

Laudcare Limited

# Osborne Court Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

The last inspection took place in October 2015 and, at that time, three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to safe care and treatment, the need for consent and good governance. We issued three warning notices regarding these breaches. In addition to this, we also found an additional two breaches of the regulations of the Health and Social Care Act 2008 relating to staff training and infection control.

Following this inspection the service was placed into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that provider's found to have been providing inadequate care should have made significant improvements within this timeframe. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements at its next comprehensive inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following the inspection the provider wrote to us to say what they would do to meet the legal requirements.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Osborne Court Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection took place on 11 and 12 May and was unannounced. The provider had made sufficient improvements to be removed from special measures.

Osborne Court is registered to provide personal care and nursing care for up to 55 people. On the first floor of the home care is provided to people living with dementia. The ground floor accommodated people with both personal care and nursing needs. At the time of our inspection there were 35 people living in the home.

There was no registered manager in place on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager has submitted their registered manager's application form for consideration.

In October 2015 we found that medicines were not managed safely. At this inspection the provider had made sufficient improvements.

In October 2015 we found that people's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. At this inspection the provider had made sufficient improvements.

In October 2015 the provider had not consistently protected people against the risk of poor or inappropriate

care as accurate records were not being maintained. The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Where risks were identified, the provider did not consistently introduce measures to reduce or remove the risks to minimise the impact on people within a reasonable timescale. At this inspection the provider had made sufficient improvements.

In October 2015 the provider had not ensured that people were protected from the risk of cross infection. At this inspection the provider had made sufficient improvements.

In October 2015 staff were not consistently supported through an effective training and supervision programme. Although the provider had made improvements, further work was required on this area.

Systems were being operated more effectively to assess and monitor the quality and safety of the service provided. The new management team had been well-received by people, staff and visitors.

Staff demonstrated kind and compassionate behaviour towards the people they were caring for. Staff were knowledgeable about people's needs. We received positive feedback about the staff and people thought they were caring.

Care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives continued to be welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Medicines were managed safely.

People were protected from the risk of cross infection.

Safe recruitment processes were in place that safeguarded people living in the home.

Advice was provided on the need to follow correct moving and handling procedures.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not consistently supported through a regular training and supervision programme.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

The provider had protected people against the risk of poor or inappropriate care as accurate records were being maintained.

People's nutrition and hydration needs were being met

### Is the service caring?

Good ●

The service was caring.

We observed staff treating people with kindness.

Staff were knowledgeable about people's needs.

People and relatives spoke positively about the staff and told us they were caring.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not consistently written in conjunction with people or their representative and people had not signed their care plans to indicate their agreement.

The provider had a system in place to receive and monitor any complaints. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

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

The service was not well-led but improvements have been made by the new management team.

Since our previous inspection notable improvements in the level of service had been made. Improvements were still required on person-centred care and staff training,

The feedback regarding the management of the service received from staff members and people we spoke with was positive.

Systems were operated more effectively to assess and monitor the quality and safety of the service provided.

**Requires Improvement** 

# Osborne Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 May and was unannounced. The inspection team consisted of one inspector, a specialist pharmacist advisor, a specialist dementia advisor and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people who used the service were able to tell us of their experience of living in the home. For those who were unable we made detailed observations of their interactions with staff in communal areas. 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 to us.

We spoke with six people that used the service, three relatives and nine members of staff. We also spoke with the dementia unit manager, the deputy manager (clinical lead), the manager, the quality service manager and the regional manager.

We observed staff carrying out administering medicines to people during the morning and lunch time.

We reviewed the care plans and associated records of five people who used the service and the medicines administration records for eight people. We also reviewed documents in relation to the quality and safety of

the service, staff recruitment, training and supervision.

# Is the service safe?

## Our findings

In October 2015 we found that medicines were not consistently administered appropriately to make sure people were safe. There were areas of medicines management that needed improvement. This was a continued breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice. During this inspection we found that the provider had made improvements so that people's medicines were looked after and given safely.

Staff looked after and administered people's medicines. We saw staff on each floor give some people their morning medicines. Staff used a safe and respectful method and encouraged people to take their medicines. They recorded the medicines they had given and the reason if they did not give a regular medicine.

At our last inspection we found there were gaps in the administration records for the application of some creams and ointments and also the use of one person's eye drops. During this inspection we looked at all the medicines administration records in current use. We found staff had completed these appropriately to show that people had received their medicines as prescribed.

We also looked at three people's records for application of creams and ointments. These had been completed appropriately. Most creams and ointments were kept in people's bedrooms and applied by care staff who provided people with personal care. Staff told us that the nurse or senior care staff checked that staff had applied people's creams and ointments and completed the records. This meant people could be confident staff would apply their creams and ointments as prescribed for them.

