

The Orders Of St. John Care Trust

# OSJCT Coombe End Court

## Inspection report

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Date of inspection visit:  
05 May 2022  
19 May 2022

Date of publication:  
10 June 2022

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

OSJCT Coombe End Court provides care and accommodation for up to 60 people, some of whom live with dementia. Accommodation is provided on two floors accessed by stairs and a lift. People have their own rooms with en-suite facilities and access to communal areas. A garden is accessed from the ground floor. At the time of the inspection there were 51 people living at the service.

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

At our last inspection we found shortfalls in governance systems which placed people at risk of harm. We served a Warning Notice for a breach of Regulation 17 (Good governance). This inspection was carried out to check the provider had made the required improvements. We found they had carried out the work needed to meet the Warning Notice.

The provider had reviewed night security arrangements to make sure processes were effective and robust. Management had an improved oversight of night care security check forms to make sure checks were being carried out when needed. Systems were in place to make sure people's names were added and removed from records as appropriate.

Risk management monitoring records had been completed contemporaneously. For example, people's re-positioning records were completed when people were moved. When people had falls, any required observation checks had been completed and recorded as required.

At our last inspection we were somewhat assured by cleanliness as we observed on day one of our inspection areas of the home that were not clean. At this inspection we observed the home was clean on both days of our site visits. We did, however, note one area of the home had an odour which was present on both days. The registered manager told us this had been identified by the provider and a new carpet was being sourced.

Staff were wearing personal protective equipment (PPE) as needed and there was a good supply available in the home. Staff were testing as per the government guidance for COVID-19. Where any positive cases for people or staff were identified the registered manager liaised with local health protection agencies to take necessary action.

People were able to have visits from relatives and/or friends. Visitors were asked to wear PPE as needed.

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 28 April 2022) and there was a breach 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 regulation.

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

#### Recommendations

We have made one recommendation for a review of internal door locks.

#### Follow up

We will meet with the provider and 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# OSJCT Coombe End 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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a concern we had about security of external doors and monitoring records for risk management plans.

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.

#### Service and service type

OSJCT Coombe End Court 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. OSJCT Coombe End Court 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 a registered manager in post.

### Notice of inspection

This inspection was unannounced. The first day of inspection was started at 20.00hrs.

### 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. 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 the registered manager, peripatetic operations manager, regional operations manager and five members of staff. We did not spend time observing or speaking with people as this inspection was carried out late in the evening and early morning.

We reviewed seven people's care records, night care security forms, falls monitoring data and incident forms.

### After the inspection

We continued to validate evidence found. We reviewed information for one person's falls history, a service improvement plan, 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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served for concerns around good governance. We will assess the whole key question at the next comprehensive inspection of the service.

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

- At our last inspection we observed shortfalls on night care security records. At this inspection improvement had been made and records we reviewed had been completed accurately.
- We also had a concern about systems in place to make sure external doors were alarmed when opened out of hours. The provider had reviewed their systems and made sure action had been taken for people to safely use the external doors in the evenings.
- At our last inspection we observed some risk monitoring records had not been completed contemporaneously. At this inspection monitoring records had improved. For example, records for people identified as needing help with re-positioning had been completed contemporaneously. For the records we reviewed there were no gaps in recording. People who had experienced a fall and required additional monitoring had an observation record in place. The records we reviewed had been completed as appropriate with no gaps in recording.
- At this inspection we observed some internal doors had been left on the latch by staff. Whilst the doors were closed, they were not locked in all cases. Some of these doors were for rooms which the provider had assessed as needing to be locked. For example, sluice rooms.
- Management had placed a sign on the inside of some doors to remind staff to lock them when leaving the room. We found this had not worked and some internal doors were unlocked on both days of our inspection.
- We raised this with the provider who took immediate action to add the issue to the home's service improvement plan. The regional operations manager told us they would review the locks and see if there were any issues.

We recommend the provider carries out work to review internal door locking systems with staff to make sure where needed internal doors are kept locked.

Preventing and controlling infection

- At our last inspection we observed some areas of the home were not clean, paint was flaking off and pedal bins were not always working. Whilst the provider took action during our inspection to address the shortfalls, we were somewhat assured. At this inspection, the home was clean, maintenance works had been carried out and pedal bins were working. 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 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 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 in the home. Visitors were expected to wear appropriate personal protective equipment (PPE) which the home provided.



# 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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served for concerns we had regarding good governance. We will assess the whole key question at the next comprehensive inspection of the service.

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 have effective systems to assess, monitor and mitigate risks and monitor and improve the quality and safety of the service, and to ensure a contemporaneous record was completed for people. 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.

- At our last inspection management oversight of forms completed by night staff to record security checks had not identified shortfalls in recording. At this inspection a different system was in place which meant the registered manager thoroughly checked forms before storing them.
- Improved systems were in place to make sure new people were added to the forms and where needed people's names were removed from forms in a timely way. Forms we checked had been completed to reflect the people living in the home at the time of the record.
- The provider had reviewed the process in place to support people to exit to the garden in the evening. Changes had been made to make sure security arrangements were more robust.
- At our last inspection we observed some monitoring records for risks were not completed contemporaneously. At this inspection we observed records were accurate and the provider had improved systems to check risk monitoring records. This meant they could identify improvement in a timely way to make sure corrective action was taken.