Care UK Community Partnerships Ltd

Buchanan Court

Inspection report

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Date of inspection visit:
16 November 2021

Date of publication:
10 December 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Buchanan Court is a nursing home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 80 people. Care is provided over three floors. However, currently the second floor was unoccupied. Buchanan Court also provides six short term reablement beds for people to recover from an operation before they are discharged back to their own home.

People's experience of using this service and what we found
People's experience of the service was positive. They were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Staff had been recruited safely.
People received person centred care. The service worked with a range of external professionals, so people received coordinated care.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were governance structures and systems which were regularly reviewed. Quality assurance processes such as audits, unit rounds, accidents and incidents, were used to drive improvements.

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

Rating at last inspection (and update) The last rating for this service was Good (published 12 November 2019).

Why we inspected
This was a planned focused inspection based on the previous rating.

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

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

Buchanan Court

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and we were told they would be applying to be the registered manager. Throughout the report we refer to this person as the manager. Following the inspection, the application to us was received.

Notice of inspection
This inspection was unannounced.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 11 people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the manager, operation support manager, registered nurse and care workers.

We reviewed a range of records. This included multiple risk assessments and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits the service.

Good

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
• The service had robust systems to ensure people were safeguarded from the risk of abuse.
• Staff had received safeguarding training including regular annual refreshers. The staff were able to tell us of the procedure to follow when they observed or heard of inappropriate treatment and care provided to people. One staff told us, "I would immediately record everything, reassure the person and report it to the manager."
• People who used the service told us that they felt safe at Buchanan Court. One person said, "There's no problem with the staff at all. If you get a bruise it's noticed straight away and reported." Another person said, "Believe you me, if I wasn't [safe] I wouldn't be here!"
• Staff spoken with were compassionate about people. One member of staff said, "We work hard, and it never stops but we always have a smile and laugh. I enjoy my work and make the residents smile and laugh. We are not robots and work hard to make the residents happy."

Assessing risk, safety monitoring and management
• We saw that the service had systems in place to manage and minimise the risk to people in relation to receiving care and support.
• Risk assessments for people described their current risks, including behaviours that challenge the service and physical risks. We saw that there were robust plans to manage such risks for staff to follow.
• A system of monitoring risks was in place to ensure potential risks were identified and mitigated. Risks were re-assessed and updated every month, if a risk had changed, for example a person's mobility had improved, the risk assessment was updated to reflect this.
• The risk to people of developing pressure ulcers was effectively monitored. We saw this not only in risk assessments, but also from a sample of daily notes that staff wrote about their observations of people's skin condition when they were being supported with personal care. Any changes that were observed were recorded and in two instances where a recent concern about a pressure ulcer possibly developing had been noted, this had been followed up to take action to minimise the potential of this happening.
• Risk assessments contained clear details of the risk being assessed. For example, to initiate a programme of regular turning of people who were at risk of developing a pressure ulcer or needing assistance due to a risk of falling when moving about the home, the action was described, was taken and was recorded.

Staffing and recruitment
• Sufficient staff were deployed to meet people's needs and safe recruitment of staff was carried out to ensure people were protected from unsuitable staff.
• People who used the service told us that there were enough staff available. One person said, "They're adequate staff on the whole. At night there is only one lead and one carer [on this floor] which could be a

risk if someone fell out of bed." We discussed this with the manager who advised us that currently staff were shared during the night between units and that they would constantly review if more staff were required. Another person said when we talked about responding to the call bells, "There's no waiting. You get an immediate response".
• Staff told us that there were enough staff available. One member of staff said, "We have enough staff and we know that the manager is currently recruiting more staff."
• The provider ensured that new potential staff were vetted and checked appropriately so they were safe to work with vulnerable people. We saw staff spending time talking with people. Staff were available when people needed them

