

Greensleeves Homes Trust

Buckler's Lodge Care Home

Inspection report

Woodcote Green
Crowthorne
RG45 6HZ

Date of inspection visit:
09 January 2023
10 January 2023

Date of publication:
14 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Buckler's Lodge is a residential care home providing accommodation and personal care for up to 80 people. The service provides support to older people and people living with dementia, physical disabilities and sensory impairments. At the time of our inspection there were 17 people using the service.

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

Safeguarding incidents were not always investigated and managed effectively. Recruitment practices were not robust enough to ensure suitable staff were employed, and people told us they felt the service was short staffed at times.

The provider had not ensured effective systems were in place to oversee the service and ensure compliance with the fundamental standards. This meant people were not always protected from the risk of harm.

We have recommended the provider review the assessment of their staffing levels in order to ensure the safety and needs of people are met effectively.

People and their relatives told us they felt safe. Medicines were managed safely.

Care plans reflected people's needs and preferences, and people felt involved in their care planning. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. People were supported to have access to a range of health and social care professionals.

People and relatives told us they felt staff were caring and this was observed during the inspection. The service supported people to be as independent as possible and people's confidential information was protected.

People's communication needs were assessed, and staff supported people with their communication needs. The home supported people to maintain relationships to avoid social isolation and relatives told us they felt welcome in the home.

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

Rating at last inspection

This service was registered with us on 24 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about care provided at this service. A decision was made for us to inspect and examine those risks. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or

risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

We have identified breaches in relation to safeguarding, good governance and recruitment at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was 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 not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Buckler's 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.

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

Inspection team

The inspection was carried out by 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

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

Registered Manager

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service including notifications and online reviews. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 6 people who use the service and 5 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager and the care and compliance manager. We reviewed a range of records including 5 people's care records and 3 medicines records. We looked at 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures reviewed.

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.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People were not adequately protected from the risk of harm or abuse.
- Staff had completed safeguarding training. Staff understood how to report any concerns they had to relevant professionals. However, not all staff were aware of which external agencies to report to.
- Where concerns were raised, the registered manager had not always raised them with all the appropriate authorities. For example, there was an allegation of sexual abuse. The registered manager notified the CQC and local authority of this incident but failed to notify the police.
- The registered manager had systems in place to monitor safeguarding incidents but had not taken sufficient action to reduce the risk of reoccurrences. We found one incident where a person had sustained bruising from a staff member who had been supporting them to wash and dress. Systems within the service failed to ensure this concern was communicated to the appropriate individuals. This safeguarding incident had not been fully investigated by the registered manager resulting in the failure to mitigate the risk of reoccurrence to people using the service.
- Staff understood their responsibilities to raise concerns and report incidents and near misses, but they were not always confident their concerns would be dealt with sufficiently. One staff member told us, "I feel if you bring up a concern it doesn't get carried out."
- Incidents were not always investigated thoroughly and action plans to mitigate the risk or reoccurrences were not always completed. This left people who use the service at continued risk of harm.

The provider had failed to ensure people were adequately safeguarded from harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not always obtained satisfactory evidence of staff member's conduct in prior employment working in health or social care.
- We reviewed 4 staff recruitment records. None of these included verification of reason for staff leaving their previous roles.
- 3 recruitment records did not include all required evidence of conduct from previous roles within health and social care.
- This placed people at risk of harm through being supported by unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- People we spoke with did not always feel the home had enough staff. People told us, "I don't think that there are enough staff", and "They're so busy and so understaffed that things sometimes take longer." The registered manager informed us they covered staff absences by agency staff and were actively recruiting more staff.

We recommend the provider incorporate people's feedback when reviewing staffing levels.

Assessing risk, safety monitoring and management

- Risks to people in the environment were not always managed. The service's gas safety certificate had expired on 18 August 2022. This was discussed with the maintenance person and registered manager who advised this had been arranged for 10 January 2023. Following the inspection, the registered manager provided the gas safety certificate confirming it had been completed on 11 January 2023.
- People had personal emergency evacuation plans (PEEPs) in place in the case of an emergency, but these were not always updated when people's mobility requirements changed. For example, following an injury, one person needed increased support from 2 members of staff instead of 1 to help them be evacuated in case of fire. However, the person's PEEP had not been updated. We raised this with the registered manager who updated the person's PEEP immediately.
- People had individualised risk assessments in place to mitigate the risk of harm to people.

Using medicines safely

- Medicines were stored safely and securely and daily stock checks were completed.
- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. Accurate records were made by staff when they administered people's medicines. Staff followed safe practices and showed an awareness of people's needs.
- Staff had been trained in administering medicines and their competencies had been checked.

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 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.

Visiting in care homes

- The service followed government COVID-19 guidance on care home visiting.

