

Four Seasons Homes No.4 Limited

Osbourne Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 2 October 2018 and was unannounced.

Osbourne Court is a 'care home'. People in care homes receive accommodation and nursing or 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 Court accommodates up to 69 people in one purpose built building. At the time of the inspection, 64 people were living there.

The service had a manager who in the process of becoming registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The manager was new in post, they had previously been the deputy manager. People were positive about the management and the running of the home. There were systems in place to monitor the quality of the service and address any shortfalls. We found that there were links with the community.

People's medicines were managed safely and people felt safe. Individual risks were assessed and staff knew how to work safely. People were supported by staff who were recruited safely. However, feedback about staffing levels were mixed. Staff worked in accordance with infection control guidance. However, there were areas of the house that needed a deep clean.

People were supported by staff who were trained and felt supported. Staff worked in accordance with the Mental Capacity Act and people had access to health and social care professionals when needed. People received the appropriate support with eating and drinking. However, the mealtime experience needed further development to make the experience more enjoyable.

The environment was currently undergoing a refurbishment programme and lessons learned were shared at team meetings.

People were treated with kindness and respect. People's relatives were involved in the reviewing of their care. However, the service needed to develop systems to ensure people themselves were also involved. We found that confidentiality was promoted.

People received care that met their needs and care plans gave sufficient information to guide staff about how to meet people's individual needs. People were seen to be enjoying the activities available and complaints were responded to appropriately.

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 consistently safe.

Staff needed to have their knowledge in regards to people's evacuation plans developed and opportunities for staff to attend a fire drill were needed.

People and staff told us that staffing at times meant care was delayed or rushed.

People's medicines were managed safely.

Individual risks were assessed and staff knew how to work safely.

People felt safe.

People were supported by staff who were recruited safely.

Staff worked in accordance with infection control guidance. However, there were areas of the house that needed a deep clean.

Lessons learned were shared at team meetings.

Is the service effective?

Good 

The service was effective

People were supported by staff who were trained and felt supported.

Staff worked in accordance with the Mental Capacity Act.

People received the appropriate support with eating and drinking. However, the mealtime experience needed further development to make the experience more enjoyable. This had been identified by the management team.

People had access to health and social care professionals when needed.

The environment was currently undergoing a refurbishment

programme.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Dignity was promoted.

People's relatives were involved in the reviewing of their care. However, the service needed to develop systems to capture the involvement of people in the review process.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

Care plans gave sufficient information to guide staff.

People were seen to be enjoying the activities available.

Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a new manager in post, who had previously been the deputy manager.

People were positive about the management and the running of the home.

There were systems in place to monitor the quality of the service and address any shortfalls.

There were links with the community. □

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We did not request a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with five people who used the service, five staff members, the administrator, the manager and the regional manager. We reviewed information from service commissioners and spoke with health and social care professionals. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

There were systems in place in regards to fire safety. Checks were carried out on equipment and staff received training. People had personal emergency evacuation plans (PEEPS) to help ensure staff knew how to evacuate them in the event of a fire. However, not all staff had attended a drill and not all staff were absolutely sure how people would be evacuated. In addition, the PEEPS needed more information about how people would be transferred in an emergency. There had been a fire drill in July 2018 in response to an unplanned fire alarm and the manager told us that a full evacuation to safe zones had been completed in an acceptable time with staff responding appropriately. We discussed the need to ensure that all staff were familiar with PEEPS and had attended a fire drill. The management team told us that they would ensure this was addressed straight away. This was an area that required improvement.

People and their relatives told us that there were usually enough staff available to meet their needs however, two people told us how at times they had to wait sometimes up to 20 minutes for assistance for basic support such as accessing the toilet. They both said they understood that staff were busy and that they felt they had to accept a wait occasionally. One person said, "It's not the girls fault, they are all so lovely." Another person said they became frustrated having to wait for support sometimes. Whilst we were talking with the person we noted that their call bell was out of reach hooked over their bed. The person told us that this often happened where staff forgot to make sure the person had their call bell to hand. We asked the person how they summoned assistance in this instance, they told us they had banged on the wall. Some people also told us that their daily routines were not always arranged around their wishes and needs. For example, one person told us that they were woken up early in the morning for personal care. They said they would prefer to be left sleeping but staff had told them if they didn't have their care at that time they would have to wait until late in the morning. The person also said that once the care had been delivered staff had to rush off to attend to others so they didn't even get a cup of tea. A third person said, "They always come when I ring my bell."

