people enjoy it here".

One staff member we spoke with told us how people who lived at the home and their relatives were involved in improving and developing the home. They told us; "There's a suggestion box in the foyer and there's a manager's surgery held for staff, residents and their families. A family member asked if they could see what the residents were eating each day so now we have a menu displayed every day in the foyer".

We saw there was an emphasis on support, fairness, transparency and openness at the home. The registered manager told us; "I supervise all senior members of staff and they supervise other staff members. Everyone knows they can come to me at any time though if there's something they want to say, I want suggestions and improvements to make [the home] better". We also saw that staff discussed any concerns they had during their regular supervisions.

We saw the attitude, values and behaviours of staff were kept under constant review. This was done through supervisions. The registered manager also carried out regular supervisions and discussed values and behaviours of staff. There were also times when the registered manager worked in the home on shifts providing care and support. This meant the registered manager could observe staff whilst on shift.

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The registered manager was present on the day of our inspection and had been in the same role since the home had opened.

Audits were carried out regularly at the home and included audits of care records, infection control, medication, housekeeping and staffing. We also saw a selection of staff files were audited on a monthly basis. Action plans were created for all audits, detailing any areas for improvements identified during audits and checks, deadline dates and signatures of the auditor.

We saw there was a business continuity plan in place for the home, which was regularly reviewed to ensure information contained was correct. There were fire evacuation plans for people who lived at the home, including people who were on respite (short-stay) placements.

Staff meetings took place regularly at the home and included general staff meetings (at least) every two months and a 'head of department' meeting, where items such as activities, maintenance and training were discussed and action plans were developed. Kitchen/nutrition meetings and activities meetings were held quarterly and actions to be undertaken were recorded.

We looked at the results from the latest surveys sent out to people who lived at the home, their relatives and staff. Surveys for people who lived at the home and their relatives asked about health and wellbeing, daily life, customer care, communication and overall satisfaction. There was also a comments box for people to write any

Good

Is the service well-led?

additional information and action plans were developed from these comments to make improvements and develop the home. The latest results from staff surveys showed that staff were happy with their training and induction and felt supported by the registered manager.