

## The Orders Of St. John Care Trust

# OSJCT Bemerton Lodge

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# 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 49 people were living in the home.

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

Some aspects of the service were not always safe and increased the risk that people may be harmed.

Risk assessments did not always contain clear information about how to manage the risks people faced. Risk management plans had not always been updated after incidents.

Thorough recruitment checks were not always completed before staff started providing care to people.

The manager had not always notified us of important incidents in the home, as they are required to.

The systems for checking how the service was operating did not always identify shortfalls. Checks had been completed but did not identify gaps in risk assessments, lack of recruitment checks or that notifications had not been submitted.

People and their relatives were complimentary about the care they received and about the quality of staff.

People were supported to make choices and have as much control and independence as possible.

People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people.

People received caring and compassionate support from kind and committed staff.

Staff respected people's privacy and dignity.

People received support to take their medicines safely.

People's rights to make their own decisions were respected. People were supported to choose meals they enjoyed and access the health services they needed.

The manager provided good support for staff.

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

The last rating for this service was good (published 10 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

### Follow up

We will request an action plan for 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 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always 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.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

OSJCT Bemerton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. A new manager was in post and had submitted an application for registration. A registered manager 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 six people who used the service and one relative about their experience of the care provided.

We spoke with 12 members of staff including the manager, head of care, care workers, maintenance and housekeeping staff. 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 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. We spoke with a community nurse who regularly visits the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced had not been consistently assessed and plans did not always contain up to date information. Incidents were not always recorded correctly and action not always taken to reduce risks to people.
- Incident records for one person reported they had been found several times during one night attempting to enter another person's bedroom. Staff intervened and stopped the person from entering the room. The person's risk management plans did not contain any information about this incident or support that should be provided to prevent it happening again. One of the care leaders told us an alarm had been ordered for the person's door, to alert night staff when they left their room. The head of care confirmed the alarm had been ordered. The risk management plans did not state what action staff should take to ensure people were safe until the alarm was fitted.
- The same person had a record of an incident in which they had been verbally aggressive towards staff. Their risk management plans did not contain any information about verbal aggression or the support staff should provide. The person's dependency assessment had not been updated following the incident and stated the person did not demonstrate any verbal aggression.
- Another person's daily record referred to incidents in which they had sexually assaulted members of staff. This had not been recorded as an incident and the manager was not aware of the incident until we discussed it with her. The person's risk management plans did not contain any information on the support staff should provide to keep people safe.
- An entry in a person's daily records stated they had kicked a member of staff. The person's risk management plans did not contain any information about this incident or how staff should support the person. Their plan had not been updated to reflect this incident.

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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The management team had not always obtained a full employment history for new staff before they started working at the service. Two of the three new staff whose records we checked did not have a full employment history. A full employment history is a legal requirement and enables providers to make safer recruitment decisions as they know where people have worked in the past. The manager said this information was usually obtained at interview if needed, but had been missed out on these occasions. During the inspection the manager obtained the missing information from the staff concerned.

- All other recruitment checks had been completed. This included a Disclosure and Barring Service (DBS) check and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- There were sufficient staff to meet people's needs safely. Comments included "There are enough staff now, since [the previous manager] increased the numbers".
- The manager told us they had recently recruited a number of new staff and had increased staffing levels to ensure they could spend more time with people when providing care. Staff told us they were able to provide safe care to people.

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

- People told us they felt safe and liked living at Bemerton Lodge.
- The service had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do if they suspected people were at risk of harm. Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred.
- The management team had worked with the local safeguarding team when concerns had been raised.
- Staff told us they had received safeguarding training and we confirmed this from training records. Staff were confident the manager would listen to them and take action to keep people safe.

#### Using medicines safely

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take. There was a record of all medicines received into the home and disposed of.
- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- We observed staff following safe practice when supporting people with their medicines. Staff administering medicines had received training. They were assessed regularly to ensure they put the training into practice.

#### Preventing and controlling infection

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination, which we observed staff following. There was also a system in use to ensure soiled laundry was kept separate from other items.
- There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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's needs were assessed before receiving care to ensure they could be met. People and their relatives told us staff understood their needs and provided the care they needed.
- Staff demonstrated a good understanding of people's needs and the support they required. This included specific information about conditions people were living with.
- Staff had worked with specialists where necessary to develop care plans. Examples included speech and language therapists and the care home liaison team, which specialises in supporting staff to meet people's mental health needs. The provider employed a team of Admiral Nurses, to provide specialist advice and support in relation to care for people living with dementia.

Staff support: induction, training, skills and experience

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated. A member of staff who had recently joined the service told us they had received a very thorough induction and did not feel pressured to do any aspect of the job until they were confident.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role, although several said they would benefit from more in-depth mental health training. The manager told us they had recognised this need and were in the process of arranging further training in mental health conditions.
- Staff were supported to complete national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs.

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

- People told us they enjoyed the food provided by the home. Comments included, "The food is excellent. There's lots of choice and it's cooked very well" and "The new chef has been to see me and he will provide more spicy food, which I like."
- Staff showed people plated meals to help them make their choice. This was particularly useful for people living with dementia who may not be able to express their choices verbally. Staff supported people to eat their meals where needed and ensured people had a drink. Staff were aware of specific diets that people were following and where people needed their food at a specific consistency.

