

Osborne Court (Port Sunlight) Limited

Osborne Court Limited

Inspection report

Central Road
Port Sunlight
Wirral
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Tel: 01516438602

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Osborne Court on 2nd March 2018. The service was rated Good at the last inspection in December 2015. Osborne Court comprises of 40 apartments which are owner occupied and run by a management company whose board members live in Osborne Court. The company is registered with the Care Quality Commission as a domiciliary care agency, so that a care service can be provided for people who live there if they require this. At the time of inspection eight people were receiving a personal care service.

At this inspection we found the service remained Good. With the Effective domain improving to Good.

The service had a registered manager who had been in post since July 2016. However they were absent during the inspection and an acting manager was in attendance.

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.

Care records including risk assessments were well-kept and up-to-date. Each person using the service had a personalised support plan and risk assessment and all were up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed appropriately and in accordance with the provider's policies and procedures. Staff received a comprehensive induction programme regular training and supervision which enabled them to work safely and effectively.

GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

The provider had quality assurance processes in place including audits, staff meetings and quality questionnaires. The provider had policies and procedures in place which they regularly reviewed. They included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood their support needs. People

and their relatives had no complaints about the service.

Further information is in the detailed findings below.

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 remains Safe

Is the service effective?

Good ●

The service has improved to Good.

Consent had clearly been asked for and documented prior to care being implemented.

Staff continued to be inducted, supervised and receive training to safely carry out their roles.

Is the service caring?

Good ●

The service remains Caring

Is the service responsive?

Good ●

The service remains Responsive

Is the service well-led?

Good ●

The service remains Well-Led

Osborne Court Limited

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.

The inspection took place on 03 March 2018 and was unannounced. We visited the office location on 03 March 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we contacted Wirral Council contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection spoke with the acting manager, and two other members of staff and we met with two people who received a service. We looked at medication audit records, staff rotas and training records and we also looked at care records for two of the people and four staff files.

Is the service safe?

Our findings

We asked the two people we spoke with if they felt safe when receiving a service from Osbourne Court and both said 'yes'. We saw that staff had up to date training in safeguarding people and they were aware of the need to report any concerns to a senior member of staff. Staff also had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We looked at how the service recruited staff and the processes that they followed. This included processes followed when internal promotions took place. Records showed full recruitment and checking processes had been carried out when staff were either recruited or promoted. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. The provider had appropriate disciplinary policies and procedures in place.

We looked at how medicines were managed at Osbourne Court and saw that they continued to be managed safely with guidance available to staff in people's individual care files. People who self-medicated were identified through their risk assessments and staff had received training in medication administration, a medication policy and procedure was in place at the service.

We looked at the care files for two people and saw that risk assessments had been completed and risks were managed well. This included risks associated with health and safety, home safety, mobility and medication. Plans had been put in place to minimise risk and they had been reviewed regularly. We also looked at the records for accidents and incidents and saw that appropriate action had been taken following each event.

Guidance was available in people's care files on infection control processes to use when delivering people's care. Staff had also received training in infection control and this was due to be updated.

Is the service effective?

Our findings

It was clear from looking at staff files that they had received a comprehensive induction when first employed at Osbourne Court. The provider had implemented the Care Certificate, which is accredited by 'Skills for Care' and is a national qualification, as well as carrying out their own induction.

There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. The provider offered a range of training that included topics such as equality and diversity, fire safety, food safety, health and safety, first aid and moving and handling. The majority of staff had completed a Diploma in Health and Social Care level 2 or 3.

People were supported with the preparation of meals and drinks when it was required and those we spoke with reported no concerns in this area. A nutritional assessment had been carried out and this had been regularly reviewed with the consent of the person. Staff had received training in nutrition and hydration.

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. We looked at how the service supported people with this. It was clear from care records and discussions with people that improvements had been implemented with consent being sought in relation to care and treatment.

People had regular access to health care services and records showed that their health was closely monitored. Staff knew people well and they quickly identified when something was wrong and got people the support they needed. For example, staff were able to tell us how they closely monitored the moods of a person to ensure they were safe.

Is the service caring?

Our findings

We asked people if the staff were and kind respectful and both people said yes. People also told us, "They [staff] are wonderful" and "If you need anything, they are all very helpful".

Osbourne Court continued to keep records secure and these were located promptly when needed. Personal records were kept in the apartment of the person who was receiving the service with copies being kept in the manager's office. People continued to be able to access and contribute to their records and their relatives could also do so with the person's consent.

An owner's handbook was still available for people who owned a property in Osborne Court and a service user guide was provided for those who received a care service. No one at the time of inspection was using advocacy services however information was available for those who wished to access the service.

We asked if staff encouraged peoples independence and we were told 'yes'. We were told how staff supported people by giving them confidence to carry out their personal care independently.

People we spoke with were able to tell us who how they had good relationships with both the staff and the managers of Osbourne Court. They were able to tell us how communication was always good and that they felt that they were kept up to date with everything that was happening with the service. We were told "They're my guardian angels".

Is the service responsive?

Our findings

We looked at two individual care files that were in place for people receiving a service. They contained an assessment of the person's needs including mental and emotional wellbeing, family and social relationships and detailed the daily care tasks people needed. Support plans and risk assessments had been reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's support and care needs and were able to describe in detail the support they provided to individuals.

We asked people if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke to had any complaints about the service and we saw that there was a complaints procedure in place.

No one was receiving end of life care at the time of inspection, however the provider had an end of life policy in place and we saw that discussions had been held with people when planning their care about their end of life wishes.

We saw that communal activities and outings were continued to be arranged by a committee of owners and people could choose to participate if they wished.

Is the service well-led?

Our findings

The service had manager in post who had been registered with the Care Quality Commission since July 2016. The registered manager was supported by duty managers who were based in the main office. The registered manager was absent at the time of inspection however we were able to speak to the acting manager and the head of care services who was the providers representative. The provider understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The rating for Osbourne Court was displayed appropriately in a clear and accessible format.

The provider had comprehensive quality assurance processes in place. We were able to see that the provider carried out audits of the service and the acting manager told us that the communication with their line manager was very good and that they were approachable. The provider was able to demonstrate their oversight of the service and its quality systems. We saw that surveys had been carried out and the people who used the service had the opportunity to give feedback about the staff and the care that they received.

We saw that there were regular staff meetings held and all the meeting minutes were kept for future reference. We saw that staff were given the opportunity to discuss concerns and voice their opinions. Staff told us that they felt supported in their role and that the duty managers were approachable.

The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. This ensured the staff had up to date guidance surrounding their practice.