

Osborne Care Homes Limited

Osborne House

Inspection report

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Date of inspection visit:
01 August 2019
02 August 2019

Date of publication:
07 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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

Osbourne House accommodates up to 30 older people. At the time of the inspection 26 people were living there.

People's experience of using this service:

Medicines were not being administered safely and records were not accurate and up to date. The providers medicines policy required updating.

People, staff and visitors could be at risk due to poor handling of soiled laundry, hot water that posed a risk of scalding and the stair case being uneven. The provider's quality assurance systems had failed to identify shortfalls found during the inspection relating to the environment, infection control and medicines management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff received supervision, training and an annual appraisal.

People felt supported by staff who were kind and caring and who knew them well. Although staff were not always quick enough to respond when incidents occurred which on occasions meant people become upset. People were supported by staff who had checks undertaken prior to starting within the service.

Care plans were personalised and contained important information relating to likes and dislikes. People felt about to raise a complaint should they need to.

Staff were happy and felt well supported. People felt the manager was approachable and friendly. People were supported to access medical appointments and health professionals when required. People could attend various activities and be part of daily routines within the service.

Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified. People had end of life wishes recorded within the care plan.

Rating at last inspection: Outstanding (published January 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating had changed from Outstanding to Requires Improvement.

Follow up: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team:

The inspection was undertaken on the 1 & 2 August 2019. It was carried out on the first day by one inspector, an expert by experience who has experience of caring for someone who has used this type of service and a specialist advisor who was a nurse. On the second day the inspection was carried out by one inspector.

Service and service type:

Osborne House is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service at the time of the inspection had a manager in post however they were not registered with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify 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.

During the inspection we spoke with nine people and six members of staff, as well as the manager, care

manager and provider. During the inspection we reviewed four people's care and support records and three staff files. Following the inspection, we contacted three relatives and gained views from two. One relative shared their experience with us through our website. 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 also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

After the inspection the provider sent additional evidence relating to quality assurance audits and records and action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medication administration records (MARs) were not always accurate and up to date. For example, people's MARs had not always been signed by staff to confirm they had given the medicines as prescribed. Following the inspection, the provider confirmed their electronic system had not synchronised as it should have done. This was due to a software problem. Action was taken to update this software which would ensure future records were accurate and up to date.
- The providers medicines policy was not being followed where medicines were being administered in a different form that how they had been supplied.
- The home's medication policy had no information confirming what guidelines staff should follow relating to covert medicines, as and when people required their medicines, homely medicines and guidelines.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's (MARs) contained guidelines for staff to following should they need medication as and when required.

Assessing risk, safety monitoring and management

- Hot water checks in April and May 2019 identified tap temperatures in wash basins throughout the service exceeding 43 degrees. Action had not been taken to rectify this or mitigate the risks from scalding. This is above the safe recommended temperatures in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Following the inspection the provider confirmed all water temperatures had been adjusted to 40 degrees centigrade.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People, staff and visitors could be at risk of cross infection due to poor practice relating to the washing of soiled and contaminated laundry. For example, during the inspection red disposable bags containing soiled items were left within a communal area throughout two different days of the inspection. Laundry that is

soiled or contaminated should be handled in line with up to date national infection control guidelines. This practice was not in place. We raised our concerns with the manager on our first day of the inspection. However, we observed this poor practice occurring again on our second day where we raised our concerns with the provider.

- Staff were not always ensuring their nails were free from nail varnish. Nail varnish can impede effective hand washing and can harbour germs.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff had access to liquid hand soap and paper towels and there were hand sanitising stations throughout the home along with areas where staff could access personal protective equipment such as disposable gloves and aprons.
- The home was clean, however at times there was an unpleasant odour coming from certain areas within the home. We raised this with the manager who actioned deep clean to the carpets. This improved the odour to these areas. Following the inspection the provider confirmed three cleaners were responsible for cleaning the home and improvements were planned to replace certain carpets throughout the service.
- During the inspection we identified an issue with the treads sloping on the main staircase. We asked the manager to review this area and send us their report findings along with their risk assessment. Following the inspection, the manager sent a copy of a newly completed risk assessment and actions taken to reduce the risk to people, staff and visitors.
- Fire safety checks were regularly undertaken, and the manager confirmed they were in the process of having a trainer visit the service to undertake a fire evacuation session. Fire risk assessments were in place.
- The service had a emergency bag that staff could grab in the event of an emergency. Within the bag contained important information relating to people's next of kin details, management contact numbers and people's personal evacuation plans.
- Where people required support with their mobility a risk assessment had been undertaken that confirmed the equipment and support required from staff.