People were given their medicines at the appropriate time. At our last inspection we found that staff gave one medicine, which should be given on an empty stomach and separately from other medicines, at breakfast time with other medicines. During this inspection we found the night staff now gave this medicine well before people had breakfast and their other medicines. This helped to ensure this medicine would work effectively. One person was prescribed a medicine at very specific times of day to ensure it worked effectively. The times were highlighted on the person's medicine chart. Staff told us they were very careful to give this medicine at the correct time and we saw evidence of this during our inspection. The person confirmed they were happy with how staff managed their medicines.

Medicines were stored safely. Staff checked the temperature of medicines refrigerators and store rooms to make sure they were safe for storing medicines. As a result of this staff said they had requested air conditioning for the store room to ensure medicines always remained at a safe storage temperature. Medicines which required additional security were stored appropriately. Staff kept appropriate records of these medicines and checked them regularly to make sure they were looked after safely,

Staff who gave people their medicines had appropriate training. This helped to ensure that people received their medicines safely.



Staff told us they had recently attended training about covert administration. This is when it has been agreed that a person's medicines may be hidden in food or drink to ensure they take it. When this had been agreed safeguards were in place to protect people and make sure this was in their best interest. One person had covert administration agreed but staff told us they would always offer the medicines to the person first because they often agreed to take them. During the inspection we saw this person take their medicines with a spoon of food, without the need for them to be concealed. This showed that staff could adapt their procedure to suit the person's needs on that day.

In October 2015 the provider had not ensured that people were adequately protected from the risk of cross infection. The provider sent us an action plan telling us what they were going to meet the regulations.

During this inspection we found sufficient improvements had been made. The provider had refurbished the laundry room and followed the Department of Health's 'Decontamination of linen for health and social care' guidelines. There were now clear segregation procedures for clean and dirty laundry.

People were cared for in a safe and clean environment. Staff knew their responsibilities in relation to the prevention and control of infection. Personal protective equipment (PPE) such as gloves and aprons were available and we observed staff using it prior to assisting people with personal care. The kitchen had been awarded a five star food hygiene rating by the local authority. Each room had a scheduled daily clean. There were some slight malodours in parts of the service. The quality service manager told us that some carpets in the communal areas were due for replacement. Regular infection control audits were now undertaken to ensure that safe standards were maintained. Where actions had been required they were taken forward. An example of this included the need to improve the compliance rate of staff training in infection control. From September 2015 to March 2016 the figure has risen from 79% to 90%. The manager told us that they are still working towards improving their compliance rate. The provider's target is 95%.

Since the previous inspection improvements have been made regarding the assessment and review of people's risks. People's care plans contained risk assessments in relation to topics such as mobility needs, hygiene, falls and pressure area breakdown. Where risks had been identified, the plans contained details on how staff should support people to minimise the risks and all had been reviewed at least monthly. One person's care plan showed that health checks, medication, pain assessment, falls risk assessment and continence were reviewed and updated when the person's needs changed. An example of this included, where the dementia well-being team had been contacted following a GP review when the person was expressing that they wanted to leave the service. Following the professional advice included in the person's risk assessment staff utilised distraction techniques to ensure the person remained safe. Staff said the person had a graze on their forehead sustained on 3 May 2016. This was documented in the person's care plan and their risk of falls had been up-dated.

In the main, we observed staff using correct moving and handling procedures throughout the inspection. Staff used the correct equipment and talked to people throughout the procedure and advised what they were doing. We did observe some notable exceptions. One member of staff was walking backwards down a corridor holding the hands of a person who was walking forward. This incorrect practice placed both parties at risk of falling. One visitor told us that staff would assist their relative to move by manually supporting them by holding them under the arms. A hoist should be used to move the person. We advised the manager about the exceptions where incorrect moving and handling techniques were being used. The manager agreed to take this issue forward and advise staff that correct moving and handling procedures should be used at all times. Against their target training compliance rate of 95% the provider's training statistics identified that 73% of staff had completed their moving and handling theory training.

Staffing levels were maintained in accordance with the assessed dependency needs of the people who used the service. Since our previous inspection a deputy manager, a dementia unit manager and a new manager had been appointed to run the service. There was a significant decrease in the use of agency staff. The staff we spoke with felt in the main the staffing levels were manageable. One relative told us; "The staff are amazing. He's safe here."

Appropriate arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms clearly identified the nature of the incident, immediate actions taken and whether any further actions were required, such as up-dating the person's care plan and risk assessment.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.