Staff members told us they felt more staff on duty would enable them to provide better and safer care for people. For example, on the residential dementia unit there were four care staff and a senior, staff told us that this number fell to two or three care staff at least once a week. They said this posed a potential risk as some people required support from two staff members for their personal care needs and meant that there were insufficient staff left on the floor to maintain people's safety and wellbeing. However, on the day of inspection we found that people were supervised appropriately and we noted that staff were on hand throughout the day and supported people appropriately when they may have been conflict between people. We reviewed the rota for the previous week and saw that most shifts were recorded as having the planned number of staff on duty. However, there were two shifts that were recorded as working with less than the planned staff. A staff member said, "It would be great to have more staff so that we can spend time with people and actually talk with them more whilst providing their care, more personal interaction." On the day of inspection, we saw that people's needs were mostly met in a timely fashion and call bells were answered promptly. However, this was an area that required improvement.

People told us that they felt safe. One person said when asked if they felt safe, "Oh yes." Relatives also felt

that people were safe. Staff knew how to recognise the potential signs of abuse and how to respond to these concerns. However, not all staff were able to tell us the agency that they would report these concerns to externally, but they did know how to find out. We saw that there was information displayed around the home about recognising and reporting concerns.

People had their individual risks assessed and management plans in place to mitigate risks. Staff were aware of these risks and worked in accordance with the plans. People who had been assessed as requiring bedrails on their beds to help prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition. Health professional notes in people's care plans showed that people received pressure area care to help keep them safe. For example, one professional's notes stated, "Grade 4 pressure sore almost healed thanks to the hard work of nursing staff."

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained. There were daily, weekly and monthly audits to help ensure medicines were administered safely.

Staff told us they had received training in infection control practices and we noted that they used personal protective equipment such as gloves and aprons effectively. On arrival at the service, there were some strong odours around the home. The housekeeping staff were seen to be addressing these areas as the day went on and these odours did reduce slightly. We noted that some areas required deep cleaning and quotes for this had been obtained and some carpets were being replaced with vinyl in areas where they were habitually soiled to enable effective cleaning.

Accidents and incidents were reviewed to ensure that all appropriate action to reduce a reoccurrence had been taken. The system in place also enabled the management team to monitor for themes and trends.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff and found that all the required documentation was in place including two written references and criminal record checks. A recommendation of good practice was made to ensure copies of original documents were signed and dated to indicate when the originals had been seen and by whom.

Lessons learned were shared about incidents, complaints and feedback. The manager kept staff informed at meetings and supervisions. We also saw that 'flash meetings' were held when staff needed to be informed of something that would not wait until the next meeting.

Is the service effective?

Our findings

People were supported by staff who were trained and felt supported. We saw that staff had received training in all key subjects including dementia care, safeguarding people from abuse and moving and handling. We noted that training was in progress on the day of inspection. Staff told us that they enjoyed the training and felt well equipped for their role. Staff also told us that they particularly enjoyed the training delivered by the provider's trainer. They told us that the trainer was motivating.

Staff received an induction when starting at the service and also worked with a mentor to help them get to know the home and people they were supporting.

Staff worked in accordance with the Mental Capacity Act. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People had received a capacity assessment for key decisions when there was a question about their ability to make independent decisions. Where they were assessed as not having capacity to make these decisions, the process was clearly documented and a best interest decision was recorded. We also found that DoLS application had been made appropriately to help ensure people's rights were protected.

People were encouraged to make their own choices about daily living. We heard staff ask people about what to eat, if they would like to join in with activities and where they would like to sit. We saw that for big decisions, for example in relation to finances, relatives were involved. We noted that there were copies of the relevant legal documents on file to ensure they had the legal responsibility to do so.

People told us that they enjoyed their food. One person said, "The food is great, plenty of choice." Relatives also felt the food was good and varied. One relative said, "The food is good, it is well presented and there seems to be good choices." However, one person told us that they felt the menu was a bit repetitive. We viewed the menu which was planned over a four-week period. We found that there was a good selection of meals and choice was available each lunchtime. Breakfast was cereals and toast and tea was sandwiches, soup, cakes, crisps and fruit. The chef told us that people who have soft diet had the opposite meal to their lunch meal at teatime. They also told us that some people chose to have the second choice as their meal at teatime. The kitchen received information about dietary needs and the kitchen staff were able to tell us who required a modified diet. They also told us that food was fortified to help boost people's calorie intake. We were also told that taking suggestions for the menu was an area that they had planned to develop.

