

The Orders Of St. John Care Trust

# OSJCT Buckland Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

OSJCT Buckland Court is a care home without nursing for up to 50 people. People had their own rooms and access to communal rooms such as bathrooms, dining rooms and lounges. People had access to outside space as the home had large gardens around the building. At the time of the inspection there were 37 people living at the home, some of whom had dementia.

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

At our last inspection we found the service was in breach of two regulations. At this inspection this had not improved, and the service remained in breach of the same two regulations.

People's medicines were not always managed safely. We found numbers of recording gaps on people's medicines records. This meant the provider could not be assured people had their prescribed medicine as required. We also observed one person had not been given their medicine for four days as the service had ran out of stock. The registered manager provided us assurance the stock would be due in on the day of our inspection. Staff had received training on medicines administration and had checks on their competence annually.

Quality monitoring systems were still not effective in identifying shortfalls found during the inspection. The medicines audit completed prior to our visit had not identified the recording gaps seen on medicines records.

Incidents and accidents were recorded on forms on the provider's electronic system. Whilst we could see what immediate action staff had taken in response to the incidents, the action for lessons learned was not recorded or always clear. Action recorded to prevent reoccurrence was not robust. We found two falls which had not been shared with the local authority or notified to CQC.

Staff had been recruited safely and there were sufficient numbers of staff to meet people's needs. The registered manager regularly monitored people's needs and used a staff dependency tool to calculate numbers. Agency staff were used to fill gaps when there was staff absence.

The home was clean throughout. On the day of inspection, we observed domestic staff cleaning and taking care of people's laundry. Staff were wearing appropriate personal protective equipment (PPE). We were told the provider had good stock of PPE and staff had never been without supplies through COVID-19.

People had visitors when they wished, and people told us they liked living at the home. People told us staff were caring and they had no concerns. There were regular 'resident meetings' to talk about what was going on in the home and seek people's views. The provider had organised virtual relatives' meetings and the registered manager told us she would be holding local ones soon.

Staff were able to attend staff meetings and handovers to hear about changes and new guidance for working safely. Meeting minutes were kept and shared with all staff who were not able to attend.

Risks to people's safety had been identified and risk management plans were in place to give staff guidance where needed. Staff reviewed them regularly and updated them when needed. Systems were in place to make sure health and safety checks were carried out. This was done at a local and provider level.

Staff worked in partnership with many local professionals to make sure people's health needs were met. The registered manager knew who to contact in the local authority if they needed guidance on COVID-19.

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 4 March 2020). 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 the provider remained in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 December 2019. Two breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 remained requires improvement. This is based on the findings at this inspection.

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

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and systems for governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# OSJCT Buckland Court

## 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

This inspection was carried out by two inspectors and CQC's Executive Operations Director.

#### Service and service type

OSJCT Buckland Court is a 'care home' without nursing care. 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. 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived at the service about their experiences of care received. We also spoke with five members of staff, the registered manager and two operations managers. We reviewed seven people's care and support plans, three staff recruitment files, multiple medication records, incident forms, health and safety records, meetings minutes and quality monitoring records.

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.

#### After the inspection

We spoke with the registered manager and continued to validate evidence found. We reviewed training data, the service improvement plan, staffing dependency tool and policies and procedures.

# 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 remained the same. 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

At our last inspection the provider had failed to manage medicines safely which 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our last inspection we found a number of concerns with how medicines were being managed. This included 'as required' protocols not being in place, care plans not containing information about medicines and medicines safety alerts not being available to the staff.
- At this inspection we found action had been taken to address the shortfalls from the previous inspection, however, medicines were still not being managed safely.
- We found a number of recording gaps in people's medicines administration records (MAR). We found recording gaps for 11 people which meant the provider could not be assured people had their medicines as prescribed in all cases.
- The provider failed to ensure people received their medicines as prescribed. One person had no stock of their medicine and had missed 13 doses. Another person had run out of their medicines on the morning of our inspection. The registered manager told us both medicines were expected into the service later on the day of our inspection.

Failing to have systems in place to make sure medicines were managed safely was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- Incidents and accidents were recorded on the provider's electronic incident reporting system. This meant senior management working for the provider had access to records for monitoring purposes.
- We found numbers of incident forms were open dating back to February 2022. We were not able to see action taken to prevent reoccurrence in all cases.
- This did not give assurance that all required action and monitoring was taking place. We saw two falls with head injuries had not been reported to the local authority or notified to CQC.

