

Windmill Care Limited

# Osbourne Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Osbourne Court is a care home providing accommodation and personal care for up to 58 people. At the time of the inspection there were 44 people living at the home.

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

There had been significant improvements following the inspection of December 2019. We saw positive changes had been made to the home's medicines system. Medicines were disposed of safely, records were fully completed, and staff were not disturbed when administering medicines. Changes had been made to the complaints process and all complaints were being logged. A clear process was in place to help manage people's personal items when they had gone missing.

People and their relatives were complimentary about the home and the care and support people received. People were protected from the risk of avoidable harm. People were supported by a team of staff to ensure their needs were safely met. The home was clean, and staff followed appropriate infection prevention and control practices to minimise the spread of infections. People told us they felt safe living at the home and had no concerns. The home followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home. Accident and incidents were reported, recorded and analysed with lessons learnt shared with staff to prevent reoccurrences.

Staff were kind, understanding, and compassionate. People had good relationships with staff. People were supported by staff who knew people's personal and individual needs well. Care was personalised with people's communication needs being met. People receiving end of life care experienced a comfortable, dignified and pain-free death.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

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 Requires Improvement (published 11 February 2020). The last rating for this service was Requires Improvement (published 11 February 2020). At our last inspection we recommended that the provider considered best practice around capturing informal complaints so there was clear guidance for staff to follow. At this inspection we found improvements had been made. A clear process was in place to manage complaints.

Why we inspected

We carried out an inspection of this service on 2, 3, & 4 December 2019. We rated the service requires improvement in Safe and Responsive due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?**

**Good** ●

The service was safe.

### **Is the service responsive?**

**Good** ●

The service was responsive.

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

**Good** ●

The service was well-led.

# Osbourne 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 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

The inspection was carried out by one inspector.

#### Service and service type

Osbourne Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

The home 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 the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy, two assistant managers, one visiting professional, two relatives, three care staff and four people that lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We reviewed a range of records relating to the management of the home, staff recruitment records, people's care records and medicines records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the inspection of December 2019, we found systems in place to manage medicines was not safe. At this inspection, we found improvements had been made.

### Using medicines safely

- Since the last inspection, the practice relating to how people were administered their medicines had significantly improved. One of the assistant managers had taken the lead role and over saw the medicines system within the home. They completed regular audits to ensure this was safe.
- All medicines were prepared and administered as prescribed. The staff member in charge of the medicines round observed people take their medicines and signed for this.
- Medicines were disposed of safely when they were no longer required. A separate cupboard was allocated for medicines which were to be returned to the pharmacy. Records were maintained of each medicine being returned and the reason for this.
- Staff administering medicines wore a, 'Do not disturb' tabard. Since the last inspection, the phones were given to the management team whilst each medicines round was in progress. This helped to ensure the staff member was not disturbed.
- People's topical cream charts confirmed people had received their creams. It was clear each person had received this when required. Medicated creams were administered by the staff carrying out the medicines round. Non medicated creams were administered by the care staff and signed for.
- The assistant manager told us all staff washed their hands before and after administering eyedrops to each person that required them.
- People's medicine records were signed for appropriately with no gaps in signatures. Records contained important information relating to the person's medicines, known allergy's, health conditions and a picture of what they looked like.

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

- People we spoke with told us they felt safe and they had no concerns around their safety. One person told us, "Yes, I feel safe. I do not have any concerns". A relative told us, "I know that my [loved one] is safe here. If I had any concerns, I would speak to the staff. I know any concerns would be taken seriously".
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was shared with staff. All the staff had received training in relation to safeguarding.

### Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed, which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The deployment of staff helped to meet people's needs and kept them safe. Staffing levels were assessed regularly and when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us they felt the home had enough staff to keep people safe. One person told us, "Yes I think they have enough staff. I have not had to wait too long if I have needed anything". A relative told us, "I visit regularly and have no complaints. They seem to have good staffing levels here which makes a big difference". A member of staff told us, "Staffing levels are good. We all try and pick up extra shifts when we can to help out and cover leave and sickness".
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

At the time of the inspection the home was open to visitors. This was in line with government guidance as everyone now is entitled to a visitor.

#### Learning lessons when things go wrong

- The registered manager and the management team took appropriate action when things went wrong, to improve standards at the home.
- Appropriate action was taken if people had accidents and records were kept. These records were computer based and completed by the staff. When completed the management team received an email generated from the system. They then reviewed records and put the appropriate actions in place if needed.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

# 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 changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we recommended the provider considered best practice around capturing informal complaints so there was clear guidance for staff to follow. At this inspection we would improvements had been made.

Improving care quality in response to complaints or concerns

- Since the last inspection, the registered manager had made improvements relating to how formal and informal complaints were logged. All concerns and complaints had been logged with a clear process in place. Complaints had been fully investigated with the outcome shared with the complainant.
- The registered manager had put a process in place to help manage lost property and how this was communicated with people and relatives. They had put together photo of items of lost property found and shared this with people, staff and relatives. This helped them to identify personal items that had gone missing.
- The management team learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures.
- People told us they knew how to make a complaint and the management team took immediate action to address anything they were not happy with.