People received the appropriate support with eating and drinking. We noted staff sat with people chatting. One staff member was heard to be telling a person they were supporting what was on each fork. We saw when people came into the dining room, they were offered the choice of where to sit and if they would like a clothes protector on. However, the mealtime experience needed further development. This included offering a choice of drinks, having a menu displayed for people to view on tables and having condiments accessible or offered at mealtimes. We also noted that although the choice was taken after breakfast, when delivering meals to people's tables, staff did not remind people what they had chosen, many of whom were living with dementia. Although we did not see this having a negative impact on people, these are areas that would help the mealtime to become a more enjoyable experience. This had been identified through the audit process and the manager had actions to improve the experience.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians, dentists and chiropodists.

We spoke with two visiting healthcare professionals and three social care professionals during the course of this inspection. They gave us positive feedback about the service provided. One professional said that the staff were knowledgeable, they had all the relevant information to hand and referrals had been made appropriately. Another professional told us that the staff were friendly and approachable and responsive to instructions.

The communal areas of the home were wide and spacious which enabled people either in wheelchairs or on foot with walking frames to move freely. Equipment and aids were sourced and introduced to assist people and help to keep them safe. We also noted that there was signage around the home to help orientate people. The environment was tired in many areas, the management team shared plans the provider had for refurbishment of the service including bathrooms that were currently not suitable for use.

Is the service caring?

Our findings

People were treated with kindness and respect. Everyone we spoke with told us that staff were kind. One person said, "I like to keep as independent as I can, I know that I must accept help and I am thankful that there are lovely staff around to help me." Relatives also told us that staff were kind. One relative said, "The staff are so lovely and friendly from the management, the care staff and the laundry lady is lovely." We saw many examples of positive interactions. Staff were friendly and polite with people. For example, one person was worried about their dressing gown. The staff member spoke with them, was aware of what the dressing gown looked like and told the person they would look after they finished serving lunch. We saw the staff member come back to the person, with the dressing gown as promised, and asked the person wanted to walk with them to their room to help them put it away so that they knew it was in their room. We also saw a staff member walk past someone and notice they looked sleepy. They stopped and asked if they would like to go for a sleep on their bed. A staff member told us, "We care, we do our best."

Staff were noted to know people well. When asked, they were able to tell us about people's needs and their backgrounds. Staff had developed positive and caring relationships with people they clearly knew well. People appeared relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, during breakfast a staff member was chatting with a person about the book they were reading and other books by the same author. People were supported to practise any religion. The manager told us, "The local church sends a volunteer in to do a service once a month. Activity Coordinator has also made links to other organisation such a Jehovah's witness's if they are needed."

In most cases, dignity was promoted. Staff closed doors and curtains when providing care and discreetly asked people and supported them with toilet and continence needs. However, we did note on some occasions that catheter bags were on show. This was to ensure staff could monitor these however, it did not promote people's dignity and an alternative site could be considered. For example, the other side of the bed so they are not visible to people walking past the bedrooms.

People's relatives told us they had been involved in developing people's care plans. Written feedback from a relative about a care plan review stated, "I am involved but now that staff know [person] better I don't need to be involved so much." Another relative had stated, "I am not involved, I trust the staff." A further relative had written, "I am very happy with everything, the best decision I made." We discussed the need to ensure that people's involvement in the reviews was documented and the management team told us that they would explore ways to capture people's involvement in the monthly review process.

Confidentiality was promoted. We saw that records were held securely and staff did not speak openly about the people they were supporting where they may be overheard. We also noted that the computers in use in the office had a reminder screen saver about locking the computer to keep information secure.

Is the service responsive?

Our findings

People received care that met their needs. One person told us, "They help me in a way that suits me." Another person said, "I couldn't fault them." Relatives were also happy with the standard of care provided. One relative said, "The care [person] has received could not have been better. The staff are wonderful, the management are so kind." We noted that people had care needs met, including showers, using the toilet and regular repositioning. However, some areas needed more consideration. For example, one person was sat in their room and a staff member had put the CD player on but did not notice prior to leaving the room that it was skipping. Also, we noted that some people did not have socks or stockings on, they were unable to tell us if this was their preference. Staff should consider if a person needs socks or stockings put on if they are not able to verbalise this to ensure they are dressed appropriately for the weather and in accordance with their preferences.