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 good. 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 received care and support that was centred around their needs, choices and decisions. Care plans were individualised and reflected people's current needs, preferences and daily routines.
- Most people and their relatives, told us they felt involved in their care. One person told us, "We've had a very thorough care review."
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- During inspection staff were observed to be knowledgeable of people's needs. One staff member told us specific considerations they must take when supporting people who are living with Parkinson's disease.
- The supervision and annual appraisals matrix indicated all staff received their supervisions and appraisals regularly which were used to develop and motivate staff, review their practice and focus on professional development. One staff member told us, "I do find them helpful. I feel a bit more listened to."
- All new staff completed an induction which included shadowing senior staff and completing all practical training required.
- All new staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff competencies were completed annually by senior, appropriately trained staff.

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

- People's care files clearly detailed their eating and drinking needs and included their likes and dislikes.
- During a lunchtime session people were supported by staff to eat at their own pace. We saw people sitting together engaged in conversation with each other and care staff throughout their meal. Background noise was minimal, staff offered people a choice of meals and these were served at the same time. People appeared to have had a positive dining experience.
- When people chose to eat in their rooms staff served their meals on trays.
- Most people were positive about the food quality. Comments included, "I like the food", "the food is good. Christmas dinner was second to none", "The chefs are very good" and "the food is pretty good."
- The home had private dining rooms on the ground floor and first floor. This was part of a private dining experience staff offered to people and their relatives upon request.

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

- Staff worked with professionals such as physiotherapists and specialists to support good outcomes for people.
- Professionals also told us staff were knowledgeable of people's conditions and when they were unable to answer questions they knew where to find the information.
- Care plans contained evidence that people received ongoing support from healthcare professionals, specialists and GP's.

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

- Buckler's Lodge is a purpose-built home which had been decorated to a good standard. Areas of the home had been adapted to support people living with dementia.
- Doors to people's rooms were distinctly coloured, making them easy to find. Signage to communal areas included imagery and large print.
- People's rooms were personalised, and people had memory boxes outside their entrances. Memory boxes contain items which are meaningful to people, helping them to identify their own rooms and give talking points to help with conversations.
- There were different areas around the home where people could spend time, including several quiet sitting areas, a cinema room, stimulation room and a hairdressing salon.
- The first floor also had a 'post office' area with postcards and a Moses basket with a doll for doll therapy. Doll therapy is known to be an effective way to decrease stress and agitation for a people living with dementia.
- The registered manager had informed us they had ordered equipment to further adapt the home for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- We received positive feedback from health professionals about the care being provided to people. Professionals told us staff were welcoming, helpful and implemented advice and support provided.
- People were supported to have regular health checks. We found evidence of staff liaising with professionals on behalf of people who used the service.
- People told us they were supported to see the optician and dentist. One person told us, "The optician comes regularly", "For the dentist we have arrangements with a local dentist down the road."
- The registered manager told us people in the home were reviewed weekly by a practice nurse or paramedic from the GP surgery.
- People's relatives told us they felt their loved ones were supported to access healthcare services. One relative told us, "He's well look after and his health is monitored."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

relating to those authorizations were being met.

- All staff completed training in the MCA and understood how to support people in line with the act.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff recorded whether people had capacity to consent to having care and support and if they required support in order to make decisions.
- People's care files clearly stated where people had legally authorised others to have Lasting Power of Attorney. However, people's care files did not always specify who the Lasting Power of Attorney was. This was raised with the registered manager on the day of inspection who advised they would amend this.
- People told us staff gained consent, "They don't do anything without asking first" and, "We have POA [Power of Attorney] for dad and so the staff do consult me."

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 as 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

- People told us staff were kind and caring. One person said, "they definitely treat me with respect", and, "They are very kind."
- Care plans were person-centred. This included people's abilities, likes and dislikes. The information guided staff on how to support people in the ways they chose to be supported.
- Staff were observed to meet people's needs in a respectful manner. Staff were observed knocking on people's doors prior to entering rooms and offering choices to people.
- People's relatives felt that staff showed genuine interest in their relative's wellbeing. One relative said, "They do treat her with respect and dignity."

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

- People and relatives told us they were involved in decisions about people's care and support and their opinions were valued by staff.
- Relatives told us, "The staff know what he likes. They've fallen over backwards to make sure that he gets what he wants" and, "He's absolutely as happy as a bug in a rug. I think he's exceptionally happy there. He's comfortable and well looked after."
- The registered manager conducted residents' meetings to keep people informed and ask for feedback about care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans clearly stated people's abilities and where independence should be encouraged and supported. This was confirmed by people, their relatives and staff. One person said, "They do encourage me to be independent." A relative told us, "They encourage him to be as independent as he can be." A staff member said, "If I'm assisting somebody, I would let them do things themselves if they can, even if it takes longer."
- People told us staff respected their privacy. One person told us, "they knock the door before they come into my room."
- Confidential information was stored securely.
- Staff we spoke with demonstrated an understanding of the importance of maintaining confidentiality. One staff member told us, "Everything is kept confidential, we don't talk about it in front of everyone because it is their information."

