

Colleycare Limited

Bury Lodge Care Home

Inspection report

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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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bury Lodge is a residential care home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can accommodate up to 31 people over three floors in one adapted building.

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

The provider did not manage medicines according to best practice guidance. People did not always receive their medicines as the prescriber intended. Staff did not always sign the medication administration record (MAR) when medicines had been administered. Stock was not always available for people to ensure they received their medicines.

People commented they were safe living at Bury Lodge. "Oh yes, absolutely, and It's the best thing" (living here)."

Staff we spoke with confirmed they had received training in safeguarding and knew what to do if they felt people had been abused. Recruitment files confirmed staff had been safely recruited. However, training was not always updated, and several members of staff required further updates in their training. The registered manager had put an action plan in place to rectify this.

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.

People and relatives were positive about the caring nature of staff. They commented, it's been the best move for [name]", "The care is amazing" and "You don't have to wait long" (before they answer the bell).

We observed kind caring interactions between staff and people living at the service. There was no standard formality to addressing people. Most were referred to by their first name. There was a friendly and approachable atmosphere and staff interacted with people and constantly reassured where required. There were lots of platitudes and compliments 'your hair looks nice', 'are you comfortable' and staff were often smiling.

Care plans were not always individualised and did not always reflect people's current healthcare needs. There was lack of detailed guidance within people's risk assessments for staff to follow.

The service did not always make referrals to healthcare professionals at the right time to make sure people's health improved.

We have made a recommendation in relation to seeking support from other healthcare professionals.

People were able to take part in activities. We saw people attending activities during our inspection. One member of staff we spoke with told us they had started making memory boxes with people and started a 'wish' tree. They were looking at ways to engage staff more with the people as they had identified this was an area to improve. People had mixed views about the activities. Someone who had recently moved into the home said they liked the home more than the others that they had been to and was happy and entertained.

The governance framework did not always ensure that responsibilities were clear. Quality checks had not prevented shortfalls in the quality of service provision.

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 28/07/2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

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

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and good governance.

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

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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bury 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one bank 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

Bury Lodge 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

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. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this

into account in making our judgements in this report.

During the inspection-

We spoke with the registered manager, the deputy manager, 10 members of staff, the chef, the engagement lead, 13 people who used the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included each person's medication administration record (MAR), six care plans, four recruitment files in relation to recruitment and supervision and the training matrix. A variety of records relating to the way the service was managed. In addition, we undertook a stock check of some medicines and checked the controlled drugs.

After the inspection

We requested contact details in relation to outside professionals. We also requested further information relating to care plan audits carried out.

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 deteriorated 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.

Using medicines safely

- The provider did not have safe systems in place for managing people's medicines. We saw unsafe practice in relation to administering people's medicines. For example, each person's medication administration record (MAR) for 30 January 2020 had not been signed as administered. In addition, we saw a total of 18 missing signatures prior to this date.
- Some staff had not been administering people's regular prescribed medicines and used the code that indicated the person was sleeping on the MAR chart. This included one person's antibiotic for the ongoing treatment of urine infections. The person had missed a total of eight doses. We also saw four people had not received their medicines due to lack of stock. The medicines were cream for skin infections, pain relief and calcium tablets.
- However, we saw where people had no stock of their regular paracetamol they were given 'homely remedies' from the homely remedy stock. We did not see the GP had authorised the service to administer homely remedies to these people. Following our inspection we received a letter from the service stating the GP had authorised 500 mg of paracetamol to be given for people as and when required. However, this authorisation had not indicated how often people could have this medicine.
- Recorded on one person's MAR chart we noted 'dose and direction changed by hospital' with no other information relating what the change of dose and direction was. The medicine was pain relief. This meant the person may not have had sufficient pain relief or may not have received it at a time specified by the hospital team.
- In addition, we saw eye drops which required refrigeration stored in the medicines trolley. This may have implications for the quality and effectiveness of the medicine. We completed a stock check of one person's medicine and found there were too many tablets left which meant one dose had not been given but the MAR chart had been signed which indicated it had been administered. We discussed our findings with the registered manager on the first day of our inspection they told us they would investigate this.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place for known risks. For example, people with diabetes did not have risk assessments in place for what staff should do in the event of a hypoglycaemic or hyperglycaemic event.
- People who required paraffin-based products did not have a risk assessment in place for the use of this product.
- In addition, one person who had swallowing difficulties and was 'strictly on a pureed diet' (according to the care plan due to a risk of choking) did not have a detailed risk assessment in place. The risk assessment said,

'Staff to keep a close eye on [name] if they choke'. We discussed the contents of the risk assessment with the deputy manager and registered manager who agreed the risk assessment lacked detail about the steps staff should take if the person began to choke.

