

Care South

# Buxton House

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Buxton House is a residential care home providing personal care to up to 61 people. The service provides support to older people including people 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

The provider had made improvements at the service since our last inspection. However, not enough time had passed for the changes to be fully embedded at the service. The Care Quality Commission (CQC) need to be assured going forward the provider's quality monitoring systems and oversight will continue, and effectively identify and resolve all concerns. Therefore, the governance and oversight of the service remains an area for improvement.

The provider had produced an action plan reflecting the improvements required by CQC. This was monitored and updated weekly by the provider's representatives and management team. This plan had driven the improvements made and those needed moving forward.

There were improvements made in record keeping, communication and governance systems at the service. Notifications about significant events were now being made to CQC. The improved governance systems in place were identifying areas for improvement and these were now acted on.

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic, were assessed and managed and safe visiting was supported.

There were enough staff to meet people's needs and there was a core of staff and regular agency staff who knew people well. Staff understood and anticipated people's needs which contributed to the calm and homely atmosphere at the home.

Any risks to people were now fully assessed and mitigated. People received the care and support they needed to keep them safe. Medicines were managed safely and effectively by staff who were trained and competent to do so.

Staff received training, support and supervision. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Buxton House.

People had improved mealtime experiences and access to drinks and snacks. Staff supported people to eat and drink uninterrupted and in a relaxed and chatty atmosphere.

People were supported to maintain their independence and have maximum choice and control in their

lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act 2005 and staff supported people in the least restrictive way; the policies and systems in the service supported this practice.

Care plans were person centred and they detailed how people wished and needed to be cared for.

There was an open and positive culture within the home and people, their relatives, staff and professionals told us the management team were approachable, responsive and helpful.

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 25 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also served warning notices for the repeated breaches of safe care and treatment and good governance regulations. The provider was required to be compliant with those regulations by 9 August 2022.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Buxton House 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, 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective 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 ●

# Buxton House

## 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

The inspection was carried out by two inspectors.

#### Service and service type

Buxton House 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. Buxton House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the action plan submitted to CQC following the last inspection. 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

Inspection activity started on 18 August 2022 and ended on 23 August 2022. We visited the service 18 August 2022.

We spoke with seven people who used the service to ask about their experience of the care provided and with two visiting relatives. We spoke with 10 members of staff including the operations manager, manager, deputy manager, housekeeping staff, senior care workers and care workers. As most people were living with dementia, 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 elements of seven people's care plans and care records and Deprivation of Liberty Safeguards authorisations. We looked at a variety of records relating to the management of the service.

We also held a remote video call with the manager to discuss the governance arrangements at the service and to give inspection feedback to the operations manager, manager and deputy manager.

We received feedback via our website from two relatives and nine staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found there were shortfalls in the assessing and, monitoring of risks. 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.

- People's risk management plans were in place and were followed by staff. For example, people at risk of skin damage were repositioned in line with their care plans.
- There was an improved focus on supporting people in positive risk taking. For example, one person had started to use an electric wheelchair. The focus on positive risk taking meant that the person was able to access the community independently for the first time since moving into the home.
- People's care records were accurate, and the recording had improved overall. Records reflected how people were and how they were spending their time.
- Environmental risks were well managed and there was regular oversight of any maintenance issues. There were robust systems in place in relation to fire safety.

### Using medicines safely

- At our last inspection there were no risk assessments or management plans in place for oxygen cylinders used in the service. In addition, there were no systems in place for monitoring the safe minimum and maximum temperatures of medicine fridges. These were all in place at this inspection.
- Medicines were received, stored, administered and disposed of safely.
- As needed (PRN) medicine plans were in place. However, some needed further personalisation to include details of how the person presented when requiring PRN medicines. The deputy manager took immediate action to address this.
- Audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines management. Staff were assessed as competent to support people with their medicines.

### 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and the systems for recording when areas had been cleaned had improved. There was a malodour on the first floor. The manager informed us that the area had been deep cleaned and that they would look at whether the carpet needed replacing.
- 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 provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People told us they felt safe. One person told us, "They [staff] help me feel safe and happy. They go above and beyond." Another said, "I feel very safe here."
- Many people living in the home no longer used words as their reliable communication due to the progression of their dementia. We observed people were very relaxed with staff throughout the home.
- There were effective safeguarding systems in place. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect.
- Safeguarding concerns were dealt with appropriately. This included working with health and social care professionals.