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 good. 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, and those important to them, took part in making decisions and planning their care and risk assessments.
- Staff were aware of people's needs and preferences. One relative told us, "The staff know what he likes. They've fallen over backwards to make sure that he gets what he wants, even to his coffee in the Bistro."
- Care plans contained information about people's health needs, preferences and a summary of their daily routines. Care plans were individualised and included information about how people would like their care to be delivered. For example, one person's nutrition and hydration care plan clearly detailed how they like their drinks prepared, how to ensure they remained independent when eating and drinking and to ensure they were encouraged to eat when needed.
- Care plans were not always reviewed monthly as indicated in people's care files. The registered manager told they would ensure care plans were reviewed as required and as indicated.

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.

- People's communication needs were identified and detailed within initial assessments. This information was used to develop their care plans.
- Staff recorded people's communication preferences and any support needs related to communication.
- There was guidance in people's care plans regarding how to communicate with them in a manner they could understand, and staff were aware of and able to state people's needs. One care plan stated, "Staff to make sure that they know [person] likes to tap people when she is happy as a sign of affection, as [person] is nonverbal."

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

- People were supported to take part in a range of activities in the home. The home employed 2 activities co-ordinators to ensure that there was an activity co-ordinator present seven days a week. Activities in the home included bingo, quizzes, movies, exercise classes and live entertainment to enhance stimulation, support people to be involved to avoid social isolation and keep active. Staff spent time with people on a

one to one basis if they did not wish to join in with group activities.

- People who used the service were encouraged to use the facilities with their relatives. One relative told us, "I have a good relationship with the home. We had a family gathering upstairs. They let us have a room upstairs. We brought in some Chinese food and the home gave us cutlery. It was very kind of them."
- People were encouraged to participate in activities. However, their wishes were respected when they chose not to. One person told us, "I'm not a mixer. They try to get me to join in. I lived in the country on my own for so long, so I don't mix easily."
- People were supported to take part in activities that were important to them. One person told us, "I go for walks every day to keep active and nimble. I walk all over the place. There is woods nearby where I can go for a walk."

Improving care quality in response to complaints or concerns

- At the time of inspection, the home had a complaints tracker to monitor and learn from complaints made regarding the service.
- There was a complaints policy in place and people's complaints were investigated in accordance with the home's complaints policy.
- People told us they knew how to raise complaints. Many people told us they had no complaints about the service. People told us, "I have no complaints. We have a laugh", "They're good, I've got no complaints at all" and, "I have no complaints what-so-ever."
- Relatives told us they knew how to raise a complaint and would feel comfortable to do so.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of the inspection.
- People had end of life care plans in place indicating the care and treatment they wished to receive.
- When people had made decisions stating they would prefer not to be resuscitated, this was clearly documented in their care plans.
- The RESPECT form for emergency care and treatment was in the front of people's care plans and clearly indicated their preferences regarding resuscitation and specific instances in which they would and would not like to be treated. RESPECT is a summary plan for emergency care and treatment to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At this inspection we found the provider was in breach of 3 regulations.
- The registered manager had failed to implement effective governance systems. Audits were completed but were not robust and had failed to identify shortfalls we found during this inspection highlighted in the safe and effective section of this report.
- There was not always evidence themes and trends had been identified with the service's incidents and accidents.
- Incidents and accidents were not always investigated thoroughly. We identified 2 incidents whereby the registered manager failed to identify the cause of alleged abuse. The registered manager failed to identify the cause of a person's bruising and was made aware of this during inspection. The registered manager's investigation also failed to identify the cause of another abuse allegation. During inspection she found more information regarding the cause of the allegation, which she shared with CQC immediately. This shortfall had not been identified by the provider's own monitoring systems.
- Recruitment processes were not robust. Audits had failed to identify that staff had not always been recruited safely.
- Most staff we spoke to told us the service was well managed but felt communication required improvement. Comments from staff included, "Communication could improve, we don't know things that we need to know sometimes", "We don't get told what we should, like on handover, sometimes things that are important aren't shared."

The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Team meeting minutes showed staff had the opportunity to raise concerns. However, staff told us they did not always feel listened to when concerns were raised.
- Staff knew people they supported well and worked collaboratively with healthcare professionals.
- Feedback from healthcare professionals was positive, they described the environment as welcoming and the staff as helpful and positive.

- Resident's meeting minutes showed discussions had been held by the registered manager with residents regarding various issues within the home and evidence of actions taken were noted.

Continuous learning and improving care

- Staff told us they had opportunities to learn and develop their skills, and the registered manager was supportive of development opportunities.

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 ensured required notifications had been submitted to CQC.
- The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
- The registered manager provided evidence of incidents where the duty of candour was followed.

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

- There were opportunities for people to provide feedback during resident's meetings.
- The registered manager completed regular supervisions and appraisals for all staff. Staff we spoke to told us they felt listened to during supervision meetings.

Working in partnership with others

- Staff worked in active partnership with health professionals including the GP service, physiotherapists and opticians who visited the home regularly.
- People's care plans contained records of health appointments with physiotherapists, GP's and specialists.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured safeguarding incidents had been effectively managed in order to mitigate the risk to people.</p> <p>Regulation 13 (1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and regulations.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed.</p> <p>Regulation 19 (1)(3)(a)</p>