- We spoke with staff about the person's dietary requirements and one member of staff said she did not know the person should only have pureed foods. They told us "[Name] has biscuits every evening. We spoke with the person who confirmed this to be the case.

The above demonstrates systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The premises were clean and free from odour. We saw domestic staff engaged in cleaning duties throughout our inspection. Staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences. Fire systems were audited regularly, and people had personal evacuation plans in place that detailed support required in an emergency. Checks were undertaken in relation to the environment and water testing.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse.
- Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe.
- People commented they were safe living at Bury Lodge "Oh yes, absolutely", and "It's the best thing" (living here).

Staffing and recruitment

- The providers recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.
- We saw sufficient numbers of staff were available to meet people's needs. People and relatives told us there were enough staff available "The care is amazing" and "You don't have to wait long" (before they answer the bell).

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 deteriorated to 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

- Assessments of people's care and support did not always consider their diverse needs and did not reflect current best practice guidance. The service did not act on issues identified which meant people may not have had the best outcomes. For example, people with specific conditions did not have their condition monitored by way of detailed risk assessments and management plans. We did not see that care plans were developed with people to ensure their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture religion and disability.
- All care plans and documents were only accessible through the computer system. This was user friendly to a degree and all people's care plans could be accessed quickly on the system. Staff were issued with mobile phones to access care notes.
- One example was people's oral assessments. The system identified that only fifty five percent of people had an oral assessment, despite some people living at the home for over two years. Prompts were on the system, but there were no details of registration with dentists or information regarding when the last check-up was undertaken.
- Guidance on supporting people with specific conditions was not always available. This meant staff did not have all the information they needed to ensure people would receive person centred care.

Staff support: induction, training, skills and experience

- Staff training was not up to date or designed around the support needs of people who used the service. Several people who used the service had a diagnosis of diabetes. However, staff had not received any training in this area. Mandatory updates of training in for example manual handling and infection control were not up to date and several members of staff required their training updating.
- The service did not consistently support staff to maintain their skills or knowledge of best practice. New staff completed an induction which set out standards necessary for the role. However, we saw several members of staff had not fully completed their induction and were working at the service without being signed off as competent.
- We discussed this with the registered manager who told us they were aware that training was not compliant, and an action plan was in place to address this.
- Staff had opportunities for regular supervision and appraisal. Staff told us they felt supported in their role.

Staff did not receive regular training development as is necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We saw the food was a good quality. People told us the food was good. One person thought it was excellent and the presentation was good. There was plenty of support given with eating and ensuring people were monitored and encouraged to eat. Adaptive cutlery and plates were available, as were water beakers for those unable to hold a cup or glass.
- People having food in their rooms or other rooms than the dining room, had to make a dinner choice earlier in the day. Those who attended the dining hall had a choice of vegetarian or meat dish and the food was put in front of them, so they could choose. With each plate the person often had it confirmed to them what the food was, and if it was warm or cold. There were plenty of choices of squashes and water and people could bring their own alcohol if they wished.
- One person who had been at the home for three years did not realise that there was a choice of options with dinner. It turned out that they were on a diabetic diet and therefore had never been given an option. The person told us they did not think that the food was overly nice but was "just glad I don't have to cook it".
- We did not see any food or jugs of water available for people in the communal areas, although jugs of water were supplied to rooms. However, people could request snacks and drinks when they were in communal areas. We saw staff offering people drinks throughout our inspection.
- The chef was very evidently available in the day and went around tables after lunch to gain feedback on the food and any requests. We asked people at lunch if they felt that their feedback was taken seriously and there was a mixed response. The chef had an updated list of the dietary requirements and allergies.
- Where people were at risk of malnutrition the malnutrition universal screening tool (MUST) was used and food charts were in place to enable staff to monitor people's food intake.
- However, this was not always recorded on the system. One person who was on a food chart due to their low weight and risk of choking only had one food entry recorded on 30 January 2020. In addition, it was noted the MUST score for one person scored three, but the front page of the care plan stated it was one. The registered manager and deputy took responsibility for checking the accuracy and updates for all people's records. However, when we spoke with the registered manager, they were unaware of the errors, such as the inaccurate MUST score.

