

## Four Seasons Homes No.4 Limited

# Osbourne Court Care Home

### Inspection report

Park Drive  
Baldock  
Hertfordshire  
SG7 6EN

Tel: 01462 896966

Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 7 April 2015 and was unannounced.

Osbourne Court Care Home provides nursing and personal care for up to 69 older people, some of whom were living with dementia. There were 50 people living at the home when we inspected.

The service has experienced a prolonged period of instability in the local and regional management team which has had a negative impact on the quality of the service provided. A new manager had been recruited since our previous inspection however, had not

continued with their employment which meant that the home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had appointed an interim manager to manage this service with support from a senior management team until a permanent manager is recruited to post.

# Summary of findings

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Osbourne Court Care Home however it was agreed with the senior management team that not all applications had been appropriately made and needed to be reviewed.

At our previous inspection on 07 October 2014 we found that people were not protected against the risks of receiving inappropriate or unsafe care, against the risk of abuse or the risks of inadequate nutrition and dehydration. We also found that the systems to monitor and manage the quality of the service were ineffective and we took enforcement action to ensure the provider took the necessary steps to bring about the required improvements. The provider submitted an action in January 2015 which stated that the necessary improvements had been made. At this inspection we found that the provider had taken action to address the identified concerns.

People said they felt happy and safe at the home and staff treated them with kindness, dignity and respect. Relatives were positive about the care and support provided and said that people received care that protected their dignity. Staff members were safely recruited, however, people told us that there were not enough staff members available to meet people's needs. Staff did not routinely receive supervision and performance monitoring from line managers.

People received their medicines safely and had access to healthcare professionals such as GP's, dentists and chiropodists when required. People were provided appropriate levels of support to help them eat and drink where necessary and staff helped and supported people patiently and worked at a pace that best suited their individual needs.

Staff were caring and attentive to people's needs and interacted with them in a warm and respectful manner. People were given choices in such areas as food, activities and where they wanted to spend their time. Staff respected people's privacy and their visitors were always welcomed at the home.

People were involved in planning their own care and staff members were responsive to their needs. People's care needs were reviewed regularly to ensure the agreed plan of care continued to meet their needs. There were a variety of activities available in the home if people wished to join in. People were supported to go out of the home for walks and to visit the local shops and there were arrangements to respect people's faiths.

People were encouraged and supported to raise concerns and the manager closely monitored and sought feedback about the services provided to identify areas for improvement.

At this inspection we found the service to be in breach 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 the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires improvement



The service was not always safe.

There were not always enough staff available to meet people's needs.

Staff members were clear about safeguarding adults and how they would report any suspicions of abuse.

Recruitment procedures were robust and helped to ensure that the right people were employed to support people safely.

Medicines were managed appropriately and people told us they felt safe in the home.

### Is the service effective?

Requires improvement



The service was not always effective.

Staff did not routinely receive supervision and performance monitoring from line managers.

People received support to eat and drink and were monitored to reduce the risks of poor nutrition and hydration.

People had access to advice and guidance from health care professionals.

### Is the service caring?

Good



The service was caring.

Staff were kind and attentive.

People's privacy and dignity was respected.

People and their relatives were involved in their care.

### Is the service responsive?

Good



The service was responsive.

Staff members were responsive to people's needs and people had been involved in planning their care.

There were a range of activities was provided to meet people's social needs.

The provider had arrangements in place to support people and their relatives to raise issues of concern and provide feedback.

### Is the service well-led?

Requires improvement



The service was not always well-led.

The service did not have a registered manager in post.

# Summary of findings

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Systems in place to monitor the quality of the service had improved. People were protected against the risk of inappropriate or unsafe care and support.

Staff spoke positively about the new manager at the home and said they were supportive of them.

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# Osbourne 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 met 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 under the Care Act 2014.

This inspection took place on 07 April 2015 and was unannounced. The inspection team was formed of two inspectors and a specialist nursing advisor.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, spoke with seven people who used the service, six care staff, two nursing staff, the manager and representatives of the senior management team. We spoke with six relatives to obtain their feedback on how people were supported to live their lives and received feedback from district nurses and representatives of the local authority commissioning team. We also 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 reviewed care records relating to nine people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People told us that they felt safe living in Osbourne Court Care Home. One person told us, “I do feel safe here, they treat me really nicely.” Relatives shared mixed views with us about the safety of people who used the service. For example, one person told us, “My relative is safe here and staff are really wonderful.” Whereas another person said that they were not totally confident that people were always safe due to the numbers of staff available.

