

Crown Care IV Limited

Buckingham Care Home

Inspection report

Green Lane
Penistone
Sheffield
South Yorkshire
S36 6BS

Tel: 01226762092

Date of inspection visit:
07 March 2023

Date of publication:
09 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Buckingham is a residential care home providing accommodation and personal care to older people, including people living with dementia. The service can support up to 72 people over 2 floors and 4 units, each with a separate dining room and lounge. One unit was undergoing refurbishment and not in use, and at the time of inspection there were 36 people living at Buckingham Care Home. The home is purpose built with ensuite bedrooms and communal areas. The home has a secure garden accessible from the ground floor.

People's experience of using this service and what we found

At the time of inspection, the service had an infection outbreak affecting several residents and staff. We carried out a tour of the home and identified concerns regarding infection prevention and control. Some areas required a deep clean and outbreak management was not robust.

People, relatives, and staff raised concerns about staffing levels, consistency of staff and agency usage. There was a dependency tool used to ensure there were adequate staff on duty to meet people's needs and rotas viewed reflected staffing levels identified by the tool. The provider was actively recruiting more permanent staff.

We saw some positive interactions between staff and people; however, staff were not appropriately deployed and there were not enough staff available on one unit to respond quickly when people needed care, support, or reassurance. We discussed this with the provider on the day and action was taken to address this. We have made a recommendation for the provider to monitor and review staffing levels.

Staff were recruited safely however, assurances in respect of gaps in employment history were not always recorded in staff recruitment files. Confirmation was given verbally that all gaps were followed up, and supporting information was received following our inspection.

Risks assessments and care records for people lacked detail of how risks were mitigated and how people would like support to be provided which would make them more person centred. This was a records issue.

People received their medicines as prescribed. We identified some minor concerns in regard to maintaining appropriate records which were rectified immediately. We have made a recommendation for the provider to review their medication audits.

We found people received a balanced diet and a choice of options was available but not always routinely offered during our visit. The provider agreed to address this and ensure drinks were always available in individual rooms. We have made a recommendation for the provider to complete regular spot checks to ensure people have options offered and drinks are readily available.

Overall, people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Incidents and accidents were recorded appropriately to ensure lessons were learnt. Staff we spoke with understood safeguarding procedures and whistleblowing and stated they would report any issues immediately.

Effective systems were now in place to monitor and improve the quality of the service provided, address cultural issues, and expand on the involvement of people, relatives, and staff in how the service is run. However, we need to see these embedded and improvements developed and sustained.

The regional management team were responsive to our inspection findings. We received updates on the day and following our inspection about what action they were taking to address concerns we had identified.

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 31 May 2022). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to infection prevention and control and good governance.

Please see the action we have told the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Buckingham Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, an assistant inspector, 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.

Service and service type

Buckingham Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Buckingham Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 March 2023 and ended on 17 March 2023. We visited the home on 7 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, regional support manager, registered manager, administrator, unit manager, activities coordinator, 2 senior carers, 5 care staff and 1 ancillary staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 4 people's care records, medication records and daily care records. We looked at 3 staff files in relation to recruitment and staff supervision. We also reviewed a variety of management documents relating to the management of the service, including policies and procedures.

We spoke with 1 visiting professional who was present at the time of inspection.

After the inspection

We looked at further records and continued to seek clarification from the registered manager to validate evidence found. We spoke with 1 relative.

We emailed several healthcare professionals about their experience of the care provided.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- At the time of inspection, the home had an infection outbreak affecting both residents and staff. We were not assured the provider was promoting safety through the infection prevention and control (IPC) systems in place on the day. We carried out a tour of the home and found a number of areas which required attention.
- Personal Protective Equipment (PPE), hand sanitiser and pedal operated bins were not readily accessible in all areas of the building. The findings were also reflected by an IPC Clinical Nurse Specialist undertaking a rapid improvement outbreak visit.
- Staff were not always wearing PPE appropriately or changing PPE as guidance recommends.
- As a result of staff absence there was a backlog of laundry in the laundry area with infected and non-infected laundry stored together.
- Some areas including beds, seating and ensuites required deep cleaning.
- Immediate action was taken to address these concerns and confirmation of action received by email.

