

Care South

# Buxton House

## Inspection report

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Date of inspection visit:  
24 September 2021  
06 October 2021  
12 October 2021

Date of publication:  
22 November 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 61 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

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

People lived in a home that had been through changes in leadership. The registered manager of Buxton House had returned to the home one week prior to our visit following a secondment. During this time, they had maintained contact with the home and deputy manager and visited the service weekly. For the duration of the secondment, the deputy manager had acted in the capacity of home manager with the support of the registered manager and provider.

There was mixed evidence regarding how well risks were managed in the home. We identified positive examples of how risks were identified and managed, however we found examples where actions were not taken in a timely manner and risks were not sufficiently monitored.

Staff improved their hand hygiene practice following our initial visit to the home. With the exception of one member of staff they wore PPE appropriately. This was addressed by the registered manager.

There were enough staff deployed to meet people's needs but the team had been chronically short staffed, and staff told us they were tired. This had an impact on staff morale. The senior team were aware of this and had been working hard to improve staffing. The senior team were confident that staffing had never fallen below safe levels.

We received mixed feedback from relatives about their confidence in the care provided for loved ones and the communication they had with staff in the home. The registered manager was working to address this.

People were being supported to see visitors safely, and to go out with friends and family in line with current government Covid-19 guidance.

People told us they felt safe and we saw that they were relaxed in the company of staff. They were supported by staff who understood how to identify and report safeguarding concerns.

People enjoyed the food and there were pleasant atmospheres at mealtimes; some lively and humorous, others calmer. Staff supported people to eat and drink well during the inspection. Where people were at risk of not eating and drinking safely or were at risk of not eating and drinking enough, staff liaised with appropriate professionals.

Health professionals spoke positively about people's access to health care and the way the staff monitored people's well-being and followed guidance.

People's needs were assessed before they moved into the home. People were happy with the way their care and support was provided and staff were confident in their understanding of people's needs.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests but it was not always clear that representatives with the legal right to make decisions were making those decisions. The registered manager told us they would address this. We have made a recommendation about this. The policies and systems in the service supported good practice related to choice and control.

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 this is through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There was a robust system in place to ensure the oversight of DoLS and any conditions attached to them.

The environment had been adapted to meet the needs of people and to improve their experiences. A dementia strategy was about to be implemented that would further support the development of a dementia friendly environment.

The management team was responsive to the feedback throughout our inspection.

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 29 December 2017).

#### Why we inspected

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.

We received concerns in relation to staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

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

We have found evidence that the provider needs to make improvement.

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

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 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors carried out the inspection.

#### Service and service type

Buxton House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and concerns raised with the Care Quality Commission. 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 sought feedback from the local authority and

professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We visited the service at three different times of the day; including a daytime visit, an early morning visit whilst the night staff were working and an evening visit. Two of these visits were unannounced.

We spoke with four people who used the service about their experience of the care provided. We spoke with 16 members of staff including the operations manager, registered manager, deputy manager, 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 spoke with a visiting health professional and received feedback from a GP who treated people in the home.

We reviewed a range of records. This included elements of eight 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.

#### After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We looked at further records related to five people in relation to falls management and the MCA, we also looked at records related to staff support and oversight.

We asked the provider to share a poster asking staff and family and friends to contribute to our inspection. We received anonymous feedback from a member of the staff team. We also received feedback from the relatives of 14 people living in the home. We received feedback until 6 October 2021.



# 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

- We found mixed evidence in relation to the management of environmental risk. Some environmental risks were not well managed with doors to cupboards containing electrical units left unlocked. These doors had signs that reminded staff to keep them locked. We raised this with the registered manager and deputy manager on our first visit. We checked again on our second visit and found these doors remained unlocked. This put people at risk of harm. We also noted cables to sensor mats were sometimes trailed in ways that caused a trip hazard. Other environmental risks were well managed with regular oversight of maintenance issues and staff clear on their responsibilities should a fire alarm sound.
- There was mixed evidence in relation to the assessment of emerging risk. A person recently admitted to the home had experienced a number of falls whilst isolating and opportunities to reduce this risk had been missed. A person who had experienced some bruising had not had equipment sought to reduce this risk.
- We also found mixed evidence in relation to the monitoring of ongoing risk. One person was at risk of choking. Their care plan referred to the need to sit up if eating and drinking in bed to reduce this risk. We observed them trying to drink in bed whilst lying flat. We made the registered manager and deputy manager aware of this. The deputy manager spent time reassuring the person and arranged for staff to help them get cleaned up following a spillage. Records related to this time did not refer to the person trying to drink. This meant that any increased risk of choking may be missed.

Risks were not being managed consistently There was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also saw that staff had identified and acted in response to some new risks. Some risks associated with eating and drinking safely had been identified and referrals made to ensure these risks were assessed and responded to quickly. We also saw the staff using simple recording systems that enabled them to be sure that people were helped to move in bed at the intervals that they needed to keep their skin healthy.

### Preventing and controlling infection

- We were mostly assured that the provider was using PPE effectively and safely. We observed one member of agency staff not wearing any PPE when supporting a person. Feedback from other staff identified that they had not worn a mask for the duration of their night shift. We spoke with them and the registered manager about this.

People were not protected from the risk of infection. There was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There were checks in place that reduced the likelihood of a visitor catching or spreading infections. The requirements for visitors regarding PPE use when we started our inspection were not effective. We were asked to put on apron, gloves and mask when we arrived but not asked to change our PPE, or practice hand hygiene, when moving between areas of the home. We spoke with the management team and they assured us they would review the PPE requirements for visitors to ensure they were effective in reducing the risk of visitors spreading infection within the home.
- 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 accessing testing for people using the service and staff. The system for ensuring the team could be confident of the testing of agency staff was not robust. This was addressed immediately.
- We became assured that the provider was promoting safety through the layout and hygiene practices of the premises. During our first visit we observed that good hand hygiene practices were not embedded in practice. We discussed this with the management team. On our second and third visit to the home the staff were all practicing good hand hygiene.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We also had discussions with the registered manager and provider about supporting the role of essential care givers. Essential Care giver status is given to a relative or friend in order that they can provide enhanced emotional or physical support to a person to ensure their well-being. Essential care givers are subject to the same testing regime as the staff in the care home and can visit more frequently and for longer to provide the identified support.

#### Learning lessons when things went wrong

- There was clear evidence that lessons were learned with things went wrong. For example, following analysis of a situation where a person had fallen repeatedly the registered manager had purchased a new sensor that would be available in similar situations. A strategy was also being implemented to ensure falls were addressed holistically. Issues fed back to the registered manager regarding infection control were dealt with swiftly and effectively.

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

- During our inspection we received information that we raised as two safeguarding alerts. These were ongoing at the time of our inspection.
- People who could communicate their views with words told us they felt safe. One person replied to the additional question "What makes you feel safe?" by saying "The staff, it's the staff who make me feel safe. They are all very helpful." Another person told us the staff helped to reassure them when they worry.
- 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 relaxed with staff throughout the home.
- Staff had received training in safeguarding and told us they understood their responsibilities.

#### Staffing and recruitment

- The home had been experiencing a chronic shortage of staff. This reflected a national picture in the social care sector. Staff were tired and told us they sometimes felt overstretched. The provider and senior team described the measures they were taking related to recruitment, staff support and retention. New staff had been appointed and they were beginning to work as our inspection progressed. Staff told us some days

were better than others. The senior team were confident that staffing had never become unsafe in the home. They were also very aware of the potential for this chronic situation to impact on the team and people living in the home.

- Recruitment processes had been enhanced since our last inspection. This included the introduction of specific roles within the provider organisation to support efficient and safe recruitment.
- The provider and management team sought to respond to reasons identified by staff within exit interviews. We saw that actions were taken when specific issues were raised.
- The provider had also made bonus payments to staff to thank them for their hard work and commitment during this challenging time.

#### Using medicines safely

- People received their medicines as they were prescribed. The staff who gave medicines had been trained and their competency to give medicines safely had been assessed.
- There were systems in place to ensure people received pain medicine when they needed it.
- Medicines were stored safely and securely. The temperature was not being recorded in an area where medicines were stored. The temperature was safe for medicines storage at the time of our inspection and we were told that a system of checking and recording would be put in place to ensure this was monitored.

# 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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 the authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. However, where people had appointed a legal representative to make decisions about their health and welfare it was not always clear that these representatives had made decisions rather than be consulted. We spoke with a relative who held power of attorney and they told us they had not seen their loved one's care plan and when we discussed the contents of the care plan with them, they were not aware of the detail. This put people at risk of receiving care that did not reflect their best interests or reflect their previous views. We discussed this with the registered manager and provider and they told us they would address this and ensure decisions were made by the appropriate decision maker.

We recommend you review how you ensure you have sought the decisions of people's legal representatives in line with national guidance.

- There was a system in place to monitor and implement any conditions that were applied to people's DoLS. At the time of our inspection there was no one living in the home who had conditions applied to their DoLS.
- Staff had completed training in MCA and understood how they encouraged choice in their daily work. People told us they made choices about how they spent their day and we saw that people were supported

to make choices throughout their day including the times they got up and went to bed and where they spent their time.

Staff support: induction, training, skills and experience

- Staff told us they had experienced mixed support. We received feedback that referred to the approachability and kindness of managers and feedback that detailed how staff had felt unsupported. We discussed this with the registered manager and provider. They were very aware of the current risks associated with staff morale. Some of these issues related to the protracted period of chronic staffing issues and levels of tiredness amongst care staff due to the pandemic. Some of the issues related to specific situations and communication. The registered manager was working to address these.
- People had confidence in the staff who supported them. One person told us: 'The staff are excellent.' Another person described the staff team as being 'helpful and kind'.
- Staff had completed induction training and had on-going training and support that enabled them to carry out their roles. Enhanced training for staff was an important strand of the provider's new dementia strategy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People had their needs assessed prior to moving into the home. During the Covid-19 pandemic more of this assessment process had been done remotely to reduce the risks associated with cross infection.
- Changes had been made to the assessment process to improve understanding of the risks people faced from falling. These changes were designed to improve the effectiveness of the assessment. These changes were implemented following the review of an admission where the person had fallen a number of times shortly after moving into the home.

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

- People had their nutritional needs assessed and care plans were in place to meet their needs safely. Staff were able to describe the support people needed with eating and drinking.
- People's weight was monitored. The staff liaised with health professionals if they identified people were losing weight or struggling to eat and drink safely. Appropriate measures were put in place and referrals made for specialist input when needed. The chef described how they made fortified meals and drinks for people to support them to take on enough calories.
- People were happy with the meals and snacks provided. One person explained how you could choose from different options and ask for an alternative if you wished. They told us "The food is excellent." We observed people being offered choice. Where people could not use words to express their choice staff used observation and their knowledge of the person to ensure they received food and drink they wanted.
- The chef described how they got to know people's likes and dislikes and ensured that special diets were catered for. They told us they used moulds, piping and separation plates to ensure that pureed foods looked appetising.
- People had positive mealtime experiences. There were relaxed and varied atmospheres in all communal dining areas with staff chatting with people whilst they supported them to eat and drink.
- We received mixed feedback from relatives about the mealtime experience of their loved ones. We discussed the role of essential care givers with the provider and they told us that one relative was coming into the home to assist their loved one with meals.
- The provider's new Dementia strategy included further improvements to how people were supported with nutrition and hydration.

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

- Healthcare professionals were confident in the staff's ability to identify concerns and communicate them

appropriately. They also told us that staff ensured any guidance provided was followed.

- The home had a named clinical lead from the primary care network. The home was visited regularly by named professionals and this ensured people received consistent support to meet their healthcare needs.
- We received mixed feedback from relatives about how well they felt people's health care needs were met. There were particular concerns expressed regarding communication. The registered manager had identified this issue and was committed to improving the shared understanding between the home and relatives regarding actions taken in response to health concerns.
- People's oral health care was assessed and planned for. The recording of oral care was not robust and it was not possible to use the records to determine the support people had received to maintain their oral health. We spoke with the registered manager and provider about improving this. They described how the electronic recording system would enable better oversight of this recording and committed to interim measures to ensure this recording was improved before the electronic recording system was introduced.