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

- A visiting community nurse told us staff worked well with them to meet people's needs. They said staff called them appropriately and followed any advice or guidance that was given.
- The manager had set up regular meetings with the community nurses to ensure there was clear communication between the teams and improve the way they worked together.

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

- The provider was starting a refurbishment programme of the home. People and their relatives were being consulted and the plan was for the work to be completed by the end of the year. The manager reported the upgrades would take into account guidance and research on environments to support people living with dementia.
- People had been involved in the programme to re-decorate areas of the home, including one of the dining areas. People had designed the theme of the room and decorative features, which staff had completed overnight to minimise disruption to people. People were very positive about the improvements.
- Technology and equipment was used to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.

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

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and to assess whether people's capacity to make decisions changed. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- The manager was aware of, and meeting, any conditions of DoLS authorisations.
- People told us staff gained their consent before providing any care. Comments included, "The staff always ask before doing anything." We observed staff gaining people's consent before providing any care or support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were treated with kindness and were positive about the staff's caring attitude. People said the staff were kind to them and respected them. Comments from people included, "The staff are very good. They are kind and good to us" and "The staff treat me with respect."
- A visiting community nurse told us they thought staff were caring in their approach to people.
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural or religious needs were reflected in their care plans and staff supported them to meet these needs.

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

- Staff supported people and their representatives to make decisions about their care. Staff signposted people, families and friends to sources of advice and support or advocacy. People told us they were involved in regular discussions about the care they receive and changes were made when needed.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when discussing the support people needed with their personal care. Staff maintained confidentiality when discussing sensitive information about people.
- Confidential records were locked away when staff were not using them. People told us staff respected their privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were supported to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where appropriate and where people wanted that.
- Care plans were specific to people. They included detailed information about people's life history and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the care plans. Methods included using any aids such as glasses and hearing aids, using objects of reference and written documents made more accessible through the use of large print and pictures.
- We observed staff using these different methods of communication throughout the inspection.
- A relative told us staff had introduced a communication diary with them. This helped to ensure all family members received the same information and could be consistent in their communication with the person.

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 they enjoyed. There was a planned schedule of group and one to one activities. The schedule was regularly reviewed in residents' meetings and changes had been made.
- Following feedback from people, the service had established a gardening group, led by the handy person. People were involved in planning what they would grow. The handy person had built raised beds to ensure people with mobility needs could still be involved, including people who use a wheelchair.
- Staff organised regular trips out, either individually or as part of a group. These included local places of interest as well as supporting people to visit shops and local services.
- Staff supported people who were cared for in bed to have regular one to one sessions, to help reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint, and were confident any concerns

would be dealt with. Records demonstrated no complaints had been received over the last year. The management team regularly reviewed feedback records to identify whether they contained any complaints.

- Records of residents' meetings showed complaints were regularly discussed and people were reminded how they could raise any concerns. The complaints procedure was available in a large print version and displayed in the home on a noticeboard.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care and in developing care plans.
- The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had not always submitted legal notifications to us when needed. On reviewing records the manager identified two incidents which had not been reported to us. These were an incident in which one person had hit another person and an incident that had been reported to the police as part of a safeguarding investigation. The incidents had been reported to the Wiltshire Council safeguarding team. However, the quality assurance systems had not identified that a notification had not been submitted for these incidents. The manager reported this had been an oversight and they were aware of their responsibility to report certain incidents. Other incidents had been notified to us as required.
- The provider had quality assurance systems in place. These included assessments of the records kept in the home. However, the checks had not identified incidents that had not been notified to us, shortfalls in the way risks were managed or failure to complete robust recruitment checks before people were employed in the home.
- The manager told us they had good support from senior managers and were confident they could make the improvements needed. The manager had submitted an application to register with us, which was in the process of being assessed. It is a condition of the provider's registration that the home has a registered manager in place.

The lack of effective governance systems increased the risk that shortfalls in the service would not be identified and improved. 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

- The manager had developed a person centred culture and encouraged staff to challenge the way they worked, to ensure it met people's needs. The manager said they wanted to focus on supporting people in smaller groups, to ensure they could concentrate on what was important to people.
- Staff we spoke with praised the manager and said they were confident the service would improve. Comments included, "The manager has been brilliant, very supportive of our ideas. I feel well supported to do my job" and "The manager is flexible, she will help as much as possible. We have also had good support from the [head of care] whilst there have been changes to the management."

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 had a good understanding of their responsibilities under the duty of candour. Records demonstrated they had provided clear information to people when errors had been made and apologised.

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

- The registered manager completed regular surveys of people's relatives and professionals who have contact with the service. The results of these surveys were used to plan improvements to the service.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.
- The manager said they wanted to support people to access more services and activities outside the home where possible. This would help to ensure people remained active members of their community and did not become socially isolated.

Continuous learning and improving care; Working in partnership with others

- The manager was developing a culture of continuous learning. Staff were held to account for their performance through regular supervision and appraisals. The manager was in the process of establishing 'champions' in the service. These were staff who would take a lead in a particular area, for example dementia or person centred care, and share learning and good practice with all staff.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and service development. This included work with the community nursing team and mental health team.
- The manager used reflective practice sessions to support staff to think about how they could work differently and improve the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured risks to people's health and safety were assessed and action taken to mitigate the risks. Regulation 12 (2) (a) and (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured there were effective systems to assess, monitor and improve the quality of the service provided. Regulation 17 (2) (a).</p>