

Windmill Care Limited

# Osbourne Court

## Inspection report

North Road  
Stoke Gifford  
Bristol  
BS34 8PE

Tel: 01179448700  
Website: [www.windmillcare.com](http://www.windmillcare.com)






Date of inspection visit:  
02 December 2019  
03 December 2019  
04 December 2019

Date of publication:  
10 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

About the service: Osbourne Court is a care home that provides personal care only to older people. The service can support up to 58 people. At the time of the inspection 56 people were living at the home.

People's experience of using this service:

People were not always receiving their medicines safely. Due to staff leaving medicines for people to take, medicines being incorrectly disposed of, and Medicines administration records (MAR's) were not current and up to date confirming what topical creams people had been administered and when.

During the inspection we received feedback from relatives who raised informal complaints with us. These related to missing clothing, shoes, personal objects and makeup. We shared this information with the provider, so they could individually investigate these concerns in line with their complaint's procedure. We have made a recommendation about the management of handling and recording complaints.

Incidents and accidents were reported including actions taken. The environment was clean and odour free. People were supported by enough staff who had checks undertaken prior to starting with the service.

People were supported by staff who received supervision, training and an annual appraisal. People had access to fresh fruit and hot and cold drinks. People had access to various menu choices and people could choose where they wanted to eat their meals. Care plans contained important information relating to people's mental capacity. The mental capacity act presumes someone has capacity until it is thought otherwise. Deprivation of Liberty Safeguards (DoLS) referrals were made when required.

People were supported by staff who were kind and caring. Staff knew people well and had a good understanding of how to respect privacy. Care plans contained important information relating to people's likes and dislikes and how to promote their independence. Care plans were regularly reviewed, and the service had a good working relationship with health care professionals.

Relatives, health care professionals and staff all felt the management team was approachable and it was a lovely home. Positive relationships had been developed between the community and the service. The providers were approachable and accessible, visiting the service on most days.

Rating at last inspection: Good (published May 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 Good to Requires Improvement.

Follow up: 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](http://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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Osbourne Court

## 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 carried out on the 2, 3, & 4 December 2019. It was undertaken by one inspector.

#### Service and service type:

Osbourne Court is a care home. It does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with seven people and seven members of staff, as well as the registered manager and provider. During the inspection we reviewed four people's care and support records and six staff files including supervisions and appraisals. We also spoke with 10 relatives and four health care professionals. 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, training records, policies, audits and complaints.

# 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

- Practice relating to how people were administered their medicines was not always safe.
- For example, during the inspection we observed one member of staff leave medicines for people to take later. Records were not signed until the member of staff went back to check the person had taken their tablets. However due to the member of staff not observing the person had taken their tablets, they were unable to definitely confirm the person had taken the tablet.
- Tablets were not always being disposed of safely. For example, one tablet was disposed of in the sluice bin rather than the recommended disposal method of sending back to the pharmacy. We fed this practice back to the member of staff.
- Staff administering medicines wore a 'Do not disturb' bib. This was so staff and people could respect their time and not disturb them whilst they were administering medicines. However, we observed during the inspection staff responsible for administering medicines were disrupted. This was due to the member of staff answering the phone whilst in the process of administering medicines to people.
- People's topical cream charts did not confirm the person had received their medicines as required. For example, one person who required their cream to be administered by staff three times a day had received their creams once on the 28, 29 November and the 1 & 3 December but not the required three times per day. New records had been identified as being required. These had been drafted. However, at the time of the inspection these records had not been implemented. This meant by not having accurate and up to date records, it was unclear if the person had received their medicines when required.
- When one member of staff administered eye drops to one person they did not wash their hands before or after administering the medicines.
- People's medication administration records (MARs) had signatures recording who had administered the medicines and when.
- Staff had clear guidelines to follow when people required medicines as required.
- MAR charts contained important information relating to the person's medicines and a picture of what they looked like. This was so staff could identify them accurately.
- Medicines were stored safely and within safe temperatures.

### Staffing and recruitment

- People were supported by enough staff who had checks undertaken prior to starting their employment.
- Staffing levels were adapted to meet people's needs.

- The provider undertook checks for new staff prior to working with vulnerable adults. Checks included a satisfactory Disclosure and Barring Service (DBS) and references.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives and staff felt the service was safe. One relative told us, "Yes, they're safe here". Another relative said, "I feel like my mum is safe there".
- People were supported by staff who had a good understanding of abuse and who to go to should they have any concerns. One member of staff told us, "Abuse is sexual, financial, physical, mental. Any concerns I would go to the senior or the council. I do feel people are safe, yes".

