

The Orders Of St. John Care Trust

# OSJCT Bemerton Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

OSJCT Bemerton Lodge is a care home providing accommodation and personal for up to 56 older people, some of whom may have dementia. At the time of the inspection 42 people were living in the home.

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

People's individual risks were managed in a safe way and environmental risk assessments were completed appropriately however improvements were identified in how the service managed the number of admissions into the service. People were kept safe. Staff were confident in protecting people from abuse. The provider learned from previous accidents and incidents to reduce future risks. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs. Arrangements were in place for the safe administration of medicines. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices.

An auditing process was in place to monitor the quality and safety of service provision. There was organisational learning from incidents, and concerns/complaints were well managed. The majority of staff spoke positively about management. They felt well supported and they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. People views were obtained in the running of the service. Relatives provided mixed feedback regarding engagement from the service. However, all were confident to raise any concerns directly with management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 September 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection took place in response to concerns we received about the safety of the service and to follow up on action we told the provider to take at the last inspection. This was in relation to risk management and governance of the service. This focused inspection looked at the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Bemerton Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# OSJCT Bemerton Lodge

## 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.

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

This inspection was carried out by one 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

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

inspection.

#### During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, care workers, cleaners and the chef. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, we identified areas needing improvement. The failure to assess and plan how risks to people should be managed increased the risk that people would be harmed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 however further improvements were needed.

- Since our last inspection, the service had reviewed the care plans and risk assessments to ensure they contained up to date and relevant information about risks to people and their needs.
- Staff knew people's risk and health needs well. The service had a list of people who were at risk of increased harm due to taking blood thinning medicine. The list hadn't included a person who moved into the service that week. However, staff knew the risks to this person and took appropriate action when they had a fall on the day they arrived. On the second day of the inspection the list of people at risk was up to date.
- The premises were safe and well maintained. There were environmental risk assessments in place and the registered manager told us they carried out regular checks.
- A fire risk assessment had been completed for the service and each person had a personal emergency evacuation plan.

### Staffing and recruitment

- There were enough staff to support people.
- We reviewed rotas which showed that staffing was supported by agency workers. The provider utilised a dependency tool which assisted them to calculate their staffing ratio based upon the needs of people.
- The registered manager ensured agency workers received an induction into the service and were supported by senior staff members.
- Staff received training appropriate for their roles and the registered manager organised refresher training when required.
- Staff had been recruited safely, however we noted for one staff member their work history wasn't clearly documented. The registered manager confirmed the previous employment history with the staff member and showed us the updated form used to record this.

### Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. One relative told us, "[Person] is very safe in the home which is reassuring to me."
- Staff had been trained to safeguard people from abuse. Staff told us if they witnessed or suspected abuse they would report this to the registered manager.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

#### Using medicines safely

- People were supported to take their medicines safely.
- Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Medicine checks and audits were carried out to identify errors. Any learning taken in relation to errors was recorded.

#### Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents, safeguarding and falls. They completed an analysis of information and shared lessons learned with staff during meetings and daily handovers.
- The registered manager had recognised that staff training had been impacted by the pandemic and had taken action to address this.
- Issues identified during this inspection were addressed immediately by senior management who were open to comment and keen to improve the service.

#### 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 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective governance arrangements to suitably identify areas of the service that needed improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management of records relating to people's care and to the management of the service had improved. However, the registered manager recognised they needed to manage the number of new admissions into the service, so staff had the opportunity to review and update their care plans as they got to know people. No person came to any harm and staff knew well through daily handovers.
- There was a clear management structure in place with a new deputy manager recruited. All staff had clearly defined roles and responsibilities and were actively involved in the running of the service.
- A variety of audits were in place to monitor quality, risk and regulatory requirements. The actions of these audits were recorded and signed off when completed, we saw evidence of these actions being shared in team meetings and handovers.
- The registered manager had a clear plan on additional areas they were planning to improve. This included further training for staff and home renovations.

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

- There were opportunities for people to provide feedback. The registered manager operated an open-door policy and welcomed any feedback. Minutes from meetings with people demonstrated their views were sought.
- Staff felt informed and were kept updated about the home and any improvements through daily communication and regular meetings.
- Relatives gave mixed feedback about their involvement with the running of the service, however all relatives said they were confident to speak to the manager if they had any concerns.

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

outcomes for people

- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed to be having friendly and person-centred conversations with people.
- One relative told us, "The manager positively engages with the residents and relatives."
- The majority of staff told us they felt supported and able to share their views. Staff told us, "I feel the manager is approachable and I can speak freely to her," "I feel issues get addressed," "Everyone is quite happy and bubbly among the staff team."

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; Continuous learning and improving care ; Working in partnership with others

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety. Quality monitoring visits were completed by the provider to maintain standards. A recent visit identified learning which the registered manager was responsive with implementing these changes.
- The service worked collaboratively with external professionals and commissioners, to ensure people's needs were met.