At the previous inspection in October 2014 we had found that people at risk of developing pressure ulcers did not have their care assessed and managed safely. At this inspection we reviewed the care and support provided for seven people assessed as being at risk of developing pressure ulcers. We found that people were provided with alternating pressure relieving air mattresses with good functioning profiling beds and there were accurate records of regular repositioning for the people assessed as being at high risk. We checked six air mattresses and found that they were correctly set according to each person’s weight. All staff members spoken with demonstrated the knowledge and skills necessary to provide pressure ulcer care and how to protect people against the risks of developing pressure ulcers. We noted that one person had been admitted to the home with grade four pressure ulcers. A wound care plan had been developed and we saw that the person was provided with fortified meals to boost the nutritional status which is important for wound healing. Records of ongoing assessment showed that the pressure ulcer was healing well. This meant that people were receiving the necessary care and support they needed to reduce the risks of developing pressure ulcers.

People told us they felt safe living at Osbourne Court Care Home. One person said, “I feel safe here because they look after me, happy with the care that is given.” At the previous inspection in October 2014 staff members did not demonstrate an understanding of what constituted a safeguarding concern or how to raise concerns externally. At this inspection we spoke with five staff members who all demonstrated a good understanding and awareness about recognising safeguarding matters and confirmed they would report any concerns to management. Three staff members were clear about the local authority’s responsibilities and knew the procedure to follow in reporting any concerns externally.

At the previous inspection in October 2014 we found that people were at risk of infection due to poor catheter care. At this inspection we reviewed the care of three people with indwelling catheters and saw that the catheters were positioned correctly to allow effective draining. There were care plans to provide guidance for staff for catheter management and people’s fluid intake and output was monitored. This meant that people’s catheter care had improved and that the risk of potential infection was reduced.

At the previous inspection in October 2014 we found that the staff recruitment processes were not always robust. At this inspection we checked a sample of records for recently recruited staff and found that satisfactory references had been received and criminal record checks had been undertaken before new staff started to work at the home. We found that unexplained gaps in people’s employment histories had been explored with applicants. This showed that the provider had made improvements to the recruitment processes.

People who used the service praised the staff team for the care provided but raised concerns about the numbers of staff available to meet their needs. One person said, “It is really nice here and the staff are really nice. When I use my call bell they don’t always come quickly because they are short staffed. They do seem to be busy and rushing around.” Another person told us, “I am happy here, the staff are nice, they are good to me. They don’t have enough staff because sometimes you have to wait a while.” Relatives also told us they were not satisfied with the staffing levels in the home. One person said, “Staffing here is terrible because there are not enough staff to do the job properly, its 10:15 and my relative is still lying in a wet bed and this is common place.” It was not clear how long the person had been waiting for personal care however the day staff had been on duty since 08:00 and they had not yet attended to the person’s needs. Another relative said, “When we first got here things were really good but now there is not enough staff and there have been lots of different managers.” The management team acknowledged that sickness management had previously been poor and resulted in some short staffing. They told us of new regimes to manage sickness and of a recruitment drive in progress to increase the staff bank. During the inspection we noted that call bells were answered promptly.

## Is the service safe?

Staff members told us that they were often short staffed and that it had a negative impact on people who used the service. They told us that the management team were aware and that they were confident that this would improve soon. We noted that some people who lived on the residential unit did not have their breakfast until 10:30. Staff told us this was because most people needed two staff to assist them with their personal care and with one staff member busy doing medications and one in the dining room supervising breakfast it meant that progress helping people get up was slow in the morning. The activity staff told us that staff shortages impacted on the quality of activities provided because delays to breakfast and personal care provision meant that there was limited time available during the morning. We discussed this matter with the management team. They told us they were reviewing the deployment of staff in order to maximise the resources available at peak times of the day.

We found that the provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were provided to meet the needs of the people using the service. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs. Staff told us they had received medication training and that there were regular assessments undertaken to ensure their continued competency to administer medicines safely. We observed a staff member encouraging people with their medication, going at their pace and without rushing them. This helped to ensure that people received their medicines safely.

# Is the service effective?

## Our findings

People told us that the staff team were knowledgeable in their roles and gave them confidence. One person said, “Staff speak with us like human beings, if you don’t understand something they will explain stuff to you”. Staff told us that they always asked people’s consent to care. One staff member said, “I always explain what I’m doing and ask people for their consent, I encourage people to do as much as they can to promote their independence.”

At our previous inspection in October 2014 we found that people were not always supported to eat and drink enough to meet their nutrition and hydration needs. At this inspection we found that people were regularly monitored to identify if they were at risk of poor nutrition and hydration. A person who used the service told us, “The staff are lovely and the food is very good. Any time I want a cup of tea they get it for me”. A relative told us, “Staff offer people a choice of food, the meals here are nice and where [relative] hasn’t been eating very well the dietician has been involved.” We saw that where people had been assessed as being at risk of poor nutrition they were referred for dietician support and were in receipt of nutritional supplements and fortified meals. People who required assistance during meal times were supported by the care staff and we saw records to confirm that people received appropriate amounts of food and fluids. Staff demonstrated they knew what to do when a person experienced weight loss and were able to explain to us the protocol for managing weight loss and nutritional risk.