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

- People had their needs assessed before they moved into the home. People and relatives were encouraged to visit the home to have a look around. Pre-admission assessments were then used in the formation of the person's care plan.
- People's care records were computerised. They each described the support people needed in the delivery of care in a range of areas. For example, people's needs in relation to emotional wellbeing, eating and drinking, mobility, personal care and continence were all documented.
- People's care records were person centred and contained information about their individual needs and preferences. For example, information was recorded about how people liked to spend their day and their preferred daily routines.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. Care records contained information about how to support people's individual needs in respect of effective communication. We observed staff communicating with people according to their needs, speaking slowly and on a level where required. People were seen wearing aids such as glasses.
- The registered manager told us some people with dementia could not verbally communicate very well. The staff helped to read people's body language to determine how they were feeling and used expressions and their own body language to communicate back.

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 offered a range of activities during each day. The registered manager told us all of the staff took responsibility to plan activities within the home. This included entertainment, live singers, outings, animal therapy and daily activities.
- We spent time in the communal areas of the home. People appeared engaged with the staff in conversation, which brought lots of laughter. Staff offered people individual support with activities. For those people who preferred a quieter environment and did not wish to join in with activities, we observed they appeared relaxed and calm.
- We spoke with people and relatives during the inspection. They told us that during the COVID-19 pandemic they kept in touch with their loved ones via window visits and phone calls and that the staff arranged video calls with them to keep in touch. This was in line with the guidance with the Department of Health guidance at that time.

End of life care and support

- People were able to spend their last days at Osbourne Court being cared for by the staff in the comfort of their own surroundings. Staff supported people to maintain a comfortable, dignified and pain free death. Staff were aware of any changes to people's health. They monitored people's pain levels and observed them for signs of distress. They sought appropriate support from health professionals.
- Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and with care. People's care records contained information about people's spiritual needs and how they wished to be cared for. Some people had chosen to make advanced end of life decisions. Respect forms were in place for some people. Respect forms are a recommended summary plan for emergency care and treatment.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the staff were committed to supporting a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by whole management team and staff. It was clear from speaking with the management team that they shared the registered manager's visions and worked well together.
- Through our conversations during the inspection with the registered manager and the staff it was apparent that the COVID pandemic had affected the staff, people and relative's wellbeing in many ways. The registered manager was immensely proud of the staff and what they had achieved. Staff felt that the working culture in the home was supportive. Comments included, "It has been a difficult with COVID but the management team have supported me" and "I have felt supported. Even though it was scary at times, COVID brought us closer as a team".
- We received positive feedback in relation to how the home managed, and our own observations supported this. Comments from relatives included, "My whole reason for choosing this home was I knew it was managed well", "I feel it is managed really well and everybody is so welcoming and caring". A healthcare professional told us, "I visit a lot of homes and I would say this one is well managed and the best. When I visit here it is always well organised and the management and the staff are knowledgeable about each person".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the home suffered from any kind of discrimination. This was reinforced through training.

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

- There was a clear organisational structure and staff understood their roles. The registered manager, deputy and assistant managers had designated responsibilities for various areas of the home, including medicines and infection control. Each manager was a keyworker to a key person. The registered manager told us this worked well as they were able to be involved with people's care. They supported each key person with care tasks, shopping, planned activities and communicated with families.
- Clear systems were used for monitoring and auditing the quality of care and support for people. This included audits for medicine management, infection prevention and control and of people's care records.
- The registered manager had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- People and staff were actively involved in developing the home. We saw examples of how feedback from people had influenced activities and food choices. The assistant manager for example had spoken with people and their families to find out people's likes and dislikes in relation to food choices. This had helped to shape the menu choices available for people.
- At times during the COVID-19 pandemic, reflection surveys had been carried out by the management team with staff. This had focused between a set period of time. For example, one reflection survey was undertaken between 9 August 2021 and 12 August 2021, 20 staff had been involved. What had gone well and what had not go so well had been reflected upon. We were told this had helped the staff's wellbeing and kept communication open and transparent.
- Staff meetings were held with each team of staff and discussed a range of topics. At a night staff meeting held in April 2022 people's needs were discussed, along with the staffing levels and the on call procedures that staff had to follow. The meeting minutes were shared with staff.

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. Continuous learning and improving care. Working in partnership with others

- The home had a good working relationship with the local authority, district nurses, GP and other health and social care professionals to plan and deliver effective care and support.
- The home supported the local authority and NHS with discharges to the home from hospital to help free up beds. This was known locally as pathway three beds. The registered manager had closed off one part of the home when people in the pathway beds arrived and isolated.
- The registered manager was aware of their responsibilities in relation to Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment, which includes an apology.
- The registered manager worked closely with the provider's other homes to share good practice.