#### Preventing and controlling infection

- People and staff had access to effective hand washing facilities.
- Throughout the service, people's en-suites had liquid hand soap, paper towels and bins. Staff used personal protective equipment (PPE) as required and washed their hands.
- The home was clean and odour free and various areas had undergone improvements to the furnishings and flooring.
- Throughout the home people, staff and visitors had access to hand sanitisers. These could be used on entering and leaving the home to prevent the risk of cross infection.

#### Learning lessons when things go wrong

##### Assessing risk, safety monitoring and management

- All incidents and accidents were recorded including actions taken. The registered manager was responsible for monitoring incidents and taking action when required. Incidents and accidents were also monitored by senior managers.
- People had personal evacuation plans. Plans confirmed what support the person required in an emergency situation.
- Care plans contained risk assessments which identified the risk, and what support the person required.
- Systems were in place that checked the fire safety arrangements within the home. Checks were also in place for equipment. Prior to the inspection, checks relating to the water compliance had not been undertaken since July. This was undertaken by a senior manager during the inspection. Records confirmed checks undertaken were within safe ranges.

# 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 has remained Good.

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

Staff support: induction, training, skills and experience

- Staff felt well supported and able to raise concerns with their manager or senior if problems arose. Records confirmed supervisions and appraisals were being undertaken.
- Most staff received training to ensure they were competent in their roles. Training included, basic first aid, safeguarding adults, moving and handling, fire training, health and safety, dementia care awareness, food hygiene, equality and diversity, mental capacity act, deprivation of liberty and infection control. Some staff were due training, this was identified and planned over the coming months.
- Staff were supported to obtain additional qualifications. These included level 2 and 3 diplomas in care as well as level 4 management training. The provider confirmed several staff had left to become paramedics and nursing staff.
- The service had staff who had additional responsibilities in topics such as moving and handling and engaging with people. This meant staff could go to the member of staff for advice and guidance should they be unsure of anything relating to that subject.
- Induction training was provided within the service. This ensured staff were familiar with their role and the service before they worked alone.

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). Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation or under authorisation from the Court of Protection.

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.

- Most people living at Osbourne Court lacked capacity.
- DoLS applications had been submitted and the registered manager kept a log of the applications submitted and those granted. These were tracked within the management team's diaries, including when they were likely to expire. This was so new submissions could be made when required.
- People's care plans contained important information relating to their diagnosis and capacity. Where people lacked capacity, mental capacity assessments and best interest decisions had been made when required.
- Staff offered people choice and they sought consent before providing them with care and support.

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

- People were supported by staff who gave them choice about different meal options and where they could have their meals. For example, during lunch people were shown the different meal options available to them. This meant they could visually pick the option they wanted. People were offered a sandwich option should they choose not to have a hot dinner. If people were hungry they could have a second meal or more of what they had enjoyed. All who we spoke with were happy with the variety of the food.
- People could access fruit from fruit bowls placed around the home. This was within the lounge areas of the home and meant people could help themselves if they wanted a snack in-between meals.
- People were offered hot and cold drinks throughout the day. People could ask staff at any time for a drink and throughout the day we observed people having tea or coffee with a biscuit in between their meals.

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

- People's care plans contained important information relating to their individual care and support needs. For example, if people wore hearing aids or glasses this was recorded within their care plans. Care plans also contained important information relating to if the person had any spiritual or religious needs.
- Following the inspection, the provider confirmed. Additional 'flash' training was provided to reflect changes to legislation, guidance and best practice. Topics included, oral care, topical creams, and when care experienced was poor. This meant staff has access to additional training to ensure they were up to date with any changes to guidance and the law.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who liaised with other agencies and health care professionals to ensure they had access to healthcare services when required. All professionals were positive about how responsive staff and the management team were when people's needs changed. One health care professional told us, "I have found them to be very caring, knowledgeable and responsive to the needs of the people they look after as well as the families. My experience has been that Osbourne Court takes prompt action to support residents".
- The service had regular visits by nursing staff and a weekly visit from a GP. Daily visits were provided by the district nursing team to support people with their diabetes. The service liaised with the GP about people's wellbeing and health. Referrals were made to specialist services. Records confirmed discussions and actions taken. Following the inspection, the provider sent us information from one health care professional. They gave an example where one person was supported to stay at the service following a fall. This reflected their care and support plan and was felt to be in the person's best interest to receive this treatment within the service.
- Following the inspection, the provider sent us information from one health care professional. They

confirmed the home liaised with them quickly to ensure any change of support or treatment was sought quickly which prevented their condition deteriorating further.