### Assessing risk, safety monitoring and management



- At our last inspection we found people with specific health conditions did not have guidance in their care plans to mitigate risks. At this inspection we found this had improved.
- People's risks had been identified and management plans were in place to guide staff on supporting people safely. Plans had been reviewed regularly and updated when needed.
- The provider had added information leaflets into people's care plans for staff to have additional information on specific health conditions. For example, people with diabetes had various information leaflets available for staff to read more about what diabetes was and the support needed.
- Since the last inspection the provider had completed a fire risk assessment for the home. Any actions identified had been carried out and closed.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We did find one person with an expired DoLS authorisation. The registered manager took action immediately to re-apply for another DoLS. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "This is a safe place to be." Another person said, "The staff are ok, and I am happy here."
- Staff had training on safeguarding and understood how it applied to their roles. We also observed there was information about safeguarding displayed on a wall in the main dining room.
- Safeguarding incidents were reported to the local authority and staff worked with external professionals when needed to support people to be safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff who had been recruited safely. Pre-employment checks had been carried out.
- People we spoke with told us overall there was enough staff. Staff told us they felt at times there could be more of them, though the numbers of staff available were safe.
- The provider used a staffing dependency tool which helped the registered manager calculate staffing numbers; we observed staff responded to people's requests for help in a timely way.
- During our inspection the activity worker was not on duty. There was no planned activity taking place in the morning. In the afternoon there was an external entertainer booked to come and sing to people.
- Our observations of care demonstrated that people were sat at times with little opportunity for staff interaction. One member of staff told us, "We don't meet people's social needs, we don't have time to chat."
- The registered manager told us they were recruiting more staff. In order to fill gaps on staffing rotas the service used two local agencies. The registered manager said using the same agency staff helped to make sure people had a continuity in their care.

### 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 meeting shielding and social distancing rules.
- 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 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

- People were able to have visitors at the service. Visiting could take place indoors or outdoors depending on people's preference.

# 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 requires improvement. At this inspection the rating has remained the same. 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 the provider had failed to make sure safety was effectively managed which placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection we found the provider had not responded to actions identified from assessments and monitoring audits in a timely way. A fire risk assessment had identified actions needed to mitigate risks in 2017, these remained outstanding at the time of our inspection in 2019.
- At this inspection we found some actions had been taken to address shortfalls. For example, a new fire risk assessment had been completed and all actions addressed. Care plans for specific health conditions had been written and guidance was now in place.
- At our last inspection the medicines audit had failed to identify medicines shortfalls found during the inspection. At this inspection we found this had not improved.
- The provider notified us in January 2022 of a number of medicines incidents. These had been identified by a visiting manager from another service. The provider informed us their medicines audits had failed to identify these incidents. During our inspection we found a number of recording gaps on people's records. The medicines audit carried out prior to our inspection had also failed to identify this concern.
- The provider failed to identify incident reports did not always include information about actions taken in response to incidents and accidents. This included action taken to mitigate risks.
- For example, one person fell in February 2022, we could see immediate action taken in response to the fall. However, for lessons learned it was recorded staff were to 'monitor for changes'. It was not clear the action taken by the provider to prevent reoccurrence and ensure risk was mitigated.
- The provider failed to identify notifiable incidents had not been reported to the local authority or CQC. The registered manager told us two incidents seen had not been reported to the home manager at the time of the incidents. They told us they would take action to address the shortfalls.

The provider failed to implement effective systems to assess, monitor and improve the quality and safety of care. This was a continued breach of regulation 17 (good governance) 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

- People told us they liked living at the home and they liked the staff. Comments from people included, "The staff are beautiful they look after us well", "There is enough going on and it is nice to go out into the garden" and, "No complaints, and the food is decent."
- People were being cared for by a staff team who enjoyed working at the home. Staff told us despite challenges they faced, such as staffing, they enjoyed their work.
- We observed staff working together during our inspection, they supported each other and communicated well.
- The registered manager was proud of the quality of care provided. They told us, "We are always told we are a homely home; we offer a home experience, we do that really well. We offer a good quality of care; a good care service and we offer a good service to the local community."

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 provider was aware of their duty of candour responsibilities and their responsibility to be open and honest with people.

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

- People had opportunities to share their feedback and views of the service at 'residents meetings' which had been held regularly. Minutes were kept and shared with people unable to attend the meetings.
- People were supported to be part of the local community. The registered manager told us, prior to COVID-19 the home was active in the local community with various events taking place. They told us they were working towards opening up to the community again taking care to manage the risks of COVID-19.
- Staff were able to attend staff meetings to discuss any changes or updates to working practice and share their ideas. Most recently, staffing numbers at night were increased in response to staff feedback.
- The registered manager told us the provider was supportive and appreciated the hard work carried out by staff during COVID-19. Financial bonuses had been provided to staff to show appreciation of their dedication.

Working in partnership with others

- Staff worked with a range of healthcare professionals to make sure people's health needs were met. We saw in people's records referrals were made to appropriate professionals. Letters received with guidance and information on health needs were stored in people's care plans.

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  The provider had failed to make sure medicines were managed safely.  Regulation 12 (1) (2) (g)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems in place to assess, monitor and improve the quality and safety of the service, and to assess, monitor and mitigate risks relating to health, safety and welfare of people.</p> <p>Regulation 17 (1) (2) (a) (b) (f)</p>

### **The enforcement action we took:**

We served the provider a Warning Notice.