

Kingsley Buckingham Lodge Limited

Buckingham Lodge Care Home

Inspection report

Buckingham Close
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13 October 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Buckingham lodge is a residential care home providing personal and nursing care to up to 73 people. The property had a ground middle and top floor and can accommodate people who need residential accommodation, nursing or those living with dementia. At the time of our inspection there were 52 people using the service.

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

People were mostly 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. We did find however one person's needs could not continue to be met safely in line with their preferences and felt the service could have established this earlier and clarified the risks.

The service had undergone a management of change with new providers taking over the running and management of the home in 2021. There has been an established registered manager who has now been in post for a year and has managed to significantly reduce agency staff and achieve full recruitment. This has created a more stable service which was more responsive to people's needs. Although we found the provider had the numbers of staff, they said they needed, we observed people were not always being supported by staff in line with their needs. The manager told us no one had been identified as requiring one to one support. They stated staff checked on people at regular intervals across the day to help promote their safety.

The manager and deputy manager had tried to impress on each member of staff about the importance of person-centred care and although the culture was changing it was not firmly embedded. Though our observation we found some staffs practice was task focused

Activity staff were working hard but had limited support from care staff to ensure regular interactions and meaningful activity was part of everyday life for people.

People told us staff were kind and caring and upheld their dignity. The environment was safe, clean and well maintained. Whilst the service offered lots of space and different areas for people to use, we did not observe staff encouraging people making use of the facilities other than accessing the dining room and lounge area.

Medicines were managed safely but we have made a number of recommendations.

Improvement in record keeping would help to evidence how staff are delivering care in line with people's needs.

Governance and oversight were strong, and engagement was improving with opportunities for people, staff and relatives to feedback their experiences to help improve the care provided.

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

This service was registered with us on 25 February 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 07 April 2020.

Why we inspected

We inspected this service to give it a rating as a first inspection under a new provider.

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.

Follow up

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 caring?

The service was caring .

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Buckingham Lodge 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.

Inspection team

Two inspectors carried out an unannounced inspection on 12 October 2022. The inspector then returned for a second day of inspection on 13 October 2022, alongside a medicine's inspector. The second day was announced. An Expert by Experience carried out phone calls to relatives of people using the service. 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 lodge is a care homes where people receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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 on the first day.

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 (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 carried out the inspection over two days. We looked at medicines in depth, carried out observations on each of the units. We spoke with the registered manager, the clinical lead, the deputy manager, the cook, the administrator, the director of compliance, a member of the activity team, two nurses and an additional six members of the care team. We spoke with a visiting professional and spoke with eight people using the service. We looked at four care plans and other records relating to the management of the service.

Our Expert by Experience telephoned and spoke with ten relatives of people receiving support.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The manager confirmed the home had enough staff in line with people's assessed needs. However, during our observations on both days of inspection staff were not always visible in communal areas until lunch time. This meant people were left unsupervised and we noted some people became distressed. One member of staff was supporting a person to attend an appointment
- Not everyone got the support they needed at mealtime to ensure they ate well at lunch time. Activity staff were stretched to cover such a large home and give people individual time and attention.
- There had been a recent successful recruitment drive. The manager was aiming to over recruit to ensure they had adequate staff to cover staff holidays and sickness. Some staff were new to post so still developing their skills and competencies and staff teams were not all working effectively.
- Relatives provided mostly positive feedback about staffing. One relative told us, "They always have time to sit and chat." Another told us staff encouraged their family member to join in different activities.
- Staff recruitment had been robust, and the staff member overseeing recruitment had a thorough knowledge of value-based recruitment. Effective recruitment helped ensure only suitable staff were employed and checks included taking up references, a full work history, right to work checklist and a disclosure and barring check to ensure new employees do not have a criminal record which would make them unsuitable to work in care.

Assessing risk, safety monitoring and management

- At the time of our inspection 2 people taking blood thinning medications did not have information in their records regarding the increased risk of bleeding and bruising."

We recommend as a matter of best practice that the provider review this and ensure all information is up to date to help inform staff how they should effectively manage the risks associated with blood thinning medicines.

- The service was unable to demonstrate that blood glucose monitoring machines were being calibrated as required to ensure accurate blood glucose readings. Failure to calibrate this regularly could lead to staff administering a medicine using incorrect information.
- The provider had developed a generic risk assessment for paraffin-based skin products, and people had fire risk assessments in place that included the use of paraffin-based skin creams which can be flammable.
- During our inspection we saw safe systems of work which included regular servicing, maintenance, cleaning schedules and heads of department meetings to discuss any immediate risks or concerns. Daily handovers were completed as well as management walkarounds which highlighted any shortfalls. The

providers own health and safety audit completed recently scored a 100 percent compliance.