Staff we spoke with demonstrated a good understanding of how to recognise and report abuse. They understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice at work.

People we spoke with felt safe. One person told us; "I feel safe because if I have any problems there are plenty of staff around to help me. I have fallen in my room and pressed the bell and shouted, they came quickly and got a hoist and picked me up. They made sure I had not hurt myself."

## Is the service effective?

### Our findings

At our last inspection we found that people's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves. We served a warning notice. We found the provider had made sufficient improvements.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met. The provider had now met their responsibilities with regard to DoLS.

One person who had a history of refusing personal care and expressed challenging behaviour had their mental capacity assessed. The assessment showed that staff had involved the person as far as possible and consulted their relative in making a decision in their best interests. Control measures had been agreed to manage their behaviour in the least restrictive way.

Since our previous inspection the number of staff who had received training on the Mental Capacity Act and DoLS had increased. The current staff training statistics were 83% and 90% respectively. Staff demonstrated a reasonable knowledge that informed decision making and ability to consent was dependent on a person's mental capacity. They enabled the person to be as independent and make their own decisions, as far as possible. One member of staff told us; "I show people things and try to help them to wash themselves. I let them choose their own clothes. With regards to food I tell them what's on the menu and show them the options."

At the last inspection staff were not consistently supported through an effective training and supervision programme. The provider sent us an action plan telling us what they were going to meet the regulations. Improvements had been made but it's an area of work which requires further development.

Staff were not consistently supported through a regular supervision programme. Before the appointment of the manager a regular supervision programme had not been implemented. Staff we spoke told us they had not received supervisions regularly. This position was reflected in the staff records. The lack of supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon. The provider failed to adhere to its own supervision policy which stated that; "Supervision

shall take place every eight weeks or six times per year." The manager acknowledged this position and had introduced a staff supervision planner with the view that staff members will receive regular supervision.

New staff undertook a period of induction and provider's mandatory training before starting to care for people on their own. The training records demonstrated that some staff mandatory training was out-of-date and required up-dating, such as first aid awareness and fire safety. An internal audit conducted by the service in February 2016 also identified that training for mandatory e-learning sessions was 67% against the provider's target of 95%. Their internal audit also identified that staff induction had not always been signed off by the person's manager. The internal audit also highlighted that it was not evident that the service had fully implemented the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers.

There continues to be a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection the provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. Not all records were completed accurately to manage and ensure that people's on-going needs were met and risks mitigated. The provider sent us an action plan telling us what they were going to meet the regulations. The provider had made sufficient improvements.

Where people had been assessed as being at risk of malnutrition, clear plans of care had been developed. For those people that had been identified as being at risk, increased monitoring was in place including food and fluid charts. Systems were in place to enable the deputy manager to audit and check that staff were following the correct procedures in respect of monitoring people's food and fluid intake. Although these checks were being conducted we advised the deputy manager that it would prove useful to provide clear instructions of when areas of concern should be escalated to the management team, such as when fluid or food intake falls below a certain level. The charts did not total the amount of food and fluid consumed each day. The deputy manager told us that the daily intake would be totalled each day with immediate effect. Referrals were being made via the GP to speech and language therapists (SALT) for swallowing assessments where people were at risk of choking. Staff understood how people should be supported in respect of the consistency of their diet and when thickening agents were used in drinks.

Where people were at risk of developing pressure sores a care plan was in place describing how the person should be supported. This included any specialist equipment such as a pressure relieving mattress that should be in place to minimise any risks. There were body maps, photographs of healing and information about how staff should support the person with positional changes. The records viewed showed that staff now followed the care plan instructions and recorded the care provided. This ensured that risks to their skin integrity were managed more effectively.

People spoke positively about the meals. Comments included: "I get plenty to eat, it is all good food"; "I enjoy my meals, they give me a choice"; and "It is the food I would eat at home." The chef prepared food at the correct consistency, in accordance with people's needs. People's allergies and food likes and dislikes were highlighted on a large white board in the kitchen. If people did not like the options of food we observed that alternatives were provided. We did note that there appeared to be a lack of sugar-free puddings. The manager agreed to look into this matter and take forward.

## Is the service caring?

### Our findings

We observed that people were treated with kindness and compassion by the staff and there was a friendly atmosphere. People spoke positively about the staff and told us they were caring. People's comments included; "They certainly look after us alright, we have a laugh and a joke"; "They help me with everything, they are lovely" and "I'm looked after very well. I've been here for five years. I get on well with everyone." Visitors comments included; "Staff do their best my loved one is happy with everything, that is the main thing"; "Some staff are better than others"; and "The staff are amazing. They're informative. I visit every day. As far as I can see everything is fine."