#### Staffing and recruitment

- People and relatives spoke very highly of the staff team. One relative told us, "The carers are so dedicated and work very hard to look after all the residents. I really don't know what we would do without them, they all deserve a medal in my opinion. Also, a mention to all staff who do all the laundry and cleaning they work unbelievably hard, and lastly many thanks to [administration team] for their helpfulness and patience in answering our needs."
- People told us, and we saw there were enough staff deployed. One person told us, "Staff are always on hand when I need them. There seems to be a good number of staff and they come quick." Another person said, "Staff are brilliant." A third person told us, "They help me with everything that I need help with. If I ask them to do anything they listen and do it".
- There was a core of permanent staff employed at the home who were supported by regular pre booked agency staff. Both permanent and regular agency staff knew people well.
- There was an ongoing recruitment campaign at the home and new staff had been recruited as a result. The recruitment of staff was being managed by additional personnel from the provider. This was to support the manager so they could focus on the improvements needed at the home. We did not assess recruitment at this inspection as there had been no changes to the systems since our last inspection.

#### Learning lessons when things go wrong

- Safeguarding, accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. For example, where a person had multiple falls, they were referred to the GP and to a falls clinic, and there was increased monitoring of the person. The actions taken in response resulted in reduced falls for this person and others at the home.
- Lessons learned were shared with staff at handovers, meetings and supervisions.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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  
At our last inspection we found shortfalls in updating people's care plans when their needs changed. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People's needs were assessed before they moved into or stayed at the home. Care plans were developed from these assessments.
- People's care plans reflected people's needs. At this inspection, people's care plans had been updated and guidance was followed when their needs changed. For example, the district nursing team had advised the day before our inspection that a person should be repositioned hourly. The person's care plan had been updated and the care required was being provided.

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

At our last inspection we found shortfalls in working within the principles of the MCA. This was a breach of Regulation 11(Need for consent) 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 11.

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 authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At this inspection, where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- People told us they were consulted and listened to.
- Where people had appointed a legal representative to make decisions about their health and welfare, they were making decisions where appropriate. People's records included contacts and discussion with their legal representatives.
- Any best interest decisions in place had been reviewed as and when a person's circumstances changed. For example, if they were having medicines covertly and there was a change in medicines.

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

- At our last inspection people had mixed experiences at mealtimes. At this inspection people confirmed and we observed that people's meals were served hot. People who needed support to eat and drink had their meals prior to other people. This was so staff could sit with people to eat their meals without any interruptions.
- Staff supported people to eat and drink in a relaxed way. They chatted with people whenever they supported people with eating and drinking.
- Care plans contained information about people's food preferences and specific instructions around their diets. Staff were knowledgeable about people's nutritional needs and any specialist diets.
- There were drinks and snacks accessible so people could help themselves to food and drinks when they were hungry or thirsty. Staff also offered people drinks and snacks throughout the inspection. People were offered both verbal and visual choices of food and drinks.
- People were able to have their meal wherever they chose. Most people ate in the main dining room; some people chose to eat in their bedroom.
- We received positive feedback about the food and drinks provided and that choices of meals were available. Comments included; "Some meals are nice, and some are ordinary, but I can have an alternative. Meals are steaming hot", "The meals are very good...It's always warm even if I have it in my room", and "We get offered lots of drinks and ice creams in the hot weather."
- There were systems in place to monitor people's food and fluid intake when required.

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

- Health plans for people were in place. Accurate records relating to people's health were maintained and regularly updated.
- People were supported to access community health care professionals such as their GP, district nurses and mental health services when needed.
- The management team and provider were working closely with local healthcare professionals to continue to improve their communication and the health outcomes for people living at the home.

## Staff support: induction, training, skills and experience

- At the last inspection, some core training had not been completed for some staff and this was an area for improvement. At this inspection the amount of staff completing their core training had risen to 96%. There was an ongoing programme of training in place.

- Staff felt well supported by the management team and told us they had regular supervision or support and development sessions. One staff member told us, "The team as a whole, no matter the department will help and support each other to ensure the residents are cared for the best possible way."

