

Buchan Healthcare Limited

Buchan House Care Home

Inspection report

Buchan Street
Cambridge
Cambridgeshire
CB4 2XF

Tel: 01223712111

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Buchan House is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection.

Buchan House accommodates 66 people in one adapted building over two floors

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

Staff continued to understand the risks to people and measures were in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to eat and drink enough, they were positive about the food and choices on offer. People were involved in making decisions about their care. Staff gave and respected people's choices.

Staff continued to treat people they supported with kindness and compassion. People liked the staff that cared for them. People's privacy and dignity was maintained. People enjoyed the activities that went on at the service. Links were established with the local community.

People's preferences and choices of how their care needs were to be met, were recorded in their care records for staff to follow. This included people's end of life wishes.

Staff were passionate about providing people with a good-quality service. Complaints and concerns were investigated, and complainants responded to. People, their relatives and staff were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

People were supported to have maximum 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.

The service was very well-led by a registered manager who inspired the staff team to put the people they were supporting at the heart of everything they did. Robust systems were in place to monitor the quality of care being delivered to people.

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 17 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Buchan House 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, 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

Buchan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with 12 people who lived at the service and eight visitors about their experience of the service. We spoke with nine staff including five care staff, an activity coordinator, a housekeeper, the care manager and the registered manager.

We looked at care plans relating to three people and reviewed records relating to the management of the service. We carried out observations throughout the day.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Buchan House. One person said, "I also feel safe because this is now worry-free life for me, I get all I need, I am well looked after." A relative told us, "[Name] is safe, because in the night she has railings on bed and staff checking them all the time."
- The provider had systems in place that continued to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management

- Staff continued to complete assessments that identified risks to people as part of the care planning process. These included the person's risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. Guidance was in place for staff so that risks were minimised.
- Maintenance staff undertook regular checks of all equipment and systems in the service, such as the fire safety awareness system, to make sure people, staff and visitors to the service would be safe. A personal emergency evacuation plan (PEEP) for each person were in place so that emergency services would know how to support them in the event of a fire. All staff had received fire safety training, had been part of a fire drill and knew where the PEEPS were located.

Staffing and recruitment

- Recruitment checks continued to be undertaken to make sure staff were suitable to work with the people they were supporting.
- The PIR stated, 'We evaluate individuals dependency needs on a daily basis to ensure we have correct staff coverage. Senior staff and nurses are responsible for ensuring effective deployment of staff on each shift.'
- There were enough staff on the day of inspection to support people's care needs in a timely manner. A person said, "If I call for help staff arrive quickly to help. I'm never left waiting for too long."

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended.
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Staff undertook medicines training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to keep people safe from the spread of infection. They used gloves and aprons appropriately.
- The service was clean and smelt fresh throughout.

Learning lessons when things go wrong

- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- The PIR stated 'New lessons learned templates were now implemented and we work hard on development of this; lessons learned is a formal discussion point in dashboard meetings; staff meetings and supervisions to promote learning and development in practice to further promote and develop a culture of learning at the Home.'

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be thoroughly assessed before the registered manager offered them a place at the service. This helped ensure that people's needs could be met.
- The management team ensured staff delivered up to date care in line with good practice. They also ensured the service provided equipment to enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- Staff continued to receive all the training they needed so that they could do their job well. New staff received a two-week induction. This included face-to-face and on-line training, as well as shadowing an experienced member of staff. A member of staff told us, "There is lots training, and we undertake regular refresher training. It's good to remind you of new good practice."
- All staff received training. This included safe-guarding, Mental Capacity Act, dementia awareness, fire safety and moving and handling. The PIR stated, 'Best practice guidelines promote good practice and drive quality standards'.
- Staff felt very well supported by the provider, the management team and all their colleagues. All staff received regular supervision from their line manager and were encouraged to attend staff meetings. They knew they could speak with any of the management team at any time. One staff member said, "Supervision, is a two-way process and we can ask questions and we receive feedback on our practice."

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

- People had enough to eat and drink. People were positive about the food with comments including, "I am happy with food and choices," "The selection of meals, it's a good variety" and "I eat well here."
- Special diets were catered for and staff were fully aware of people who were at risk of not eating or drinking enough. The service provided their own fortified drinks to ensure they were high in calories.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses.
- Staff had guidance and information within people's care records to prompt staff when they needed to make specific referrals. For example, to a speech and language therapist.