We observed many positive interactions during the day. One person told us about members of staff bringing them their favourite chocolate bar and crisps. One person unexpectedly required personal care and staff reassured them telling them not to worry and "Everything is going to be ok." We observed a staff member speaking reassuringly to a person who was showing signs of distress and gently walking into another room where they gave the person a life sized doll. The person immediately settled. One person told us; "I feel delighted. I'm happy. I've got nothing to be miserable about. You appreciate more as you get older." When one person was being moved using a hoist staff member's explained what they were doing during each step of the process. We observed a member of staff quickly intervening when two people started arguing, shouting and swearing. The ambulant person walked away and the member of staff sat with the other person and chatted with them, diffusing the situation.

During the lunchtime service people were asked where they would like to sit. They were offered choices of food and drink. People were shown the options of food to enable them to make a decision. One person clearly didn't like the food they had chosen. Staff members arranged for the kitchen staff to make them their favourite sandwiches. Staff checked on people's welfare. In the dementia unit staff also ate their lunch with people. This provided encouragement to people whilst eating their lunch. The experience proved interactive and sociable. Where people required assistance with their food people were asked if they needed help and they encouraged people to be independent, as far as possible. We did note that people were not offered salt and pepper and sauces such as cream were placed on people's dishes without asking them. Classical music was playing in the background and there was a relaxed atmosphere. People who remained in their room during lunch had their meals when others had finished. This enabled staff to support people without being rushed.

From the observed interactions it was evident that staff members demonstrated a clear understanding of people's needs. When we spoke with members of staff about the people they cared for they expressed genuine warmth. They were able to describe individual preferences. One person liked their hair being cut by their hairdresser they used before moving to the service. This was enabled by the service. One member of staff told us about a person's previous career and how this possibly contributed about them getting frustrated about not being in control. Their background was discussed with external health professionals. New coping strategies had been implemented as a direct result of the staff getting to know the person and seeking the appropriate professional advice. When describing the level of care provided since the previous inspection one member of staff told us; "We've gone up a notch. I can see a change and it's changed for the

better. It's such a lovely home. If they're happy, we're happy."

People's privacy and dignity was respected. Most people had their bedroom doors open. We observed staff calling out to people and announcing themselves and asking if they could enter. People told us that staff made them feel comfortable when receiving personal care. One person told us; "The service is very good. I get everything done for me. They wash my hair and back. I wash everything else." People were provided with the opportunity to discuss end-of-life arrangements. If people or their family members did not wish to discuss such arrangements their decision was respected.

## Is the service responsive?

### Our findings

The service was not consistently responsive to people's needs. Care plans were not consistently written in conjunction with people or their representative and people had not signed their care plans to indicate their agreement.

We found the provider had made improvements on specific decision making agreements, such as managing challenging behaviour. Further improvements were required to evidence that interested parties were involved in the person's annual reviews. We found that people's care plans were reviewed monthly and updated as appropriate. However, some care plans identified that there had been family involvement with regards to the reviews, other did not. The provider's audit conducted in February 2016 also found that there appeared to be some inconsistencies in the care planning process. It was not evident in all cases that the person's family was involved and they had not signed the care plan documentation to signify their involvement and agreement. Two visitors we spoke with told us that they had not been invited to an annual review but they were informed of any changes or concerns as they occurred. This meant that care plans potentially did not reflect people's individualised needs. They were staff-led rather than led by the person or their representative.

The service was continuing to work on the 'My life, my preferences' documents. Further development of this work will enhance staff understanding of the ways in which people wanted to receive their care and also inform the activities and stimulation that would benefit individuals.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care plans relating to specific decisions were detailed and involved interested parties. An example of this included where one person who had a history of refusing person care and expressed challenging behaviour. A mental capacity assessment had been completed and it showed that staff had involved the individual as far as possible and consulted the person's relative in making best interest decisions. The process also involved a psychiatrist and community psychiatric nurse. Subsequent to the best interest meetings agreed control measures were implemented to manage their behaviour. Regular observation and ABC charts had been completed. An ABC chart is an observational tool that allows a service to record information about a particular behaviour. The aim of using the ABC chart is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging behaviour. The strategies adopted were monitored and reviewed. This strategy established that the person was less likely to resist personal care during their night time routine. Staff adapted their routine accordingly to ensure they were responsive to the person's needs and preferences. To ensure that their care was specific to their needs staff we spoke with knew how to refer people to external professionals when required.

There was a dedicated activities coordinator who provides activities five days a week. There was no structured weekend activities programme. The activities programme indicated there was one hour of structured activity each day. Activities included film club, bingo, cake making, knitting and puzzles. Regular

church services were also held in the service. The activities coordinator told us they provide one-to-one sessions for people who choose to remain in their room. There was a newly designated and equipped activities room on the first floor. However, it was not being used.