The provider had failed to ensure infection, prevention and control policies and procedures were always followed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. However, we found some discrepancies in the recording of medicines administered.
- Some people were prescribed medicines on an 'as and when' required basis, often known as PRN. PRN protocols for some people stated medications were to be given regularly. These did not clearly record how often PRN should be administered in line with their prescription.
- One person did not have a body map in place to reflect where patches were applied. This was necessary to make sure patches were applied or rotated in line with manufacturers guidance, to reduce the risk of side effects.
- Paracetamol packets had been opened across the printed label and were unreadable as the label had been torn. We saw this on several boxes of paracetamols. The pharmacy had applied the printed sticker over the opening of the box.

- Immediate action was taken to address these concerns and confirmation of action received by email.
- Staff received appropriate training in the administration and management of medicines.
- Medication audits were completed and medication competencies were carried out with staff.

We recommend the provider review the process and frequency of medication audits to ensure all errors are identified promptly.

Staffing and recruitment

- At the time of inspection the service was going through a period of change and there were a number of staff vacancies which were being actively recruited to by the new registered manager. There were also a number of absences relating to the covid outbreak.
- People, relatives, and staff raised concerns about staffing levels and consistency of staff. One commented, "A lot of carers are very lovely, they just don't have time," and another, "It's not nice to keep seeing new faces all the time, they don't always know what they are doing."
- The provider used a dependency tool to identify the number of staff required each day. We looked at this in line with the rota and found staffing levels were sufficient to meet people's needs. However, at the time of inspection we noted staff were not always suitably deployed across all units to provide support.

We recommend the provider continue to monitor and regularly review dependency levels and ensure appropriate management oversight is in place to ensure the deployment of staff meets people's needs.

- The provider had a system in place to safely recruit staff. However, we noted that where a member of staff had a gap in their employment history, a record of management follow up was not always kept. This was actioned and consideration given to adding this to their employment checklist to ensure a record was made. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training in safeguarding and knew what procedures to follow if they had concerns about people's safety. One staff member said, "I would feel able to report poor practices if I needed to."
- The provider had a safeguarding policy in place. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.

Assessing risk, safety monitoring and management

- Risks in relation to people's care had been identified and reviewed. However, there was still work required to include more detail on how risks could be mitigated. For example, with pressure care, clearer direction was required for staff on how to relieve pressure and at what frequency.
- Accidents and incidents were recorded and reviewed with actions recorded.
- Staff were aware how to report any incidents to the management team. One staff member said. "If there is an accident or incident, we log it and report it to a senior member of staff or to management."
- The service had a staff member dedicated to maintenance and we found routine safety and environmental checks were in place.

Learning lessons when things go wrong

- There were systems in place to ensure incidents were reported, investigated, reviewed and monitored to

prevent further occurrences.

- The management team reviewed incidents to ensure risks were reassessed to prevent reoccurrence and update any actions identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- The frequency of staff supervision in the last year was not meeting that required by the providers policy on supervision. However, it could be seen that the frequency of supervision since the new registered manager had been in post had increased and going forward should meet the policy requirements and provide appropriate support to staff.
- The provider informed us that a variety of support options had been offered to staff including welfare meetings. However, we received differing views from staff about the support they received and whether they felt valued. One commented, "If we need to ask something we do go to the manager and we discuss it. If something needed to be changed, they would do it," and another, "I don't feel like there is much support."
- A training matrix was in place to monitor and track training completion.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. However, we observed lunch and found although people were offered a choice of drinks and meals, alternative options or encouragement were not consistently offered to people not eating their meal.
- People and relatives told us they were not happy with the quality of food provided but recognised a recent change in quality which they hoped would be maintained.
- The dining rooms were laid out nicely with tablecloths and serviettes.
- Although the menu for the day was not displayed on the day of inspection the registered manager confirmed menus were usually displayed and they were also exploring dementia friendly options, such as the use of pictures, or offering plated meals to help people decide what they would prefer.
- Staff said drinks and snacks were available in-between meals. However, it was noted drinks were not routinely made available in individual bedrooms at the time of our inspection. The provider advised this was not typical and actioned immediately.