Staffing and recruitment

- People were supported by staff who had checks completed prior to working with vulnerable adults. For example, staff had a satisfactory Disclosure and Barring Service (DBS) and satisfactory references in place.
- People were supported by enough staff throughout the inspection. The manager confirmed there was no specific dependency tool they used. However they could adjust the staffing depending on people's needs.
- Staff had no concerns relating to the staffing levels in the home although at the time of the inspection there were some staff vacancies. Staff confirmed where possible they picked up additional shifts to prevent the use of agency staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe here". Another person said, "I feel safe, it is very pleasant here".
- People were supported by staff who had a good understanding of abuse and who to raise concerns to. One member of staff told us, "Abuse is mental, physical, emotional, neglect, financial. I would go straight to the manager or the senior, the local authority or The Care Quality Commission (CQC)".

Learning lessons when things go wrong

- The manager confirmed all incidents and accidents were recorded onto an electronic recording system.

This meant all incidents could be reviewed per person as well as per incident. These were reviewed by the management in the home who signed off any actions taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been submitted when required. Where DoLS had been granted authorisations were retained to demonstrate appropriate legal action taken.
- Staff offered people choice and asked for their consent when offering support. However one person's mental capacity assessments recorded confusing information relating to whether the person had capacity. The service had liaised with professionals about the person's care and treatment however there was no updated information relating to the outcome of this contact. We fed this back to the manager for them to update these records.
- People's care plans lacked confirmation if the person had lasting power of attorney in place and what this was in relation to, health and welfare or finances.

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

- Staff recorded people at risk of malnutrition and dehydration. However there was no specific target that identified the amount to monitor people's intake against. This is important as by having a total recommended amount recorded means people who are falling short of reaching this intake are identified

quickly so that actions can be taken.

- People, relatives and visitors had access to hot and cold drinks at drink stations throughout the home.
- People were offered different meal choices. This was done visually so that people had the opportunity to see the different meal choices available. One relative told us, "The meals are very good".
- Staff knew people's individual specialist diets and the reason for these modifications.

Staff support: induction, training, skills and experience

- Staff received mandatory training in moving and handling, end of life, safe administration of medicines, first aid, infection control, safeguarding adults, fire safety.
- Staff had also received training in behaviours that challenge. We observed during the inspection staff did not always respond quickly when people became upset and started to present themselves to others in a confrontational way. Staff failed to manage the behaviour that caused others around them to become upset. We raised these examples with the manager and provider during the inspection. The manager confirmed following the inspection staff would attend some additional training that would support managing conflict and changes to people's behaviour.
- Staff received additional training in dignity and respect, equality and diversity, dementia and nutrition and hydration.
- Staff felt supported. One member of staff told us, "I have felt I could benefit from some more training. [Name] has been great and is looking to get me some training relevant to my role".
- Staff received supervision and an annual appraisal.

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

- People's rooms were clean and personalised with their own pictures, furniture (if they wished) and photographs.
- The manager confirmed there were areas within the home that they wanted to tidy up and improve. Outside the main entrance the service had a new pathway and slope and new seating area where people could reminisce and remember their loved one within.

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

- People received an assessment that reviewed their individual needs relating to their care and support. For example, care plans confirmed if people wore glasses or hearing aids to support them with their eyesight or hearing.