During the afternoon the dementia unit and deputy manager had arranged an interactive horse racing DVD being put on in the downstairs lounge and people were encouraged to participate. The DVD had been sourced in response to the needs of a new person who had recently moved to the service. Their conversation had been fixated on horse-racing. We observed that people seemed to enjoy the new activity.

The manager told us there were plans for students from a local college to paint collages along the walls of the corridors, including a beach scene, a garden, the balloon festival and a model of the suspension bridge, all with interactive and tactile objects. The work on this is due to commence in June. We received mixed comments on the activities programme; "There are board games today. The activities are alright"; "They need more activities. There are board games for one hour. He needs more stimulus"; and "I don't think a lot of the activities. There are no weekend activities and staff do not have access to the activities cupboard."

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain. Comments included; "I know the management. I would go to speak to them if I had any concerns" and "When you see the managers you are made to feel welcome, they are brilliant. I would not be afraid to complain and have no worries but there is nothing to complain about."

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.



## Is the service well-led?

### Our findings

To ensure continuous improvement the manager has introduced a more effective auditing programme and clinical reviews. This has resulted in improvements in infection control, mental capacity assessments, medicines management and risk assessments. There are still areas that require improvements such as person-centred care and mandatory training statistics. The management were aware of the improvements required and have provided assurances they will progress further. The improvements that have already been made will need to be sustained.

The appointment of a new manager, deputy manager and dementia unit manager has in the main been well received by staff members, people and visitors to the service. Comments included; "Osborne Court is calmer and staff have a sense of belief"; "We work brilliantly. The paperwork is more up together. Before we heard promises but they didn't materialise"; "The manager understands us"; and "They're understanding and they'll help out." Owing to the number of people who have held the manager's post over the past two years some visitors were sceptical. One visitor told us; "The manager seems ok. I always let them know what I think, but we have had so many. They come; they promise the earth then go, having done nothing." Since the departure of the registered manager in May 2014 five people have held the manager's post. We were told that the current manager who has submitted their registered manager's application form to the Commission intends to remain in post for the foreseeable future.

The manager communicated with staff about the service to involve them in decisions and improvements that could be made. Before the manager's appointment staff meetings were not held regularly. We found recent staff meeting minute's demonstrated evidence of good management and leadership of staff within the service. Agenda items included atmosphere, cleanliness, staff engagement with residents and the required use of personal protective equipment. The meetings also provided an opportunity for staff to discuss any concerns or raise questions. Items raised by the staff included sickness, weekend shifts, day and night shift observations and communication between staff. Staff we spoke with in the main felt well-supported by the management team and their training and supervision programmed had improved. Comments included; "If we're short staffed the managers will help on the floor so they can see our workload and responsibilities. It's changed since the new managers have arrived. Things are being dealt with"; "Recently we have received a lot more training. I'm adequately supported"; and "I can see a change. I'm taking more responsibility because I feel more supported."

The manager also held daily meetings with the heads of departments. The meetings covered a number of operational issues such as attendance, arising concerns with people in the service, maintenance, menus and activities. This ensured that each team were aware of any issues that needed to be dealt with on each day.

The manager also intends to hold regular relatives meetings. The first meeting held since his appointment was 3 March 2016. Issues discussed included activities, staff and plans for events. One visitor told us that they had attended the relatives meeting and it provided them with an opportunity to tell the manager exactly what they thought, good and bad. The manager holds a 'surgery' on the third Saturday of each

month to enable people to come in and discuss any concerns they may have. The service has a 'Quality of Life' programme. People have access to an iPad in the service to provide their views. According to the service "The system provides a convenient way for our residents, and those close to them, to give on-going feedback and it immediately notifies us with the aim of us fixing it quickly." 26 comments were received in April 2016. We saw evidence that actions had been taken where concerns had been raised. An example of an action taken was ensuring that laundry trollies were checked randomly and ensuring that clothing is clean and well-presented in people's rooms.

The service has introduced a regular 'resident of the day' system which focused on a particular person on a rotational basis. The family of the person receive an invite to attend the service to speak in person about their family member. The care plan was audited, their room had a deep clean and the resident had time to speak with key departmental heads such as the manager, the chef, housekeeping and maintenance staff to ensure the service was sufficiently meeting their needs. This demonstrated the way the service was reviewing care and adapting to change.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not consistently written in conjunction with people or their representative and people had not signed their care plans to indicate their agreement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not consistently supported through a regular training and supervision programme.