Using medicines safely
• Systems were in place to ensure medicines were managed and administered safely. Staff received medicines training and their competency was assessed before they administered medicines and were reviewed to ensure competency was assessed and maintained.
• People had personalised medicines care plans. Medicines administration records showed that people received their medicines as prescribed. We observed a member of staff providing people with their medicines over the lunchtime period. This member of staff took their time, focusing only on one person being given their medicine at a time and was seen checking the medicine administration record to ensure that they were giving the correct medicine at the correct time.
• Staff were knowledgeable about what people needed to safely take their medicines and described the process to us for doing this very clearly. They showed us the electronic recording system for medicines administration and what they had to do to ensure this was recorded correctly.
• Each medicines room contained a fridge, with temperatures being recorded daily. Each room also contained a locked cabinet. The controlled medicines cupboard was located in a suitable location. These medicines legally require a specific procedure to be followed in relation to their storage, administration and recording. These medicines were handed over at the end of each day shift to the responsible member of senior staff on the night shift. The amount of these medicines in stock was checked and the controlled drug register was then being signed by each of the two staff handing over and receiving the medicines. Our own check of the controlled medicines kept in the home showed that these procedures were being correctly adhered to.
• People who used the service were confident that their medicines were administered safely. One person said, "They've got their own medication trolley and there are three nurses on duty [to dispense]."

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
• There were processes in place to monitor any accidents and incidents. Accidents were documented timely

in line with the service's policy and guidance. These were analysed by the manager and their line manager for any emerging themes.
• We also saw that accidents and incidents were discussed during weekly multi-disciplinary team meetings and during daily 'Take 10' meetings. This ensured that the service responded to accidents and incidents timely and removed any causes of these to minimise the risk of similar event reoccurring in the future.

Good

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

• We found that there was a very open and positive person-centred culture at Buchanan Court. People who used the service told us they felt empowered to raise issues with the manager and provider. For example, the service had a resident ambassador who regularly met with people who used the service and fed back issues to the manager and provider. We were told, "Anyone with any problems tells me and I can tell the management. We have monthly meetings [with management]. It's a necessity to provide that link."

• Relatives and people who used the service told us that they were involved in the planning of their care and their cultural and religious background were considered. One person said, "A lady from the Catholic Church visited me and brought me a book." Another person said, "The food is good; better than I could do myself. I'm vegetarian and they do their best." Another person told us that activities reflected different interests, gender identities and religious interests. For example, there was a knitting club, men's club and women's club, which people who used the service could choose to take part in.

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 understood people's opinions mattered. There were a range of formal systems to seek people's input to improve and develop the service. Regular meetings and care reviews took place and people were free to express their views. The manager did regular unannounced ward rounds to talk to people and find out how they are. This ensured they were consulted and given opportunities to comment about their care.

• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The manager was aware of the requirement to notify CQC of certain events, such as safeguarding incidents, to ensure we are able to effectively monitor the service.

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

• The service had a wide range of different internal and external quality assurance audits. These were completed by care staff, nursing staff, the manager and the quality assurance team visiting the service from Care UK head office.

• We found the system to be robust, detailed and effective. Any issues highlighted during the audits were

recorded, discussed and addressed. There was a clear audit trail to provide oversight that correct steps were being followed.
• Staff and the manager were clear of their responsibilities and duties. Staff spoke highly about the manager but also said that they felt valued by their employer. They said they received regular training and were rewarded for their performance and were listed to.
•There had been a number of management changes since the last registered manager left in July 2020. We discussed this with the provider as we wanted to be sure that steps were being taken to appoint a registered manager. The new manager, who had worked in various posts at the home for over three years, was appointed manager in September 2021. Following the inspection we identified that his application for registration had been submitted to the CQC.

Continuous learning and improving care; Working in partnership with others
• Buchanan Court continued to work closely with external professionals, in particular for the provision of reablement beds. For example, physiotherapists were permanently seconded to the service to support people in increasing their mobility and to ensure a seamless discharge to the community.
• The manager engaged regularly with the local safeguarding and quality assurance team to discuss developments and share knowledge and experiences.
• The provider had a strong emphasis on training and development of staff in more senior roles within the organisation and had set up management learning pathways to support staff in this ambition.