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated 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

- People were supported by staff who were respectful. One person told us, "Everyone is very polite, I do feel respected here".
- People felt supported by staff who respected their privacy. One person told us, "Staff don't speak about what you have told them with other people. You can trust them. They don't talk to other people about us, no".
- People were supported to maintain relationships that were important to them. People were encouraged to spend time with friends and family. For example, people visited local shops, cafés and could celebrate important events such as birthdays within the service.
- Staff demonstrated a positive approach to promoting people's independence. People were encouraged to be involved with daily tasks around the home. For example, people could help with preparing vegetables for the main meal and fruit for puddings. People were encouraged to move throughout the building as they wished.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt supported by staff who were kind and caring and who respected them. One person told us, "Staff are very kind here, they are caring". Another person told us, "Everyone is very polite, I do feel respected here". Relatives felt staff were kind and caring. One relative when asked if staff are kind and caring; said, "Yes I do". Another relative said, "Staff are very friendly."
 - The manager demonstrated a positive attitude towards getting to know people along with their family and friends. They felt it was important so that they could best support people and their families.
 - Staff demonstrated a good understanding of equality and diversity. One person told us, "They treat you with respect, they are very kind and caring". One member of staff told us, "It's respecting their gender, age, race, religion, where they're from, ethnicity, sexuality and disability". Care plans confirmed people's religion and important information relating to their individuality.
- People appeared well cared for with clean clothes, hair and fingernails that were clean and well groomed.
- People were supported as equals by staff. Staff knew people well and had built up positive relationships with people. Staff spent time talking to people about things that were important and personalised to that person.

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

- People were involved in decisions about their care each day. One person told us, "It is very pleasant here, it is very relaxed you can do what you want". Another person told us, "They just let you get on with what you want to, without any interference really". Staff gave examples of how they encouraged people to make decisions about their daily care and support wishes.
- Relatives and representatives were involved in decisions so they could represent and support people to express their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good.

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

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

Meeting people's communication needs

- People's care plans were personalised and individual. These included people's likes and dislikes, their hobbies and personal interests. They also confirmed people's preferred daily routines such as if they like to stay up late or have breakfast in their room.
- Care plans contained information relating to people's spiritual wishes including if they liked to pray and attend communion.
- Care plans contained people's medical histories.
- Care plans needed information relating to what people's pressure relieving mattresses should be set at.
- People had access to various activities. Activities included board games, painting, gardening, ball games, flower arranging, day trips to local areas of interest. One person told us, "I enjoy going out for walks, in the fresh air which I can do". Another person told us, "They provide activities for you, if you want them you can do them. I enjoy reading, writing or do something that I want done". People put photos of their activities into a memory book, so they could reminisce over their memories and experiences.
- The service had a magic table where people could play games. The manager confirmed this was beneficial for people living with dementia as it was designed specially to support them with interactive games.
- The service used volunteers who visited two to three times a week. They supported people with additional interests and activities of daily living. This included preparing vegetables for the meals within the home, going out for walks, going out on a local day trip and attending a regular local community fixtures and knitting over a coffee.
- The home encouraged people to share their wishes. This was called, 'make a wish'. People fulfilled these wishes. For example, photos confirmed people had attended a visit to Concord, the Bristol museum, a visit to the theatre, and enjoying live music from a favourite tribute artist. The service had also arranged for a donkey to visit the home".
- The service at the time of the inspection had no-one that required information in an accessible format. However, this could be provided should the need arise. This was in line with the Accessible Information Standard.
- People could have family and friends visit throughout the day.

Improving care quality in response to complaints or concerns

- Most people knew how to complain however one person was unsure who the manager was. The manager was new to the service. They confirmed they were making an effort to get to know people and their families. One person told us, "I think I could talk to staff if I needed to, yes I think they are approachable, and I could make a complaint to them if I was unhappy". Another person told us, "I wouldn't know how to make a complaint. I am not sure who the Boss is. I would try to find someone in an office, to make a complaint to I suppose".
- People had access to the complaints policy this was available within the entrance hall. Both relatives spoken to as part of the inspection were happy to raise any concerns should they arise.
- The manager confirmed one complaint had been raised in the last 12 months. Records confirmed actions taken.
- Various compliments had been received by friends and family. Compliments included, 'Thank-you for your care for [Name] over the last year. They always told me that they couldn't be in a nicer place with kinder people'. Another compliment, 'Thank-you so much for all the love and care you gave to my [Name] over the last two years'. Another family member has thanked the service saying, 'Thank-you for all your kindness, love and support – you are all angels'!.