Staff told us they did not routinely receive regular one to one supervision with line managers. We discussed this with the management team who acknowledged that this was an area they had already identified for improvement. An additional role of senior carer had been developed in order to provide a structure for this. Staff demonstrated good knowledge and had the necessary experience required to perform their various job roles. However, they told us that much of the training provision was by e-learning and there were no competency checks undertaken by management

to confirm their knowledge. We discussed this with the management team who were able to demonstrate they had identified this and that some face to face training had been scheduled. This was included in the service action plan and it was confirmed that funding had been provided.

People's mental capacity was routinely assessed on admission to the home and then reviewed at regular intervals. If people had capacity to consent we saw that they had signed to indicate their agreement to, for example the use of bedrails to keep them safe in bed and the use of photographs for identification purposes. Where people did not have capacity to make specific decisions we saw that their relatives were consulted or advocacy services were appropriately involved. For example, we saw a record of best interest decision meeting that had been held about a person whose health had deteriorated. We noted that their family, health professionals and the staff had been involved in the decisions relating to their changing care needs. The manager and staff had knowledge of DoLS and MCA and had implemented the process where needed however it was agreed with the senior management team that not all applications had been appropriately made and needed to be reviewed. We saw three Do Not Attempt Resuscitation (DNAR) forms, they had been completed appropriately including a record of the discussion with the person, their next of kin and a health professional.

People told us that they were supported to access health support from outside the home such as GP, optician, dietician and chiropodists. Records showed that routine blood tests where needed, medication reviews and chiropodist visits were undertaken and that GPs were contacted when people felt unwell. We spoke with a nurse from the GP surgery who told us that people received good care and attention and that staff followed their advice and support plans. They also said staff contacted them in a timely manner when people’s needs changed. We noted that speech and language therapists and consultant psychiatrists had been involved with people's care where appropriate.



# Is the service caring?

## Our findings

We received positive comments about the staff and about the care that people received. One person told us; "Staff protect my dignity and help me choose what I want to wear. They are kind, I get on all right with all of them, they are very friendly." A relative said, "The staff are angels they are like family. I have so much confidence that [relative] is cared for well when I am not here."

Staff were caring and attentive to people's needs. A person told us, "I don't know what I would do without them. They are so kind and patient, nothing is too much trouble." For example, a staff member noted that a person seated in a communal lounge had bare feet and asked them if they wished to have socks on. The person said no, the staff member touched the person's feet, found them to be cold and gently placed a light blanket around the person's legs and feet to keep them warm.

We saw that nursing and care staff interacted with people in a warm and respectful manner. Relatives were complimentary about the staff team and told us that people were treated with courtesy and respect. One person told us, "Staff always knock on the door and they draw the curtains and are very respectful to us both." For example we saw staff greet a person in the morning by making them a cup of tea and chatting about what they were going to do during the day. We observed care staff speaking kindly with people and it was clear that they knew people who well and were aware of their individual preferences.

People told us that staff had asked them about their likes and dislike and that they were given choices in such areas as food, activities and where they wanted to spend their time. We observed one person being asked if they wanted to be involved in a quiz and whether they wanted to go to their room or sit in the communal lounge. People were encouraged to be involved in the planning of their care and we noted that their preferences had been discussed with them and this was recorded in their care plan. When able, people had signed to indicate their involvement and in other instances, a relative had signed on their behalf. A relative told us, "Yes I am involved in reviewing the care provided to my relative."

Staff understood the importance of people's privacy. We saw staff members knocking on people's doors and waiting to be asked to enter. Staff told us that they would close people's doors when providing personal care and explain what they were doing and respect the person's choices. Relatives told us that there were no restrictions on visiting and that they were always made welcome at the home.

We found that bathrooms throughout the home did not promote people's dignity and were not pleasant places to be. For example, a bath side panel had fallen off in a bathroom on the top floor, there were tiles broken and falling off some bathroom walls and the bottom of one bath was covered in lime scale. We discussed this with the senior management team who confirmed that this matter had been identified during an environmental audit and that the provider had agreed a budget to refurbish the bathrooms. At the time of this inspection there were no timescales for this action to be taken.

# Is the service responsive?

## Our findings

People told us that they had been involved in planning their own care and staff members were responsive to their needs. Relatives told us that they were involved with developing people's care plans where they were not able to do this themselves and that staff always consulted with them regarding any decisions relating to people's lives. People and their relatives also told us they received good care and support. One person said, "I am really confident that they look after [relative] so well, it is a great comfort to me and all the family."

Staff told us that the service operated a system of 'resident of the day' to ensure that people's care plans were regularly updated. This meant that every aspect of a person's care was reviewed once a month to ensure that the care regime continued to meet their needs.