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

- The service at the time of the inspection was undergoing a refurbishment. This included, painting communal areas such as lounges, corridors and people's rooms. Carpets and curtains were also being replaced along with new chairs in the lounges.
- The home was clean and odour free. People's rooms were personalised with pictures, photos and other objects important to them.
- People could access an outside garden area. This had a seating area, flower beds and shrubs and the home's resident ducks.
- The service had 12 rooms that could support people living with dementia. The rooms were fitted with sensors that could monitor people's safety. Sensors could turn lights on in rooms where people were making their way to, such as the bathroom. The sensors could also detect if people had been inactive for a period of time.
- Following the inspection, the provider confirmed various improvements that had been made to the environment which supported the service and people's individual needs.
- For example, people had access to quite relaxing lounges where staff could support them at any time of the day or night.
- There were themed areas throughout the home which enabled staff to have conversations with people about a memory, experience or certain topic.
- A smaller dining room provided a quite relaxing environment which could promote and encourage improved nutrition.
- The management team and staff benefited from a new training room which had access to the internet and a TV screen.
- The provider confirmed careful thought and planning went into the refurbishment and any room changes. This included consulting with people and their families who were happy with the experience.

# 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 Good. At this inspection this key question has remained the same.

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

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

- Most people were well presented, however during the inspection we observed one person who was found walking around the home in an undignified manner. Staff were familiar with the person's behaviour. However, their care plan contained no information on what actions staff should take if the person presented themselves in this way. We fed this back to the provider.
- Some relatives felt improvements could be made to how people were presented. One relative told us, "Sometimes her nails look dirty and long and she seems to wear the same clothes all the time".
- During the inspection we found one person was wearing no foot wear. When we asked their relative why, we were told the staff were currently searching for their shoes and slippers however no one at this time had managed to find any. The person was sat without any socks, shoes or slippers on to protect or keep their feet warm. Within 30 minutes of raising this a member of staff had found their slippers in the laundry room.
- People were supported by staff who were kind and caring. Feedback we received from relatives and health care professionals confirmed people were treated well. For example, one relative told us, "The staff are friendly". Another relative said, "Staff are very helpful". Another relative told us, "I would like to emphasize that my mother is very happy at Osbourne Court and that the staff are very kind and caring". One health care professional told us, "All staff are very pleasant. When we need any assistance, they are very good with the residents. Very on the ball".
- Staff were able to demonstrate a good understanding of equality and diversity and promoting people's independence. People were encouraged to participate in cleaning tables, washing up, preparing vegetables and other daily chores around the home should they wish to.
- People were supported by staff who respected them and their privacy. During the inspection we observed staff knocking on people's rooms and waiting for people to answer. People had care provided behind closed doors.

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

- People were supported by staff to make choices about their care. For example, during the inspection we observed staff offering people visual choices, such as what they wanted to eat and drink.
- Staff gave positive examples of how they enabled people to make day to day decisions such as if they wanted a bath or a shower. All staff felt it was people's choice.
- Staff were able to support people with an independent advocate should they need support to express

their views and 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. However feedback from relatives identified not all complaints formal or informal were being logged. For example, during the inspection one relative raised with us an incident where personal items had gone missing. This had not been recorded as a complaint however the provider was aware of the concern. The relative was happy for us to share specific information with the provider so that their complaint could be fully investigated, and an outcome sent. We will review their response.
- During the inspection feedback from relatives confirmed communication could be improved along with the loss of personal items. For example, some relatives felt they could benefit from knowing what activities were planned for the month this was so they could plan their visits. Following the inspection the provider confirmed the refitting of the notice boards would support the consistency of passing information onto visitors and families. Some relatives also raised issues with missing clothing, make up, shoes, lack of information being shared when someone's care needs changed and staff knowing about surgical procedures and changes being made to their medicines in advance of their admission. Following the inspection, we fed back specific concerns with the provider so that they could address individually the concerns raised with us. They confirmed all concerns and complaints are considered by the management of the home and investigations are led by the responsible person.

We recommend the provider considers best practice around capturing informal complaints so there is clear guidance for staff to follow.

- Various compliments had been made to the service prior to the inspection. We also received various positive compliments about the care experienced as part of the inspection. One relative told us, "We liked the "homely" feel at Osbourne Court and the friendliness of the staff when we visited. We have never regretted our decision and my mum is very happy there". Another relative told us, "I would like to emphasize that my mother is very happy at Osbourne Court".

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

- People's care plans were person centred and contained important information on people's likes and dislikes and their preferred routines. However, during the inspection we found routines were not always being accommodated. For example, one relative felt their family member was not presented, 'as up together' as they knew they liked to be. They confirmed the person liked to wear makeup, have their hair

done and have some lipstick on. However, these items were often missing, and the person wasn't wearing them as per their care plan wishes. We fed this back to the provider, so they could address this shortfall.