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

- People continued to be involved in decisions about the premises and environment.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications continued to be made to the local authority supervisory body to put legal restrictions in place where people were deemed not to have capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff team continued to be passionate about their jobs. They treated people well and demonstrated that people were at the heart of everything they did. A member of staff told us, "I love my job, the residents are like one of my family."
- Staff were fully encouraged to spend as much time as possible with people. One member of staff said, "We try and spend as much time with people. It's not all about what we need to do for them." One visitor told us, "The staff are preparing a surprise birthday party for [family member], we as family are all invited, and we will be there. I think they are doing everything possible to help them settle, they are very confused most of the time and if we want them to stay with us a bit longer, they need the professional care they offer here."
- We saw positive interactions between people and staff, who clearly enjoyed each other's company.
- Visitors made positive comments about the welcoming, relaxed, friendly atmosphere they found every time they visited. One visitor said, "The staff as soon as they see me, they come to update me... on any small bit. I still part of their routine and part of their life."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and enabled people to be involved in decisions about their care and to express their views about what went on in the service. Staff knew people well and knew how to support each person in the way they preferred.
- The registered manager made sure that people knew about advocacy services, if they needed someone who was independent of the service to help them with their affairs and to make sure that staff were always acting in the person's best interests.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence was promoted.
- Staff encouraged and supported people to retain their independence and make choices, in every aspect of their lives. A member of staff told us, "We like to let people do as much as they can do then help with what they can't."
- Staff made sure any discussions about people were held in private. Care records were securely stored so that people's confidentiality was fully maintained.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records continued to be personalised and gave staff guidance on people's likes and dislikes, and how to respond to people's care and support needs effectively.
- Staff knew the people they were supporting well.

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.

- Information for people could be made available in different formats such as large print or audio if this was needed. This meant information could be given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if people who were non-verbal might need support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff took great care to find out about each person, including their likes and preferences so that they could introduce them to other people who they might like to spend time with. They spent time chatting to families and getting to know them, which let families know they were as important as the person themselves.
- Activities continued to be organised, there was a wide range of things for people to do and to get involved in. From group games and walks in the garden, to weekly clubs and individual activities. Other activities included days out, one being Duxford. One person said, "I like what is on offer as activities here. I like crafts and activity staff assist me to make some bird feeders. We mashed all sorts of stuff from kitchen and put in yoghurt pots and then hung them just outside my room window, I now see loads of birds, really fun to see them all pecking." Another person told us, "I sometimes go to the local history meetings, it's not far away. It's in the village. The local library will also come and bring me books."

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The policies described what action the service would take to investigate and respond to complaints and concerns.
- Two complaints had been received in the last year and had been dealt with to the satisfaction of the

complainants.

- People and visitors told us they felt able to talk to the staff at any time and were confident their concerns would be addressed.

End of life care and support

- The PIR stated 'We have undertaken Gold Standards Framework training in end of life care; building on high standards of care quality to promote positive outcomes for people at the end of their lives.'
- The staff continued to support people and their relatives both in planning for and at the end of the person's life.
- The staff team ensured that people's wishes were fulfilled at the end of their lives. They recorded the fullest possible details about the person's wishes and how those wishes would be met.
- The ethos of the service was that people should be able to die in Buchan House rather than hospital if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen, if at all possible.

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 the same. This meant 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

- People spoke positively about the registered manager and the staff. One person said, "The (registered) manager is nice, he knows my name even though I am fairly new. He also smiles at us, very pleasant personality. He seems interested in doing the best possible job for us." A visitor told us, "This place was a blessing -the staff here, have brought [family member] back to life, they have been transformed and they are very happy here. There is always somebody sat next to them and staff try to encourage them to talk. I have a peaceful sleep, knowing they are here."
- The registered manager encouraged staff to develop their skills and knowledge and progress through their careers should they wish to. A staff member said, "There is always opportunities to develop and learn."

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 registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff liked and respected the registered manager. One member of staff told us, "I really like [name]. They are very good and supportive, they have worked here a long time so know us staff well."
- The management team carried out a range of audits. Any shortfalls found by the audits were included in a plan, with clear timescales and responsibilities. Representatives from the provider's organisation also completed monitoring visits as part of the provider's governance systems. Any improvements found were either completed or on-going.
- Staff told us that they attended regular team meetings where information about the service was shared quickly with them.

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

- The provider and management of the service continued to establish links within the local community. The

PIR stated, We maintain our relationship with local community via a number of ways which include: Care Home Open Days which take place regularly during the year; this provided an opportunity for people in the local community to visit the service and meet with staff and obtain information about the services provided.'

- Relatives and people were invited to attend meetings about the service. These were an opportunity for people were also a discuss any suggestions for improvement.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GPs, district nurses and chiropodists. This helped make sure people received joined up care and support.