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

- We did not always see people were referred to other healthcare professionals when required prompts on the system, there were no details of registration with dentists or information regarding age of dentures, or when the last check-up was undertaken. One person had a bill scanned into their care plan for work undertaken by a visiting dentist in November 2019, but there was no record of the visit in the oral assessment, and no history of any dental work undertaken at all. In addition, the same person had a bleeding tooth on the day of the inspection. This was logged with a 'bleeding tooth emoji' but there was no action prompted by the system. The registered manager stated that she was trying to get a contract with a local dentist to visit regularly, but that this was a 'work in progress'. There had been one visit to the home in November 2019, but this was to visit only a handful of people.
- One person told us "My daughter is coming next week to take me to the dentist." Another person said, "I had false teeth, some are broken, I don't want the dentist." However, we saw the GP and district nurse visited when required.
- In addition, one person at risk of choking did not have any information relating to being referred to the speech and language therapists (SaLT). However, we were told this had been done. The only information we

were provided with was when the person was admitted to hospital and the hospital suggested a puree diet to reduce the risk of choking.

We recommend the service seek current guidance in relation to making referrals to other healthcare professionals in a timely manner.

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

- The premises were clean bright and suited to people's needs. Dining rooms and lounges offered people space to sit quietly or engage with friends and family. The service had a large conservatory which lent itself to meetings or family gatherings.
- In addition, there was a Chapel and Function Room, a hair and treatment salon an activities suite and easy access to private landscaped garden, with gazebos and patio areas.

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.

- Records showed that the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met. The service had made applications to the local authority before DoLS authorisations had expired.
- Staff told us they always gain consent before supporting people. This was confirmed when we observed staff asking for verbal consent when supporting people.

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

- People received care from staff who understood their history, likes and preferences. Staff demonstrated an awareness of people's culture and spiritual needs. The service had a chapel where people could attend religious services or to sit quietly and spend time alone.
- There was an awareness of mobility issues with people and a good attitude towards assistance with eating and choices of food and drink. People told us they were treated with dignity and respect
- People knew the staff on duty and all staff on the day of the inspection were regular staff. Staff demonstrated an awareness of the specific needs of each individual, by knowing where they preferred to sit and which cutlery or food/drink choice that they required.
- We observed kind and caring interactions between staff and people using the service.

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

- Care plans we viewed did not always show people had been involved in their care. However, when we spoke with staff they told us they reviewed care plans with people and their families.
- We saw evidence of meetings held with people, so they could comment on the service and the support they received.
- People made every day decisions about their care and support. People could choose when they got up what they wanted to wear and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff told us, and we observed they knocked on people's doors before entering.
- Staff interacted with people in a kind and considerate way.
- People were supported to be as independent as they could be. Staff knew people's individual abilities and preferences.
- We saw staff supporting people when they were mobilising and encouraging them.
- One person told us "I am 96 today I dress and wash myself. Someone comes in to give me a shower. I put my stockings on it is really hard, but I don't give in. Sometimes I am so tired I want to stay in bed. To get my legs working I do cycle movement with my legs in the air and then get up. Sometimes [I] say 'I'm going to give up and let them do it' but don't".

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always contain detailed information about people's background, likes, dislikes and preferences. Up to date accurate information was not always available for staff to follow. People's life history was not available in care plans but was kept in the staff station rather than in individual care plans. We did not always see regular reviews took place six monthly with people and their families.

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.