- Incidents were recorded, and a monthly analysis was completed to identify what actions had been taken to help reduce the likelihood of further incidents. Trends were identified and the manager was working hard to understand why incidents had occurred and how to mitigate future risks.

Using medicines safely

- People received their medicines as prescribed and were stored securely. Medicines were administered using an electronic medicines administration system (e-MAR) which supported staff to follow the prescriber's instructions.
- Staff had access to PRN protocols for people needing as required medicines. However, they did not inform staff what actions to take if the PRN was not effective.

We recommend as a matter of best practice that the provider reviews PRN protocols making it clear what actions staff should take if PRN medicines were ineffective.

- Staff were not always recording why they had administered a PRN medication in the care notes for people requiring support with emotional distress or what other alternative methods of support had been offered or tried.
- Staff told us covert medicines (medicines disguised in food or drink) were given as a last resort. There were best interests' decisions in place and staff were following national guidance. Staff used a digital handheld device to record administration of medication. If medication was administered covertly, best interest decisions had been recorded and pop up directions appeared on the device to inform staff how the medication should be administered. For example, crushed
- There were medicines care plans in place. These were regularly reviewed and contained some person-centred information about how people preferred to take their medicines.

Learning lessons when things go wrong

- Lessons were learnt, several relatives commented on past incidents that the service had responded to, to ensure lessons were learnt to reduce future risk and, severity of risk. For example, a relative told us their family member had managed to get out of a fire door which was not alarmed, and the home responded immediately with tightened security. A family member told us, "I have to sign in and all of the doors are key coded so security wise they're second to none."

Preventing and controlling infection

- The domestic staff worked tirelessly to keep the service clean. Every relative spoken with commented positively about the environment and the standards of cleanliness. One relative said, "The home is well maintained and nice and clean. I did highlight once that there were crumbs under [person's] bed and they sent someone along to clean it up straight away." Another relative stated staff were responsive in responding to any concerns about cleanliness.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse as reasonably as possible because staff received adequate training and staff demonstrated a good understanding of how to safeguard people. A staff member told us, "If something doesn't feel right, I would document it and raise it." Staff were confident their concerns would be acted upon.

- Relatives spoken with felt their family members were safe in the home and things were done correctly. The manager had a safeguarding spread sheet which helped her keep track of safeguarding concerns, and actions they had taken.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Documentation regarding the care and treatment of people with wounds did not always explicitly state who had been consulted in the review of the wound and what other options had been considered when the wound was slow to heal. The manager told us they did seek external advice as appropriate and sent supporting evidence.

- A nurse told us they did not know how to refer to the tissue viability service. The manager has since confirmed she has spoken to the nurses and they were all aware of how to make a referral.

- The wound summary record was a useful tool for the provider to have oversight of the numbers and types of wounds. Therefore, they would be able to spot trends and ensure timely interventions were in place.

- People's needs were assessed prior to admission and kept under review so changes of need or new or emerging risks could be identified and planned for. We found that one person's needs outweighed what the service could provide and although the service had worked hard to meet their needs, they had not considered those needs in line with the person's autonomy and wishes and associated risks

- A further person was finding it hard to adapt to their new environment and the service had not sought intensive support to help them settle. They had not been referred to the mental health team and were struggling to settle in

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

- The dining room was well presented and people were encouraged to come into the dining room and join others, the interactions we observed were limited and did not enhance people's experiences and staff did not sit with people or encourage them to eat their meals.

- A new chef had just joined the team and had some good ideas about how they would encourage people to have more autonomy and suggested people could serve themselves vegetables and sauces could be put on the table rather than staff adding sauces to people's meal which is what we observed was happening.

- People made comment about the food and felt it had improved but only very recently. They said it was nicely presented and people received appropriate choices. People were also encouraged to do some baking. Relatives told us they always got a choice and could have snacks usually biscuits or crisps, but healthier options were offered. On both days of our inspection people were offered fresh vegetables and salads.

- We asked for an overview of people's weights. The electronic recording system allowed the manager to run targeted reports to identify concerns. If a person was unintentionally losing weight the manager said they would make a GP referral, fortify foods and drinks and increase monitoring. Weight loss would be discussed as part of the daily meetings and a record kept of people's meal.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was a good advocate for people but at times had been unable to get a timely service for people and had raised concerns externally. They were working hard to establish positive working relationships with other health and social care agencies for the benefit of people they were supporting.
- A relative told us, "Their [relative] frequently asks to see a doctor and so the staff makes sure that [relative] sees one. They are attentive with [relatives] tablets and cream. They will also call me when my [relative] is really ill."
- Care records gave an overview of people's needs and this was shared with other members of the team, such as the catering staff so they knew about people's dietary needs and risks. Key information and risk were shared across the day during handover and as part of the heads of department meeting.

