

Osborne Care Homes Limited

# Osborne House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Osbourne House is a residential care home providing personal care to up to 32 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 26 people using the service.

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

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. We made a recommendation to review procedures for recording capacity assessments and best interests decisions to ensure they contain sufficient detail.

People living in the home were safe. Recommendations made at our last inspection in relation to the medicines policy, laundry procedures and audits had been acted upon. Staff were kind and caring and were confident in identifying and reporting concerns about potential abuse. There were sufficient staff to ensure people's needs were met. There were risk assessments in place to support staff in providing safe care for people.

The service was well led. The provider and registered manager had acted on all recommendations made at our last inspection. There was a positive, person centred culture in the service. People received good care and staff were valued and listened to. The needs and views of people in the home and their families were taken in to consideration in the running of the home. There were systems in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 November 2019). A further inspection report was published in November 2020 and this found that the service was no longer in breach of regulation but that some improvements were still required. Three recommendations were made in relation to medicines, infection control and audits. At this inspection we found improvements had been made and the rating of the service improved to good.

### Why we inspected

We inspected the service in order to review the improvements made since the last 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.

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

#### Recommendations

We have made one recommendation in relation to recording of mental capacity act assessments and decisions.

#### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Osborne 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 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Osborne House 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. Osborne House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 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 nine relatives, the registered manager and development manager and four members of staff. We received feedback from one healthcare professional. We reviewed care records for three people and looked at other documents concerning the running of the home such as audits and policies.

# 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.

### 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 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, and some hospitals, 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.
- We found that in some cases recording of MCA assessments and best interests decisions was brief and would benefit from further detail to illustrate people's needs and wishes had been fully considered.

We recommend the provider reviews processes for recording decision making under the MCA to ensure they fully reflect the discussions held.

### Using medicines safely

At our last inspection we made a recommendation in relation to medicines policies in the home and ensuring they were current and up to date. At this inspection we found this had been acted upon.

- Relatives were satisfied with the support provided with medication. They told us, "She also had a course of antibiotics a few weeks ago when she was unwell. They phoned me to let me know".
- Medicines were stored securely and safely.
- Regular stock checks were being taken and this helped identify any issues or concerns with medicine administration.
- An electronic system was used for recording medicine administration and this provided an alert if medicines weren't given at the correct time.

### Preventing and controlling infection

At our last inspection we made a recommendation in relation to laundry procedures. At this inspection, we found that action had been taken in response to this. The physical layout of the laundry room had been

improved and systems across the home for dealing with clean and dirty laundry had been reviewed and updated.

- 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

- Families were able to visit in line with regulations in place at various times in the pandemic.
- Relatives told us, "When I visit, I think I had done a test, but they take my temperature and I sign a form saying I didn't have any symptoms. The lady on reception took my temperature. I wear a mask." And, "I have to sign a document when I come in, wear a mask, my temperature taken, and book in beforehand, and any other family members with me, make them aware. There are hand sanitisers."

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

- Relatives told us people were safe in the home and that staff were kind and caring. None had experienced any reason to complain but would feel able to if needed. Comments included, "They are all lovely. I don't think there's any question of her not feeling safe." And, "They seem very open, but I have no complaints from my end".
- Staff received training in safeguarding adults and were confident they'd be listened to if they ever had cause to raise concerns.
- The registered manager reported concerns to the relevant authorities, such as the local authority and CQC.

#### Assessing risk, safety monitoring and management

- There were risk assessments in place for individuals and these outlined the measures required to support people in a safe way. For example, by specifying the equipment required to support a person's moving and handling needs.
- There was a fire risk assessment in place and equipment available to support people to evacuate in the event of an emergency, such as specialist chairs to help people downstairs.
- The environment of the building was made as safe as possible, for example through the use of window restrictors.

#### Staffing and recruitment



- There were sufficient staff to ensure people's safety and wellbeing. We saw that staff were on hand to support people promptly when required.
- At times during the pandemic there were challenges around staffing levels. To mitigate the risks, the registered manager told us they block booked agency staff to maintain continuity of care for people.
- There were systems in place to recruit new staff in a safe way. This included carrying out a Disclosure and Barring Service (DBS) check and gathering references from previous employers. A DBS checks highlights whether a person has any convictions that would affect their suitability.
- The registered manager told us that due to the location of the home, away from regular bus routes, recruitment could be a challenge at times. The provider was mitigating these challenges by supporting staff with transport arrangements.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded so that any learning required could be identified.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Continuous learning and improving care

At our last inspection we made a recommendation in relation to infection control audits and to ensure they checked laundry procedures. At this inspection, we found this had been acted upon.

- There was an honest and transparent culture. Relatives confirmed they were told if there had been any incidents they needed to be aware of. One relative said, "They do call me up, they ask whether I am happy with things. They are pretty good, always ring me if something happens." Another relative told us, "Brilliant communication. They will ring me up to let me know."
- There were audits in place to monitor the service and help identify any areas for improvement. This included checks of health and safety, infection control and medicines.

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

- There was a positive, person centred culture within the home. We observed how staff responded to people with kindness and care.
- Feedback from relatives was positive. They told us, "I think they have been very good to her. They seem very caring.", "I don't think of mum being in a care home, but in a seaside hotel. Fabulous food, great staff, lovely location." And, "I just feel it's a very good home and I would recommend it."
- Staff told us that 'handovers' between shifts worked well and staff were given key information about people they supported.

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

- The registered manager worked with people using the service, their families and staff to ensure their views were considered in the running of the service.
- Relatives told us, "Brilliant communication. They will ring me up to let me know, and there's normal communication with the families, a newsletter and an invitation to a family meeting every so often, to meet other people who have family in the care home." And, "We receive a monthly newsletter and in that is the schedule of the activities mum is going to be doing for the month ahead. If anything extra, I get an email."

There's a Friends and Family Facebook site, which is nice to see all the activities that are going on."

- Following the lifting of restrictions put in place during the pandemic, the registered manager was beginning to hold events for relatives in the home. Shortly after the inspection, the provider held an event for relatives, which we were subsequently told went very well.
- Staff told us they received good support from the registered manager and felt able to raise and talk about any concerns they might have.
- The provider recognised the impact that working through the pandemic had had on staff. Access to an independent support service was provided.

Working in partnership with others

- The registered manager told us they had good relationships with professionals involved with the home, such as district nurses.
- Staff made referrals to healthcare professionals when required.