- Care plans were regularly reviewed and updated when required.
- People had access to group and individual activities. Activities included, silent disco, reminiscing, listening to music, exercises, piano playing, healthy eating, cooking and baking. The monthly activities list was accessible to people and families during the inspection. However, several relatives we spoke with felt this information wasn't always accessible to them and they could benefit from having this information in advance. For example, one relative told us, "I would like it if the monthly programme of events could be emailed to families at the end of the previous month so that we are aware of what the home had planned". We shared this feedback with the provider.
- Family and friends visited people throughout the day. All visitors we spoke with felt the home was warm, friendly and welcoming.
- The provider following the inspection shared one health care professionals' positive feedback where the home was supporting a person with their complex individual needs. They felt the service provided a good environment where the person was supported with their individual needs by staff in a least restrictive and dignified approach.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information such as if people needed to wear hearing aids or glasses.
- No-one at the time of the inspection required information in an accessible format.

#### End of life care and support

- No-one at the time of the inspection was receiving end of life care.
- People's care plans recorded any end of life or spiritual wishes explored or if un-known who should be contacted if the need arose.
- Following the inspection, the provider sent us information from one health care professional. They confirmed any changes or concerns to people's end of life were raised with the surgery or themselves. Decisions around resuscitation and hospital admission were shared with the out of hours services and the paramedic service.
- Positive feedback had been received from one family following the person passing away. The thank-you card confirmed, 'Words are not enough to express our gratitude to you all for your care and support of [Name]. We could not have wished for better care and compassion that you all expressed during Mum's three years at Osbourne Court and indeed, especially so during the last few weeks of her life'.
- The service and staff were responsive when people's conditions changed. The provider gave an example following the inspection where staff had volunteered to support someone who's condition was end of life. Two staff sat with the person so they were not alone at this time. Staff also attended the persons' funeral to pay their respects.

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits identified shortfalls relating to medicines management. A recent audit had identified shortfalls relating to the poor recording of cream application. New records were in the process of being implemented.
- The registered manager and staff understood their roles and responsibilities. Relatives and health care professionals all felt positive about the service and all were complimentary about the staff and management. One relative told us, "I have had contact with the management team on several occasions and have only had a positive experience. I feel that the home is well run". Another relative said, "I have mainly spoken to [registered manager] or [manager] and have found them both to be very caring, knowledgeable and responsive to the needs of the people they look after as well as their families".
- The service was displaying their CQC rating within the service.
- Notifications were made when required. Notifications are when certain changes, events and incidents occur that affect the service or people.

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

- People and relative's views were regularly sought. Meetings such as friends and family and resident's meetings were an opportunity to discuss topics such as activities, quality of care, staff training and key worker roles. These were well attended and the home felt they were an important way to seek feedback and make any necessary improvements required.
- The service was keen to connect and promote people's diversity within the home. The service held a men's group. This was an opportunity to promote discussions on well-being and reminiscing that were relevant to the group. This meant by running an all-male group it could reduce social isolation.
- Staff had daily handover meetings and team meetings. These were an opportunity to discuss any changes to people's well-being or care needs.
- The service had built positive links with the local community. For example, the service had regular visits from groups such as Brownies and Scouts. Local school children also visited. They spent time with people reading books together.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and health care professionals all felt there was a positive culture that was person-centred. One relative told us, "I would especially like to thank your chef and team for supplying mum and I with a beautiful served tea which we thoroughly enjoyed together". They had given minimal notice yet the service had produced some lovely food that enabled them to spend some quality time with their loved one.
- Staff were supported to attend people's funerals. This was an opportunity for staff to pay their final respect to person and their families.
- The provider and registered manager were passionate about recognising staff and their dedication to the service. A number of staff had been nominated for awards to reflect their commitment and hard work. One member of staff nominated had won their category. The service was proud of the member of staff and their dedication to providing a high-quality to people. The provider had also won the award for best employer category.
- The providers were an active part of the day to day running of the service. The providers spent time at the home. This included monitoring and being available to support the registered manager and their management team. Staff were positive about the culture and what it was like to work at the home. One member of staff told us, "I love working here. I'm passionate about Osbourne Court. Residents have to be happy, then you know you're doing the job properly. It's a very inclusive culture here".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their duty to be open and honest with people and their families. The registered manager was keen to support people and their families when their experience was below what they expected from the service and external services. During the inspection we were told of one current example where the registered manager was sensitively supporting a family following some disappointing news they had received. They were professional and supportive, offering reassurance and support at a difficult time for this family.

Continuous learning and improving care

- Incidents and accidents were logged. This included recording the trends and any actions taken including referrals to health care professionals for equipment or medical reviews.

Working in partnership with others

- The provider, registered manager and the management team worked in partnership with outside agencies. This included, the district nursing teams, local GP and the practice, social workers, mental health teams and local hospitals.