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

- Relatives commented on the upkeep and condition of the building which they said had undergone a transformation. One relative told us, "It looks just like the brochure." Another relative told us, "We had a good look round the care home before my relative came. The garden is lovely. There's a dining room and a sensory lounge. There's a day room with a TV."
- We found people walking around with limited information to orientate them or items that they could interact with thus creating a sterile environment. It did not focus on dementia best practice.
- Colours helped to distinguish different areas of the home and people had their own front doors with pertinent information about them to help staff interact with them appropriately. The service provided ample space for people to use and different purpose rooms including a library and sensory room. During our inspection the rooms were underutilised, but we were assured that rooms were used by people and their visitors.

We recommend the provider consider tactile objects to support people with their sensory needs.

- The service benefited from subtle lighting and was cleaned and maintained to a good standard.

Staff support: induction, training, skills and experience

- Staff were being adequately supported to carry out their role effectively.
- Relatives told us staff appeared adequately trained and supported in their job role. One relative said, "They can deal with anything. When we were there one day a resident set off the fire alarm. The staff dealt with it appropriately." Another said, "Yes the staff do seem to know what they're doing. They seem to be able to get things done quickly."
- We reviewed staff training which showed high rates of compliance with training deemed to be mandatory in the adult social care sector. Staff with additional responsibilities were being supported to develop their roles and some staff had lead roles within the team. This was being reviewed as a number of staff had left.
- Staff were supported through regular supervisions both planned and adhoc and appraisals of staff performance were being organised. Management were visible and worked as part of the team.
- Induction of new staff was comprehensive to help ensure staff were appropriately supported to become familiar with all aspects of their job role.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People were supported appropriately with their care needs and where people lacked mental capacity assessments would be completed to show how decisions were made in people's best interest. Consent was always sought, and families consulted and where they had the authority to do so were involved in the decision-making processes.
- DoLs applications were made to the local authority as appropriate and the manager had this information on a spread sheet showing when they were applied for, when they were approved and when they were due to expire. This helped ensure they kept track of these applications to ensure people were supported safely in line with legislation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- During our observations on both days we observed staff speaking with people respectfully. We received positive feedback from relatives spoken with. One told us; "I think my [relative] is respected just by the way they're looking after them. They are never distressed and my [relative] is always happy to see the staff." Another relative said, "They, [staff] are very kind and caring. They speak to my [relative] with respect."

- Staff spoken with talked about their passion for the job and how they could make a difference in people's lives. One staff member told us, "We get small rewards, residents are pleased to see us, everyone rallies around to support them." Another told us about people's needs and showed a good insight into what was important to them.

- The environment if fully utilised could provide thoughtful space for people to socialise or have privacy. It also took into account the needs of people's wider families should they wish to visit even over an extended period. It was clear from speaking with the manager and head of care their passion for providing person centred care.

- Relatives told us how staff encouraged people's independence. One relative said, "My relative, dresses themselves and keeps them self-nice." Another said, "Staff are gradually getting them out of their bed with a hoist, at the moment, and working on building their confidence gradually. Staff have been taking them into the day room in the wheelchair." They also stated staff were supporting them to do exercises to build up their strength.

- We spoke to a person who told us the circumstances leading up to their admission and with support and patience from the staff how they had eventually settled in and were now confident in the staff and the home situation.

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

- Staff supported people to make day to day choices in a way that was appropriate to their needs. Staff went around in the morning asking people what they had chosen from the menus for that day. We observed at lunch time staff taking time to confirm people's choices and showing them the different plated options enabling them to change their mind. If people were not eating alternatives were offered.

- Daily activities were provided flexibly, and activity staff showed a good understanding of people's backgrounds, preferences and routines and these were recorded as part of their plan of care.

- Relatives told us they were as involved as they wanted to be and had seen the plans of care. One relative told us, "I get on well with the staff. I feel they listen to me." The manager created opportunities for people to feedback their experiences of care and when we fed back a concern this was immediately responded to. The registered manager had an open door and was visible throughout the service.