- We did not see reference made to people's specific communication methods in care plans we viewed. We saw people's sensory impairments were recorded but not how staff should support people. For example, large print or assistive technology products.
- However, staff told us they knew how to communicate with people 'because they knew them well'. We received further information following our inspection relating to people's communication needs.

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

- The engagement lead told us they had worked for the organisation for 10 years and had been at this home for 18 months. They were enthusiastic, and we saw photos of 'good times' at the home. They had started making memory boxes with people and started a 'wish' tree. They were now looking at ways to engage the staff more with people as this had been identified this as an area to improve.
- They told us "Morale here is great everyone is here for the wellbeing of people living here".
- There had been recent uptake by schools to visit the service. There were four volunteers that intermittently visited the home to help with manicures and activities, but generally activities were conducted by the member of staff for three days a week, and by another part time activities lead for two days. No activities were organised at weekends. We were told there were lots planned for the year ahead, but no specific details at the moment.

- We received a mixed response from people about the activities. One person who had lived at the home a few years stated that she did not have a lot to do. Another person found the entertainments not to their liking and preferred to remain in their room. A new person however liked the home more than the others that she had been to and was happy and entertained.
- We saw activities taking place during our inspection.
- Nursery children visited the service in the afternoon and engaged with people. There was a calm and friendly atmosphere and we observed people enjoyed the children visiting.

Improving care quality in response to complaints or concerns

- Records showed that complaints were responded to in line with the provider's policy. People and their relatives told us they knew how to make a complaint. One person said, "If there is a problem they deal with it."
- People were given information on how to make a complaint when they first joined the service.
- There were no complaints at the time of our inspection.

End of life care and support

- People were able to make decisions about their end of life support. Care plans recorded people's wishes during the end of their life. We were told support was available from the local GP and community nurses.
- There was no one receiving end of life care at the time of our inspection.
- We did not see that staff received training in this area.

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 now deteriorated to 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.

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

- We asked people if they knew who the manager was they responded, "Couldn't tell you", "[Registered manager] is very very kind nothing is too much trouble" and "[I] see [Registered manager] quite often. You can ask to talk to them anytime."
- Staff told us they thought the service was well run and they could approach the registered manager at any time. The registered manager told us they had an open-door policy and staff could come and speak with them anytime.
- We saw the registered manager was very hands on and was visiting units to offer support to staff and to monitor care given.

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

- The governance framework did not always ensure that responsibilities were clear, and that quality performance, risks and regulatory requirements were understood and managed.
- Quality assurance checks were not effective and did not identify issues we found. Audits were undertaken by senior management. We saw audits such as care plan audits and medicine audits showed no actions to be taken. However, we identified several issues such as poor practice in medicine administration and inaccurate stock levels that the audits had not identified. In addition, care plans were not always in line with good practice guidance and we found issues in relation to some risk assessments we viewed. Recording of MUST scores, dietary intake and swallowing issues was conflicting and did not identify the current support needs. However, the registered manager was receptive to our findings and had begun to investigate our findings and put systems in place to ensure people using the service were safe.

Quality assurance checks were not always effective. Improvements were not always identified, action to introduce improvements were reactive rather than proactive. Records were not accurate complete and contemporaneous in relation to care delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics

- There had been a residents' meeting the day before our inspection and there was a mixed response when we asked people if they thought they were listened to. One person said that sometimes concerns were acted upon, and that on balance the resident meetings were a good idea and that they did feel listened to.
- Staff were positive about working at the service and told us they worked together as a team. Comments were, "Morale here is great" and "Everyone is there for the wellbeing of people"
- The provider had introduced monthly staff awards and the registered manager had installed a tree ornament to express her thanks for the staff hard work.

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 was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.

Continuous learning and improving care; Working in partnership with others

- The service was not always collaborative with other services. However, the registered manager had identified this was an area for improvement. They told us they were trying to get a contract with a local dentist to visit regularly, but that this was a 'work in progress'

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 Medicines were not administered accurately in accordance with any prescriber instructions. Risk assessments relating to the health and safety of people using the service was not completed. Risk assessments did not include plans for managing risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality systems such as regular audits did not monitor and improve the quality and safety of the service effectively. Records were not accurate complete and contemporaneous in relation to care delivery.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform.