

Four Seasons Homes No.4 Limited

# Osbourne Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Osbourne Court Care Home is a residential care home providing personal care to up to 69 people. The service provides support to older people, some of whom are living with dementia, in one adapted building. At the time of our inspection there were 23 people using the service.

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

People's safety was well managed for the most part. The management and staff team had worked to improve systems that raised awareness and promoted safety. There were some points raised as part of the inspection in relation to robust risk assessment, checks and controls and swift action was taken on the day of the inspection visit to address these.

The management systems in the home were now in place. The embedding of these systems was still ongoing to help ensure they were proactive and not reactive, sustained any improvements and continued to learn from any lessons, both historical, and current. Care plans were a work in progress as they did not hold all information needed, and some handwriting was difficult to read, but the management team were aware of this and working on addressing it. Some communication and end of life care plans needed more development. Action was taken to address this following the inspection.

Feedback about the management was positive, staff felt there was support, guidance and leadership which had improved the morale and culture in the home. The new manager started at the home after the last inspection. They had worked with the senior managers and staff team to drive improvement.

Infection control practices were in place and staff were working in accordance with guidance. Medicines management was monitored and where we identified some areas for improvement, this was addressed on the day of the visit. This mainly related to record keeping.

People, relatives and staff told us that staffing had improved at the service. The use of agency staff had reduced, and people's needs were seen to be responded to appropriately. Staff told us they felt trained and supported.

Staff were aware of people's needs and risks. In addition, they carried a sheet which detailed key information they needed to be aware of.

People's privacy and dignity was promoted. Staff spoke with people nicely and people told us staff were kind and helpful. People told us they were involved in making choices about their day and their care. Relatives told us they were also involved as needed and they were happy to approach a member of the management team should they need to or if they needed to make a complaint.

People had access to food, drink and call bells throughout our inspection. Staff carried out checks on

people and offered drinks. People were also able to participate in activities as they wished. The activity team were working with people developing plans and activities they would enjoy.

There was redecoration ongoing. This meant that the upstairs unit was closed. The management team advised that when this was completed, further work to ensure the building was more dementia friendly would be considered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Rating at last inspection

The last inspection for this service was not rated (published 20 July 2022). The last rating for this service was inadequate (published 11 May 2022).

This service has been in Special Measures since 20 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection and was prompted in part due to concerns received about standards of care, response to changing health needs, management and staffing. A decision was made for us to inspect and examine those risks. As a result, we undertook a comprehensive inspection to review all the key questions.

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

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

#### Follow up

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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Osbourne Court Care Home

## 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

The inspection was carried out by 2 inspectors.

#### Service and service type

Osbourne Court Care Home 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. Osbourne Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a new manager who had started since the last inspection and had applied to be registered.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited the service location on 17 January 2023 and had a video call with the manager, regional manager, regional support manager and Head of Care Quality on 24 January 2023. We spoke with 5 people and received feedback from 6 relatives. We also spoke with, or received feedback from, 12 staff including the manager, deputy manager, regional manager, regional support manager and support workers. We reviewed feedback from health and social care professionals.

We reviewed a range of records. This included 6 people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

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.

### What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

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

- At previous inspections the provider had not ensured people's safety was robustly promoted which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that measures had been implemented to help ensure people received safe care and treatment.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- People and relatives told us they felt they or their family members were supported safely. A relative said, "I do think [person] is safe. I visit my [person] and the home often, [person] is clean, their bed and clothing are clean, there are no bad smells in the room or around the corridors." Another relative said, "[Person] is safe there. Their call bell is always left in reach for them."

- There were individual risk assessments in place for people and these were reviewed monthly. However, some of these needed more detail. For example, where a person had epilepsy, the plan said to look for signs of a seizure and detailed what action to take. The plan did not detail what the signs of a seizure may be. Also, for choking assessments, level of risk was assessed but it was not clear how staff should manage this. However, we spoke with staff who were aware of the risks and how to reduce the risk of the person choking.

- Staff had a printed handover sheet which highlighted individual risks. We did note one did not include a person's allergy. This was amended when we raised it.

- People who were at risk of falls had regular checks, sensor mats or low-profile beds in place. We noted for a person who had a low bed, the staff member raised the bedrails while they raised the bed to support them. They also raised the rails when they left the room to ask a colleague for support. Bed rail bumpers were in place and assessments had been completed.

- We observed staff support people with moving and handling. While this was mainly positive, we did observe 2 instances where this was not done appropriately. One of these was also identified by the regional support manager who intervened and met with the staff member to have a formal supervision. The other instance was shared with the management team by us. A further supervision was carried out following our visit for this staff member.

- We observed a person being wheeled from room to room in a specialist chair. However, the chair did not have footplates which meant their feet were at risk of injury. We raised this with the management team. Following the inspection, they told us, "An Occupational Therapy (OT) referral and response has been made for [person], in the meantime we have found a much more appropriate chair for them which has foot plates." However, we were advised that following this the person had leaned forward and staff needed to lower them to the floor. The manager told us after this event, further changes were made to ensure the person's safety.

- People were recorded as being supported to change their position regularly. There was equipment in place to help prevent pressure ulcers developing. Pressure care equipment was checked to ensure it was set correctly. The manager had recently introduced a monitoring system but on the day of inspection, the check had not yet been completed and we noted one mattress that was not set correctly. We raised this with the management team and nurse who addressed this and added a label to the mattress for staff awareness.
- People who were at risk of malnutrition were provided with fortified foods and drinks. Weights were monitored and concerns were reported to healthcare professionals.
- People had access to their call bells or sensor mats were in place to help alert staff to their need for assistance. Staff anticipated people's needs when they were unable to use their call bell. For example, when a person was unsettled and pulling their blankets off, the nurse asked care staff to support the person to get up and dressed.
- Fire safety checks were in place. This included testing the alarm, fire drills and checking the fire register.

#### Using medicines safely

- We reviewed medicines recorded and counted a random sample of medicine quantities. We found in most cases medicines were administered and recorded appropriately. However, 1 medicine we counted had 1 less than there should have been. In addition, we found that staff recorded when a new patch was administered, but not always when the used patch was removed. Also, one box of paracetamol did not have the quantity recorded. We raised this with the management team who immediately commenced an investigation regarding the missing tablet and planned actions regarding better recording.

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

- At our last inspection the provider did not ensure all safeguarding referrals relating to unexplained injuries were made appropriately. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that these had been reported and investigated.

Enough improvement had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at the service.
- Staff were able to tell us how they would report concerns relating to risks of abuse. Training had been provided and information was displayed.
- The management team reported allegations of abuse to us and the local authority appropriately.
- The manager held a log of all safeguarding's and updated with any actions or contact as they occurred.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely. There was a risk assessment in place regarding the use of face masks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider had systems for admitting people safely to the service.
- 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 friends and family visit them freely.

## Staffing and recruitment

- At our last inspection the provider did not ensure there were enough skilled and knowledgeable staff available to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that staffing at the home had improved.

Enough improvement had been made and there was no longer a breach of regulation 18.

- People and relatives told us staff were kind and there were normally enough of them to meet their needs. A relative told us, "Sometimes staffing seems a bit minimal but I guess that could be the time of day I go in, usually ok though." Another relative said, "There are plenty of staff available to support as needed. Whilst we are there staff often pop in to check on [person] and say hello." A third relative said, "I notice that a lot of time residents are left on their own in the dining room and lounge while care workers are either writing up reports or tending to other residents. I would like to see a care worker with the residents in these areas to avoid any accidents happening."
- We observed staff were attentive and assisting people as they needed it. The atmosphere was calm, and staff were visible throughout the visit.
- Staff told us staffing had improved. One staff member said, "We are now fully staffed with permanent staff no agency."
- The manager told us that agency usage had significantly reduced which had a positive impact on the home, people and morale. They also told us that agency staff they did use were familiar with the home and had got to know people they supported.
- We reviewed the dependency tool and the January staff rota and found that the home was staffed consistently.

## Learning lessons when things go wrong

- The management team reviewed events and incidents to take learning from them. Following inspections from the Care Quality Commission and the local authority, actions had been implemented to help ensure there were no reoccurrences of previous issues. We noted the complaints reporting form included a 'lessons learned' section.
- We saw feedback to staff in meeting notes about events in the home and how to help reduce these going forward.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People told us staff were good at what they did. Their relatives gave mixed views about whether staff were well trained and knowledgeable for their role. A relative said, "Staff seem to know what they are doing." However another relative said, "I would like to know whether or not training has been provided to the care workers for dealing specifically with residents with dementia, as I have noticed in certain circumstances things are not being done (shower / hair wash) often due to the way that the care workers deal with the situation, what they say, how they say it etc." We noted staff had received training in dementia care.
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. Training in key subjects such as diabetes, epilepsy and pressure care management was provided for nurses and senior care staff. A requirement was made in July 2022 that all registered services have staff completed training to ensure they can support people with a learning disability. The provider had added these subjects to the eLearning platform, but this had not yet been completed.

We recommend that the provider sets a suitable timeframe in which staff should complete this training so that requirements are met.

- Staff had received supervision to help ensure that they had a clear understanding of their role, the good standard expected and to ensure they felt supported. Staff told us they felt more supported by the new manager in the home. A staff member said, "I feel I am being supported mostly by the deputy manager she is very supportive and when you approach her, she is really keen and willing to help."

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

- People and their relatives said staff supported them with eating and drinking. A relative said, "If [person] doesn't fancy what is on the menu they will always find an alternative to suit." Another relative said, "I have worked closely with the kitchen staff to devise a menu for [person] that will include their favourite foods, their appetite remains good which to me indicates they enjoy what they get."
- People's dietary needs and preferences were documented in their care plans and staff were aware of them. People's weight records showed that if people were losing weight, a plan was in place on how to support them to improve their intake. There was an overview of people's risk levels and the kitchen team had a nutritional plan to follow.
- We observed people being offered choices for their meal. The food looked and smelt appetising. However, the mealtime experience needed to be improved. There were picture menus available to help people decide

or remind them what they had chosen. However, we did not see these being used, menus on tables did not include the pictures. Tables were not set in advance of the meal to help give people indicators it was mealtime, particularly important for people living with dementia. In addition, condiments were not available, and drinks were not given until food had been served. There was no choice of drinks.

We recommend that you review the dining and mealtime experience to ensure it meets good practice in relation to supporting people living with dementia.

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

- People's needs were assessed before they moved into the home. Assessments included people's individual needs, risks and preferences. However, there had been no recent admissions due to the issues the home had experienced. The regional manager told us, "When we start admitting people it will be done slowly and carefully so we don't find ourselves in the same situation."
- People and their relatives told us they felt the service was able to meet their needs.
- There were monthly reviews of people's needs. Staff were aware of people's current needs.

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

- People had access to health or social care professionals as needed.
- There was a weekly clinical meeting to discuss people's needs, updates and any action needed.
- We observed the nurse contacting health professionals on the day of our visit. Relevant information was shared with the staff team at handovers and clinical meetings.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA.

- 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. Any conditions related to DoLS authorisations were recorded to help ensure they were being met. The condition we reviewed for 1 person was only imposed the day prior to the inspection so we were unable to check this was happening.
- People and relatives told us that staff asked for consent when supporting them. We observed staff asking people before supporting them on the day of inspection.
- People had mental capacity assessments completed for decision making where needed. The assessments reflected where a best interest decision had been made. Assessments detailed people's responses to questions and stated if a relative had been involved in the process.
- Staff received training in the Mental Capacity Act.
- Where a DoLS application had been made, a tracker was in place to monitor its progress.

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

- The home was undergoing refurbishment. Redecoration was in progress. We saw from action plans that new furniture had been ordered.
- The layout of the home meant that people could move around freely. Only the ground floor unit was open at the time of the inspection. People were seen to be using communal areas.
- There was some signage in use to help people, in particular those living with dementia, orientate themselves. The management team advised that when the refurbishment work was completed, further work to ensure the building was more dementia friendly would be considered.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- All bedroom doors were open when people were in bed or sitting in their chair. It was not clear in care plans if this was preference or to enable staff to check on people. However, staff did close the doors when supporting people with personal care. We discussed this with the management team who acknowledged this level of detail and preference needed to be in care plans and they would ensure people's preferences in relation to their doors were added.
- We observed staff to be friendly and chatty with people. Staff knew people well and people were comfortable with them.
- People and their relatives said staff were kind. A relative said, "Staff are all very kind, caring and nurturing towards [person]." Another relative told us, "Quite a few of the carers have been there for years, but also the new carers know my [person], everyone is kind and compassionate."
- We asked staff about supporting people to maintain relationships and offering privacy. Staff were aware of the importance of promoting people's relationships with friends, family, partners and spouses.

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

- People and their relatives gave mixed views about if they were involved in decisions about their care. They told us they were kept informed about changes but not sure they were part of the review process. A relative said, "I am involved in care reviews. I have had to request meetings and updates about care plans that needed to be adjusted according to [person] changing needs." Another relative said, "I am invited to meetings about [person's] care."
- People's care plans included a record of people's preferences and choices. This included the gender of staff to support people. Staff were familiar with people's preferences and life histories.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy with the care they received. Some people were not able to verbally communicate their views, so we used our observations to assess the standard of care. Relatives gave mixed views about the care provided. Generally, they felt care met their family member's needs. However, 2 relatives told us that they felt more encouragement should be given for people to have baths and showers. A relative said, "[Person] has only had a handful of baths since being in there." Another relative said, "I have specifically requested that [person] is showered at least 3 times a week, which I feel is reasonable from a hygiene perspective. Before [person] came to the home they used to shower every day."
- We reviewed their bath records and found that, over a period of 3 weeks, both people had only had 2 baths and showers. Care plans were detailed about how to support these people to receive the care, and care notes showed that personal care had been given, for example, a full body wash. However, this was an area that needed to be reviewed to ensure that people had the right encouragement at the right time to help them access baths and showers.
- People were dressed appropriately for the cold. Care notes viewed indicated that care was given when needed. However, a relative did say, "Sometimes when I visit [person] has dried food around their mouth, would be nice if they wiped their mouth for them."
- People's care plans, in many cases, included information to guide staff so care could be delivered in a person-centred way. We found that staff knew people well and were able to tell us about people's care needs.
- Care plan updates were a work in progress. A member of the management team had been working on these, the ones completed were easier to read and up to date. However, we found that some needed more information to make it clear to staff what was needed.

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.

- People's care plans referred to communication needs and if people were able to communicate verbally or not. However, they did not provide any guidance to aid communication should a person not be able to communicate easily. A care plan we viewed said 'communicate in an effective way' but it did not state what that was.
- We observed staff communicating with people and did not see any communication issues. Staff told us for 1 person who first language was not English, they used an Alexa to translate and the person's family

member also assisted as they visited regularly. We also heard music playing in their room and the songs were in their first language. We were also told that another person used flash cards at times when they needed to.

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 told us there were activities they could participate in should they wish to. A relative told us, "[Person] enjoys the activities and joins in regularly from what I am told." A relative whose family member stays in their room said, "The entertainment team visit their room and play bingo and do crosswords with them as well as just sit and converse with them."
- On the day of our visit, there were one to one room visits ongoing and there was a game of bingo set up in the lounge. The lounge used had not been seen in use at previous inspections. One activity organiser told us, "It's a better lounge to use, its smaller so people can talk and get more involved."
- There were 2 staff responsible for activities. One had previously been a care worker in the home, and this was evident as they knew people well. They talked about spending time with people in a way that reflected the person's choice, and where the person was less able to communicate, involving family members to help develop an activity plan that suited them.
- We reviewed a record of activities provided and found there were regular recordings for some people, but some people did have gaps of a few days. We also saw that each person had completed an interests form to help the team develop activities people enjoyed.
- A recent resident's meeting asked about activities people would like and plans for upcoming months.
- People were supported to maintain contact with family and friends. Relatives told us that they were supported to keep in touch with their family members.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had made complaints which were listened to or were confident to raise a concern if needed. A relative said, "I was confident and happy about the frank and open way I was able to discuss this with the home Manager and assistant manager." Another relative said, "We have never had to raise a complaint but would feel confident to do so should the need arise, as would [person] themselves."
- The provider had a system in place to record and monitor complaints. The complaints system included action taken to resolve the issue. There had been two complaints since our last inspection and action taken was appropriate.

End of life care and support

- People's care plans included information about the end of their lives. However, the information included was practical to provide the physical and needed care. The plans needed to be developed to include a more holistic approach. For example, favourite items, and sensory considerations, to help them have a more positive experience.
- The staff team supported people at the end of their life. The nurses and senior care staff engaged with visiting healthcare professionals to ensure their needs were met. Some staff had received training for end of life care from the local hospice.
- Feedback seen from a relative whose family member had recently passed away said, 'Many thanks for all the love and care you have shown [person] over the many years they were with you. Our family will be forever grateful to you'.

# 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 rated inspection, we rated this key question inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the previous inspections, the provider had not ensured robust leadership and effective governance, and this impacted on people's safety and welfare. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that systems had been implemented and used effectively. As a result, the standard of care had improved and the morale and culture in the home had become more positive.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- While there had been improvements, some of the issues we identified as part of the inspection had not been identified by the management team. The team were reactive to our feedback and put in immediate actions to address the points. However, more work is needed to ensure the team are proactive to help prevent issues arising.
- The management team were carrying out audits and checks to monitor the service. We found that these identified where there was a shortfall. For example, a missing medicines signature or a missing record from a care plan. Action was taken to address the points raised following our feedback. However, as the service currently only supported 23 people out of the 69 people they were registered for, work was needed to ensure the systems and improvements were imbedded to enable them to increase their capacity.
- We noted that a quarterly health and safety audit had improved its score from 36% to 75%. This reflected the work the team had been completing.
- The senior management team had been working with the team at the home and supporting the deputy manager until a permanent manager came into post. The homes management team told us they felt supported, had autonomy and had the resources needed to make the changes in the home. On the day of our visit a regional management team had arrived to carry out an audit with a 'fresh pair of eyes'. This demonstrated that they did not want to make the mistakes relating to lack of robust oversight which had been made repeatedly previously.
- There were walk rounds and checks carried out by the management team. These checked all areas of the home and spoke with people. We noted an action where a person was upset to not have seen a family member and the manager arranged a phone call. The checks logged any shortfalls and how they addressed it and monitored call bell response times.

- Feedback from people and relatives about the management changes was positive. A relative said, "With the new management team in place I am happier with the management of the service, but like anything, it can always be improved." Another relative said, "My view is that this is a good home. I trust [person] is in good hands and I would recommend Osbourne Court to others."
- Relatives were made aware of the management updates and advised of the ongoing action being taken to address the shortfalls found from inspections and monitoring. We saw a letter welcoming input and feedback from relatives and the invitation to a meeting.
- Staff told us the new manager was good and they like them. A staff member said, "[Person] is great. Made such a difference." Another staff member said, "They (manager and deputy manager) go around checking, offering guidance and support."
- Following our feedback on the day of our visit, immediate actions were taken to address the areas needing further development. This includes changes to systems, equipment and records to help ensure people received safe and appropriate care.

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

- People and relatives were positive about their experience at the home and how the changes had improved the home. A relative told us, "My [person] has severe dementia and does not engage with the outside world. As her advocate I have a close relationship with the home to ensure her care is what she needs and would have hoped for." Another relative said, "We are more than satisfied with the care and support [person] receives. For them, it works. They are looked after, checked upon and safe."
- There were residents' meetings where people were asked for their views. People's comments and actions were recorded. Feedback was mainly positive with some minor suggestions about menu and requests for sauces for the table. We reviewed the menu plan for January and found this had included a varied dessert menu as people requested. However, we noted there were no sauces on tables, as requested at a meeting, on the day of the inspection.
- We found that the culture in the home had improved. The atmosphere was lighter, and the sense of morale had improved. A staff member said, "It is so much better, there is teamwork now and you get asked how you are." Another staff member said, "It is definitely better now, we have some things still to do and work is in progress, but I actually like it here now. It feels good."
- There were staff meetings and expected standards were shared from the management team and staff input was also recorded in the meeting notes.

Working in partnership with others

- The management was linked in with a local care provider's association to help provide training opportunities.
- The team also worked with a local hospice, pharmacy and social and medical professionals to help drive improvement in the home.