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

- People's bedroom doors had their names, and in some cases other identifying pictures, on. This helped people to find their own rooms.
- People's bedrooms were personalised with photos, pictures and belongings that mattered to them and reflected their tastes.
- Communal areas provided a variety of seating options for people to choose who they spent time with. The rooms were bright and furniture was laid out in ways that supported interaction between people. There was artwork done by people living in the home on display. A café area had been created to support people to socialise with each other and with family and friends. The use of this space had been disrupted by the Covid-19 pandemic, but we heard it had been well received.
- The provider's new dementia strategy included a focus on improving the environments for people living with dementia.

# 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 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; Continuous learning and improving care

- There was mixed evidence about staff understanding their roles and responsibilities. We identified a situation where senior staff had not acted appropriately to ensure safety of people and the support of their colleagues. The registered manager addressed with the staff member directly and afforded them an opportunity to reflect and develop their practice.
- A new electronic recording system was scheduled to be introduced to the home in early 2022. This was important because we found that recording was not sufficient to ensure oversight of the quality and safety of people's care. Personal care was not robustly reported, and we identified an example where a near miss was not recorded. This meant that emerging risks to people could not be identified consistently.
- Systems in place to oversee people's experience were not fully effective when we visited. The registered manager acknowledged that the resident of the day checks and reviews had not been consistent due to staffing restrictions. They had identified this and had a plan in place to re-establish consistent implementation. This was important as it was the main tool used to identify changes in people's needs that had not been picked up through day to day observation.
- Systems for the oversight of agency workers had not been robust enough to protect people from the risk of harm and poor care. The registered manager was not able to confirm whether a member of agency staff had done a lateral flow test prior to working and checks had not been made to ensure training that was no longer current had been refreshed.

There was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had just returned to their substantive post having been seconded for a year. During this time the home was managed by the deputy manager with support from the registered manager and provider organisation.
- Audits and feedback from staff and people were used to ensure people received a good quality service with an emphasis on improvement. A resident's meeting had been established and requests made at this meeting, such as the return of the knit and natter group, had been acted on.

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 told us if they had any concerns they could speak with any member of the team. One person said: 'I could talk to anyone they are all so helpful.'
- People lived in a home where there was an ethos of providing individualised care. Staff knew people well and we saw they responded to their individual needs. Staff spoke about people with care and familiarity.
- Relatives had mixed views regarding the home. Just over half the relatives we spoke with reflected positively on their experience of the home describing their loved one's care with phrases such as 'tailored to her needs', and highlighting good access to healthcare, positive communication and the range of ways staff kept people occupied and happy. Other relatives identified specific concerns about their individual loved one's care and their communication with staff in the home.
- We had repeated comments from more than half the relatives we spoke with about a downturn in their experience within the last two to three months. We spoke with the registered manager about this and discussed possible causes for this experience. The registered manager told us they would explore this and seek to address the concerns of relatives.
- People praised the staff and said they were 'lovely', 'kind' and 'hard workers'. We saw staff working in ways that reflected these views.
- The registered manager and senior team were committed to providing high-quality, person-centred care. The deputy manager described improvements that had been made to the range of activities available to people and the first example of 'making wishes come true' with a sunflower field visit for one person.

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

- Where mistakes were made, the registered manager was transparent and acknowledged failings and omissions. They sought to make improvements and reduce the risk of repeated mistakes.
- The provider had a policy in place to support the duty of candour.

Working in partnership with others

- The staff worked in partnership with other professionals to ensure people's needs were met. This included making referral to professionals to meet specific needs.
- Professionals fed back that they were able to communicate effectively with the senior team and staff in the home.

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  People did not always receive safe care and treatment. The risks people faced were not always managed effectively. Staff did not always follow infection control guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People were not always protected from unsafe care by governance. Records were not accurate.