People told us there were a variety of activities available in the home if they wished to join in. One person told us, "They have plenty of activities but I'm not really a joiner". People were supported to go out of the home for walks and to visit the local shops and there were arrangements to respect people's faiths. Activity staff were employed to provide stimulation and engagement for people. Each person had an individual activity book that detailed their personal history and individual interests. We noted that

these books had been completed by the individuals with assistance as needed from the activity staff members. We saw that events were celebrated including St Patrick's day, world book day, father's day and world environmental day.

People living in the home and relatives told us they felt confident about voicing any concerns and felt able to complain if they were not satisfied. One person said, "I feel able to complain and supported in this way". A relative said, "When [relative] has a problem they talk with the nurse and they listen." Staff told us that all complaints were logged and reported to the manager for further investigation. The manager, despite being new to the home, had a clear understanding of recent matters of concern that had been raised and was able to demonstrate actions undertaken to address the concerns.

Relatives told us there were regular resident and relative meetings held at the home. One relative said that they could not attend because they were always held at 6pm which meant they encountered transport difficulties. However, the person showed us the copy of the minutes they had been sent after the meeting. We discussed this with the management team. They told us of plans to hold meetings on different days and different times to ensure that relatives had an opportunity to meet with them and discuss the plans for the home.

# Is the service well-led?

## Our findings

People who lived at the service, their relatives and staff members told us that, due to a period of instability in the local and regional management team, some areas of leadership had suffered. These areas had included a lack of adequate staff supervision sessions and meetings with people who used the service and their relatives. However, we found that the manager had reinstated supervisions and staff told us that the system gave them a formal platform to raise any concerns and discuss personal development. Relatives told us that there were meetings held to keep them informed of events in the home.

People who used the service told us that they felt they had a voice and that their opinions were taken into account. A person said, "It seems to run alright, I have never had the need to make a complaint; overall I am happy." Another person said, "We do get listened to here. The girls are angels." One relative said, "They [the service] do try and involve us. There are relative's meetings and we get a copy of the minutes after even if we are not able to attend."

At our previous inspections in May and October 2014 we had found that the systems used to assess and monitor the quality of the service were not effective. In October 2014 we had found that a monitoring visit conducted by the regional manager had identified that some people were at risk of poor hydration. However, there had not been any ongoing monitoring of the concern by the manager of the home to ensure that appropriate actions were being taken to protect the health, safety and welfare of people. We issued the provider with a Warning Notice for improvement.

At this inspection, we found that there had been improvements made in this area. We saw that where people had been assessed as being at risk of poor nutrition they were referred for dietician support and were in receipt of nutritional supplements and fortified meals. There were management audits undertaken to continuously monitor and review risks to people's health in order to promote their safety and wellbeing. Measures had been put in place to assist with the monitoring such as, body maps, a resident weight tracker, and a manager's daily report.

We saw that quality monitoring audits were routinely undertaken for all aspects of the service. For example, we saw that bed rail audits, a review of the dining experience,

HR audits, medication audits and an audit of the home environment had recently been undertaken. Shortfalls identified during these audits had been included in the action plan provided for us on the day and detailed the actions to be taken, the timescale for action and who was responsible for the actions.

At the inspection in October 2014 we had found that the nursing staff were unaware of learning outcomes from incidents and accidents that had been reported. At this inspection staff confirmed they were kept abreast of learning from incidents and showed us a folder that was maintained on each unit containing incident and accident reports and the outcomes and learning to be taken from them.

The service had experienced a prolonged period of instability in the local and regional management team which has had a negative impact on the quality of the service provided. A new manager had been recruited since our previous inspection in October 2014 however, had not continued with their employment. This meant that the home did not have a registered manager. An experienced peripatetic manager had over the management of Osborne Court Care Home with support from two senior managers until a permanent person is recruited for the post.

Staff told us they were confident that the management team had acknowledged there were areas of concern in the home and were directing resources to address the issues. For example, recruitment was recognised to be an area of concern and the manager had commenced a recruitment campaign. Staff told us that a senior manager had visited the home over the Easter bank holiday weekend to provide management support.

The manager had developed a daily audit which was reviewed daily to keep herself abreast of all issues arising in the home. For example, the audit from the bank holiday weekend identified that there had been errors on the staff rota and some staff sickness which meant that agency staff had been required.

The provider had introduced a new instant feedback system. People's concerns were entered onto a tablet computer; a member of the management team demonstrated how the feedback went directly to the home

## Is the service well-led?

manager's desktop and was also then accessible to the senior management team. One item of feedback had been received by this method and there was a clear audit trail of the actions taken in response.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	<b>The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were provided to meet the needs of the people using the service.</b>
Treatment of disease, disorder or injury	