End of life care and support

- People's care plans contained people's wishes relating to if they became unwell and needed admission into hospital and funeral arrangements.
- People received care and support from health care professionals when required. Records confirmed hospitals appointments and referrals were made when required. Along with referrals to memory clinics when required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we found shortfalls relating to the safe administration of medicines. This included recording when people had received or decline their medicines. Medicines audits were monitored electronically through the iCare system. However, there was no specific audit in place that identified the shortfalls found during this inspection.
- The home's medication policy required guidelines for staff to follow relating to covert medicines, as and when medicines and homely medicines and guidelines for staff to follow when covert medicines are required.
- Environmental checks in place had recorded water temperatures that posed a risk to scalding people however there was no overall audit in place that identified the risk and actions being taken.
- No risk assessment was in place at the time of the inspection and there was no environmental audit that identified this shortfall prior to our inspection.
- Soiled and contaminated laundry was not being handled as required within infection control guidelines. The infection control audit undertaken in June 2019 failed to identify that laundry that was soiled and contaminated was left in communal areas until collected to be washed.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider following our inspection sent confirmation of monitoring in place across the service. This was called, 'Overarching home audit'. It confirmed areas to address and improvements required. For example, areas for improvement related to staff recruitment files, recruiting new staff,, supervisions and appraisals, staff meetings, reviewing feedback from staff and people and meal time experiences for people.
- Following our inspection, the manager sent an updated action plan confirming actions being taken following the inspection. This confirmed shortfalls that required actions and who was responsible to take the necessary action required.
- The manager sent a copy of a new implemented risk assessment relating to the uneven staircase following the inspection.

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

characteristics

- The service prided themselves on the links to the local community. Every week in term time a local nursery visited. The manager felt this was beneficial to both people living at the service and the children who people had built close friendships with.
- The service held events in the community. These were an opportunity for people, relatives, friends, staff and the community to come together and experience events such as a tasting event of a variety of puddings and their histories, coffee mornings and cheese and wine evenings.
- People, relatives and staff could attend an annual ball. This was an opportunity for the service to raise funds towards the 'Make and wish'.
- Monthly newsletters were issued to staff This was an opportunity to celebrate staff's contribution to the service and their effort and hard work.
- Staff had regular meetings. These included daily handover meetings and larger staff meetings with the manager and provider. These were an opportunity to discuss any changes to people's care and support and to update staff on training, news, future social events and any issues.
- The service sought views from staff and residents. The manager following the inspection shared the views and comments received from staff and relatives. Areas that required improvement were communication and how different parts of the home were working. Positive feedback received included how good the activities were, the care received and the food. The manager confirmed any actions following this feedback would be logged including actions taken. This meant views were gathered so improvements could be made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider regularly visited each week and took an active role in the management of the service. One member of staff told us, "I feel able to go to [Name] if needed. He's really nice". All staff felt the management team were friendly, accessible and approachable.
- The manager was new and had been in post five weeks prior to our inspection. They were spending time getting to know people their relatives and staff. They asked people how they were and if they were okay. They felt it was really important to get to get to know people and what was important to them. Relatives felt the manager was approachable. One relative told us, "They're very approachable".
- Staff felt happy working at the home. One member of staff said, "It's great working here. We all work together". Another member of staff said, "Good team, their very helpful".
- The service was displaying their rating within the service. Notifications were made when required. Notifications are when certain changes, events and incidents occur that affect the service or people.

Working in partnership with others

Continuous learning and improving care

- The manager worked closely with the provider. For example, the manager confirmed a meeting had been held to review actions following the inspection. The manager sent confirmation actions had been added to the service's action plan.
- The manager was keen to improve the care experience for people living at the service. They worked in partnership with people's relatives and friends. They also liaised with outside agencies such as the local authority, GP surgery and district nursing teams, and social work teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1), (2), a, g, h,</p> <p>Medicines records were not accurate and up to date and there was a lack of guidelines in place for people. The providers medicines policy required updating to confirm up to date guidance for staff to follow in the safe administration of medicines.</p> <p>Laundry that was soiled and contaminated wasn't being following in line with infection control guidelines.</p> <p>Hot water temperatures were above the recommended health and safety guidelines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1), (2), a, b, c,</p> <p>Shortfalls had failed to be identified through robust audits relating to infection control, medicines management and the environment.</p>