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

- Following the last inspection there had been further improvements to the inside of the home and the gardens. Work was ongoing in the gardens to make it more accessible to people.
- People had personalised their bedrooms. One person said, "I'm very happy with my room, it's brilliant. The changes in the garden are brilliant I sit out there now and again."

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider's governance systems had not effectively mitigated the risks to people using the service. The systems had also not identified all the shortfalls we identified at the last inspection and there were shortfalls in record keeping. This was a breach of Regulation 17 (Good governance) 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 17. However, CQC need to be assured going forward that the changes made promote consistent good practice and continued improvements over time.

- Since our last inspection, the provider had made improvements and further ongoing improvements were planned. The provider had produced an action plan reflecting the improvements required by CQC. This was monitored and updated weekly by the management team and provider's representatives.
- The previous registered manager left the service in May 2022. There was not a registered manager in post. A manager who was registered for one of the provider's other services was leading the management and staff team until a new registered manager could be appointed. The plan was for this manager to remain at Buxton House to work alongside any new registered manager to ensure the improvements found were embedded.
- The management team included a new deputy manager and there were also changes to the provider's area management team and oversight systems.
- There was a risk register of all the risks that people faced. For example, whether they were at risk of falls or weight loss. The risk register was reviewed weekly and included any actions taken to mitigate the risks such as referrals to GP, falls clinics or dieticians.
- There were improved governance systems in place. These included unannounced night checks by the manager, weekly review of the service improvement plan, weekly visits by the provider's regional operations manager, head of department meetings and new daily walk round checks.
- Although the provider had implemented these improvements since our last inspection, CQC need to be assured going forward that the provider's governance systems would continue to effectively identify shortfalls. Not enough time had passed for the changes made by the provider and new management team to be fully embedded at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the manager and deputy manager were and were confident any issues would be addressed. One person said, "[Manager] she is lovely, she helps in any way possible. Any problems I go to her and she deals with it straight away." Another person said, "[Manager] is brilliant; every question you ask her she knows."
- The manager had held a resident's meeting with people. The plans to make the improvements required were shared with people. Any actions identified at this meeting had been met.
- Following the last inspection, a relative's meeting was also held. Relatives gave feedback as to their previous experiences at the home under previous managers. Any actions identified during the meeting were addressed by the new management team. For example, a keyworker system (where a staff member is allocated to build a relationship with each person) was reinstated following feedback from people and their relatives.
- Improvements had been made in the ways staff were supported, valued and listened to. There was a weekly staff drop in session facilitated by the human resources department, a staff representative had been identified to attend the provider's staff forum, a staff survey had been undertaken with actions taken in response and staff recognition schemes and awards had been reimplemented.
- We received positive feedback from nine staff about the changes in the oversight, the improvements made, morale and management of the home. One staff member told us, "I feel that as a team at Buxton House we have all worked our socks off and made it a better place for our residents. We have built up a good senior team who all have a good relationship with our staff, residents and their families. We have amazing support from [manager] and [deputy manager]."
- Comments from other staff about the management team and changes made included; "I have been working at Buxton House for 4 months., in the time that I have been at Buxton House management have made a lot of changes and improved on the care and wellbeing of our residents. Staff are being supported to improve on the care which they give and their training so that they can be the best at their jobs. Staff are regularly being asked how they would improve things and how we can make the service better for everyone. Residents appear happier and more at ease", "When there are problems they are addressed straight away instead of letting things just carry on. Buxton House is now a lovely place to work", and "Moral with staff has increased and there is a much more positive atmosphere. The staff have good rapport with the residents, and they have the knowledge of what the residents' needs are."

At our last inspection we found shortfalls in making all notifications was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager had made sure we received notifications about all important events so we could check appropriate action had been taken.

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 manager and provider understood their responsibilities to be open, honest and apologise if things went wrong.
- The provider had acted on the duty of candour by informing people and their relatives about the shortfalls found at the service by CQC. They had been open and honest with people and shared their actions with

them to show how improvements were being achieved.

#### Working in partnership with others

- The provider and management team were working with other external professionals and building better working relationships to ensure people received the care and support they required. The manager acted immediately on feedback we shared from health professionals.
- The provider's representative was also working with a local health professional to consider further improvements.
- The local authority contract monitoring team visited in July 2022 and also found significant improvements. They also confirmed that immediate actions taken in response to feedback following their visit. We found these actions had all been met at our inspection.