Care plans gave sufficient information to guide staff. we found that plans were detailed to enable staff to deliver care safely and appropriately. For example, in a plan relating to diabetes, the plan described what the changing of symptoms looked like and what to do if this happened.

People were supported at the end of their lives at Osbourne Court. Staff were aware of how to support people respectfully and ensure they died with dignity and without pain. Plans were in place stating people's preferences and any religious needs.

People were seen to be enjoying the activities available. There was an activities organiser on each of the two units. During the morning there was a musical activity on one unit and in the afternoon a singer came to entertain people. Most people were seen to be enjoying both activities. There were plans for one to one activities for people who preferred these. However, we did note that on the unit that mainly supported people living with dementia, there was a lack of objects of stimulation around the house. For example, books, puzzles or items that stimulate the senses. This was an area that needed further development to help ensure people had enough to occupy themselves outside of structured activities or if they did not want to join in. The service did not provide outings at the time of the inspection. The manager told us that there were plans to start pub lunches and take suggestions from people. The manager told us that they also used the local library who loaned reminiscence boxes with different objects in 'to help stimulate conversations'. There was one to one time scheduled daily to spend time with people in their rooms. However the records of these visits needed to be recorded in more details to capture what people had participated in.

The manager also told us about the use of technology in the home. They shared information that stated, "Our new smart tv can be linked to tablets and computers. This means we can project things onto the TV such old TV adverts, films and anything's else the wonderful Internet has to offer."

They went on to say, "Use of things like [Internet music site] and feeding it through tablets and Bluetooth speakers means we have no plug and wires and we can have music where ever we go. The residents can mention a singer or a song and I can usually find it somewhere." We noted that people were enjoying music throughout the day.

We were also told about events that had taken place over the year and saw photos in people's rooms showing them enjoying the events. The manager said, "We had our own great Osbourne Court bake off and raised £100 selling the cakes and Christmas craft items. This was good fun and created a lot of competition." They went on to say, "Everyone also donned their Stetson hats and rawhide for a Wild West day where residents were invited to rope a horse, play cowboy bingo watch a classic western and do wild West quizzes among other things. The home was decorated like a ranch and we ate by mini (flame free) campfires and sang an awful lots of country music."

Complaints were responded to appropriately. We noted that the provider had an electronic tablet where people, relatives and visitors could raise any concerns, anonymously if they preferred. We saw that these were reviewed and then the action taken and the outcome was documented. People and their relatives felt confident that they could speak up and they would be listened to. We saw one concern related to the stopping of the afternoon tea trolley earlier in the year. We noted that the tea trolley was in use and providing drinks and biscuits in the morning and afternoon. We were also told this went around in the evenings.

Is the service well-led?

Our findings

The manager was new in post, they had previously been the deputy manager and were currently going through the registration process with the Commission. People who used the service knew the manager by name and felt that they were approachable with any problems. One person told us, "[The manager] is really very lovely" A relative said that the management team had been very supportive to them and their relative who used the service. Another relative told us they would recommend Osbourne Court to anyone looking for residential nursing care. They said, "The home is well managed, the management are helpful and the staff are so lovely, so friendly."

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that recent changes in the management team had been to good effect. They said that the manager was firm but fair and that changes made had been for the better. Staff told us they enjoyed working at Osbourne Court. One staff member said, "I enjoy coming to work I really do. We make a difference."

Staff also told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement.

Staff told us that there had been staff meetings held to enable them to discuss any issues arising in the home. They told us that the morning handover was robust so they felt there was not such a need for staff meetings.

There were systems in place to monitor the quality of the service and address any shortfalls. There was regular monitoring by the regional manager. The outcome of this monitoring was logged onto the providers system and this generated actions for the manager to complete. This system was also used to log and address complaints, survey feedback and audits completed in house. This gave the manager a clear overview of any issues and trends and helped ensure they knew what actions were still outstanding. We noted that issues were found on the day of the inspection, for example the need to improve the dining experience, had already been identified through the systems and an action was in place.

There were links with the community. The manager told us that a local school visited the home, creating ways to help entertain people living at the service. They also told us that, "The Prince's Trust have also started making regular visits.." There was also a visiting therapy dog and they told us that a local knitting group had, "...made 'fiddle muffs' and activity mats for our residents who may struggle with many other activities." The manager also told us, "Duke of Edinburgh students have been in to do the volunteer part of the award. We have also had other young people, of different ages, in to help with activities as part of works

experience or college courses."