- Relative and resident meetings had been held with limited success, but the manager had some additional ideas to make this a more supportive, informal gathering rather than meeting in the hope this would encourage others to join.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Activity staff were stretched to cover such a large home and give people individual time and attention. Planned activities whilst stimulating for some only involved a small number of people.
- Several people spoken with told us they chose not to join in activities preferring their own company, one person was an avid reader but told us they had read all their books and was not aware of the mobile library. The manager confirmed they had a wide selection of books and a mobile library.
- One person who had a sight impairment was visited by the mental health nurse and were found to be lacking in social stimulation and not enough consideration had been given to their sensory needs when planning appropriate activity and social interaction. Another person had not been referred to the mental health team and was struggling to settle in.
- We asked ten relatives what they thought of the social side of Buckingham Lodge and we received a mixed response with half the relatives telling us what was organised and what their family member joined in with including, singing, dancing, baking, cookery and bingo and other relatives told us their family member mostly stayed in their room and needed more encouragement to join in.
- Electronic care plans were in place and kept under regular review and staff were encouraged to use appropriate terminology and respectful language.
- Concerns had been raised in staff meeting minutes about the recording of people's needs and how this was not always completed in a timely, detailed way in line with the care plan. Actions were not always identified in relation to a change of need and, or risk. This should be a clear focus for the service as problems were identified with the way staff were using the electronic software. For example, by recording information more than once given unreliable data on such things as the incident of falls.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained clear guidance for staff in relation to people's communication needs.
- Information was displayed and available in accessible formats, to ensure people were supported to understand information and be part of decision making within the service.
- Where people had limited verbal communication abilities, clear guidance was in place to ensure staff continued to source consent, and feedback on the care provided, and the use of assessment tools, for example to monitor and anticipate where people may be experiencing pain or distress.

Improving care quality in response to complaints or concerns

- A complaint was ongoing at the time of the inspection and the family were unhappy with the outcome and had sought further clarification
- Families spoken with generally did not have any concerns and felt able to raise concerns where necessary. One family had an issue with money management, another with their loved ones laundry but both said their concerns were addressed quickly and effectively.
- The provider had robust systems in place to record complaints, the outcomes and actions going forward.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. Staff worked with the GP surgery and community nursing team to monitor changes in people's needs. Anticipatory medicines would be put in place when appropriate to do so.
- Nurses told us end of life care training was being provided to ensure people received appropriate standards of care.
- People's care records contained appropriate information around end of life care planning so staff could fulfil people's needs
- Some people had DNACPR (do not attempt resuscitation) or RESPECT (personalised recommendations for a person's clinical care and treatment in a future emergency in place to ensure staff knew people's wishes.)

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service had effective management and oversight. The registered manager was honest with us about what she had achieved since coming into post over a year ago and what she had yet to achieve. She had created stability by getting to know her team and supporting them through improved training and coaching to embed an improved culture of individualised care.
- She had a fully recruited staff team, for the first time in many years this service was no longer reliant on agency staff. As some staff were new to post some were still being supported through induction and as such were not fully autonomous in their role. We felt the manager was realistic in her expectations and had brought stability and confidence in the service.
- They were building a stronger team through spot checks, supervision and supporting staff to develop themselves professionally. The manager was clear of the standards they expected from their staff. Role specific champions were in place and being developed further.

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

- There were good systems in place to monitor the quality and safety of the service. Incident management was effective, and the manager told us, "We are keen to learn from incidents, make changes, cascade... to everyone - the culture is getting there - but takes time to model and adapt."
- Risk management and oversight was positive, and an analysis of falls, accidents and incidents helped ensure information was collated and reviewed as part of the weekly governance meetings. Trend analysis helped to identify any patterns or actions that could be taken to reduce risks to individuals and ensure lessons were learnt and reduce the likelihood of further incidents.
- Notifications were submitted in a timely way and data was kept showing what actions had been taken as a result of incidents.
- Regular auditing and review of risk helped ensure the service was safely managed and everyone was aware of their individual responsibilities. Areas identified throughout the report were known to the manager and they either immediately addressed our concerns or were working on them to further improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff were supported to work well as a team and their ways of working were being constantly reviewed to ensure staff understood the importance of person centred care and reflected this in their work practices.
- Feedback was sought at every opportunity to try and ensure the care provided was in line with people's needs and staff felt supported in their job role. Staff at all levels had regular meetings and one to one support to ensure they had opportunity to give and receive feedback.
- Morale appeared high with staff telling us they enjoyed their job and found it rewarding.

Continuous learning and improving care

- The manager worked in partnership with other health and social care professionals for the common good of people but suggested some support was fragmented and difficult to access.
- A detailed action plan was shared with us stemming from actions taken by the service since the last local authority review. Feedback received from the local authority and clinical commissioning group indicated improvements were being made.
- The manager had a clear vision as to where she wanted the service to be and was taking time to build a strong team and ensure staff were working to the organisational values.