We recommend the registered manager continue to complete spot checks to ensure encouragement and alternative options are consistently offered at mealtimes.

Adapting service, design, decoration to meet people's needs

- The home overall was well maintained. Where areas were identified as requiring attention, for example the kitchenettes in the dining areas these were confirmed as planned works by the provider.
- People had access to a range of different areas to sit with others or in private with relatives. This included

the main reception where people tended to congregate during our visit as well as the garden when the weather allowed.

- The building being purpose built overall met peoples support needs. However more work was required in meeting people's cultural needs with minimal signage to navigate around the home for those people with dementia and accessible information. The registered manager confirmed that these were in progress.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed, and care plans were in place to guide staff in how people liked to be supported. However, care plans needed to be more person centred to provide further detail of how people liked to be supported. For example, it was recorded that one person needed support and reassurance when they become anxious but there was no mention of what support may work to reduce their anxiety.
- Systems were in place to monitor people's health including monitoring of weight. However, staff need further guidance on what action should be taken should an issue be noted. One person had an incorrect recording of weight loss, but this hadn't been identified at the time or any action taken to address.
- Care plans evidenced people received support from health care professionals as required. One care plan viewed showed involvement of an advocacy service, GP, and memory clinic. One relative told us, "[Registered manager] has done a good job with sorting a dentist from Barnsley who has checked everyone's teeth and is coming back to do an oral cancer check on everyone."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service ensured people were involved in decisions about their care. The registered manager informed us they were in the process of introducing a keyworker system as well as increasing involvement of people and relatives in their care. One relative commented, "[Registered manager] has a nice attitude and she went through dads care plan with us."
- DoLS applications were made where appropriate and a record kept detailing when they were due to be reviewed.
- Where people were assessed as lacking capacity to make a particular decision, the provider followed best interest processes to protect people's rights.
- Staff understood their responsibilities and knew what they needed to do to make sure decisions were taken in people's best interests.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Lack of management oversight on the day of inspection meant that staff were not effectively deployed, and infection prevention and control procedures not always being followed.
- Quality monitoring systems were in place, but these were not always effective in picking up all issues and still required some work and ownership by the staff team. For example, we found some issues relating to medication, nutrition and hydration, person centred care records, and supervision.

The provider had failed to implement ensure government systems were effective in monitoring the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff provided mixed feedback about the support they were receiving and how comfortable they felt in approaching the management team with issues. The registered manager and provider were aware of this and were in the process of implementing new systems and forums to address issues within the staff team.
- The provider needed to provide ongoing support to the new registered manager to ensure new ways of working were embedded into practice and maintained to ensure good outcomes for people.
- We observed staff interacting with people and found they were sometimes task focused and choices were not always offered to people. Therefore, outcomes for people varied.
- The service had an activities co-ordinator who focused on providing a range of person-centred activities.

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 provider and registered manager understood their responsibilities to act on the duty of candour and had reported notifiable incidents to the appropriate bodies.

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

- Staff had opportunity to raise concerns through supervisions and meetings but not all staff felt comfortable doing so. It was noted the frequency of supervision and team meetings had increased which in

future should offer all staff regular opportunities to discuss issues and feel valued.

- People and their relatives mostly knew who the registered manager was. The registered manager and provider had scheduled regular resident and relatives' meetings so people could share their feedback about the service. Feedback from relatives was mixed on the effectiveness of meetings to date. One relative said, "Since the new manger started things have greatly improved. I feel like if [Registered Manager] says they'll sort it they will." Another commented, "We had a relative/managers meeting about 6 weeks ago. We were effectively told that the staffing situation is just how it is."

Continuous learning and improving care; Working in partnership with others

- Lessons learnt were completed and systems were in place to share more fully with staff going forward.
- There was review of accidents, incidents and near misses, complaints and safeguarding concerns, which were appropriately notified to CQC.
- The management team were working to establish positive links and partnership working with other professionals.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure infection, prevention and control policies and procedures were always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement ensure government systems were effective in monitoring the service.