

Crown Care II LLP

# Osborne House

## Inspection report

Union Lane  
Selby  
North Yorkshire  
YO8 4AU

Tel: 01757212217

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Osborne House provides accommodation with personal and or nursing care for up to 74 people some of whom may be living with dementia or have physical disabilities. At the time of the inspection 50 people were receiving support.

People living on the ground floor of the service received residential care and those living on the first floor received nursing care. At the time of the inspection the second floor was not being used.

### People's experience of using this service and what we found

People were found to be safer at this inspection and changes to care plans, risk management and staff knowledge about the people they supported had led to these improvements. However, a full record of the care people received, and assessment of risks were not always kept and appropriately reviewed for the provider to assure themselves of quality and safety. In addition, the number of staff on shift did not always support people to receive care in a timely way and did not monitor people effectively. Some of the checks carried out did not identify areas for improvement, this had led for example to staff not receiving support to practice fire evacuations. We did not see full and sustained improvements in governance of the service.

The leadership of the service had improved since the last inspection and the registered manager and provider were committed to developing the service further. Positive leadership had led to the improvements already seen in the safety and quality of the service people received. We recognise that progress has been hampered by the Covid-19 pandemic and also that the registered managers efforts to lead the team during this time have been successful. We are confident that plans for making improvements that were already in place will continue and that our feedback was used constructively to aid developments.

People have benefited from the improvements that have been made since the last inspection. Their staff were more organised and confident. There was a positive culture in the staff team where they felt confident to speak up and knew they would be listened to. Staff were appreciative of the support they received. People and their families were listened to and involved in their care.

A positive recruitment process had led to a reduction in the use of agency workers. People were therefore supported by a consistent group of staff who knew them. This had enabled positive relationships to develop.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 10 December 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced focused inspection of this service in August 2019. Breaches of legal requirements were found. We undertook this focused inspection to check the provider had followed their action plan and to assess if they now met legal requirements. The key questions of safe and well-led were reviewed at this inspection. All breaches of regulation were met except for good governance which remains a breach of regulation.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osborne House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a continued breach in relation to governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to communicate with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Osborne House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection site visit was carried out by two inspectors. An additional inspector also supported the inspection remotely, by speaking to relatives and staff.

#### Service and service type

Osborne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced 24 hours prior to arriving at the service. This supported us to assess the Covid-19 risks and plan effectively.

#### What we did before the inspection

We used the information we had received about the service and the information the provider had sent us since the last inspection. 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. We sought

feedback from the local authority, clinical commissioning group and professionals who regularly visit the service. We used all of this information to plan our inspection.

#### During the inspection

This inspection was carried out by conducting a site visit, speaking to relatives and staff remotely and reviewing various records remotely. We spoke with four people who used the service, four relatives and one visiting professional about their experience of the care provided.

We spoke with 15 members of staff including the registered manager, area manager, unit managers, nurses, care workers, wellbeing manager and a housekeeping team member. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed a range of records and policies regarding the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a visiting professional for their feedback about the service.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of systems in place to keep people safe were not effectively used to monitor people's health and wellbeing. There was an increased risk that people could be harmed.

Where we have noted improvements are required within this safe key question, we have outlined our response to this in the well-led key question part of the report.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks to people and do all that was reasonably practicable to mitigate them. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Outcomes for people were not always monitored effectively. Staff did not always record people's care and did not always use the information to assess if care provided was successful and prevented harm. For example; how much a person had drunk was recorded, but it was not reviewed and recorded regularly to understand if the person was at risk of dehydration. We saw no harm to people, but staff were not evidencing the informal assessments they were carrying out. This increased the risk of harm if something is missed.
- Not all staff had attended regular fire drills to practice the safe way to respond in a fire situation. The registered manager provided us with an action plan around this during the inspection to ensure all staff had support to do this.
- Risks to people were assessed and plans were in place to mitigate those risks. Risk assessments were not always reviewed at the frequency required. Staff were aware of how to care for people safely. People and their relatives told us the safety in the service had improved. A relative told us, "My family member is getting the care they need, and they feel safe. Yesterday they told the family, "I feel the best I have done in years."
- Where people became distressed staff had better guidance in care plans on how to intervene to reduce anxiety and care for the person.
- Accidents and incidents were better recorded, and the registered manager had put plans in place to prevent future incidents where this was possible.
- Safety checks had been carried out routinely on equipment and the environmental hazards.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- A safe medicines system was in place and work to embed the processes to ensure safe practice was being monitored by the registered manager.
- Errors were being highlighted when made and were recorded and investigated properly. Action was taken to make improvements and re-train staff if required. Positive improvements were evident.
- Protocols to support staff to know when a medicine should be administered if it is prescribed 'as and when required' were in place. The protocol was not always used in conjunction with monitoring of people's health, for example, when to give medicines for constipation based on the monitoring of a person using the toilet.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have effective systems to safeguard people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had led the team to provide more personalised care for people which took into account their preferences and human rights. People's personal care needs were met and they had opportunity to spend time as they preferred which included access to communal areas and activities. Records were not always made about people's personal care and their choices to evidence the work staff completed and to ensure effective audit could be carried out.
- Staff now had robust systems to follow if they had concerns and their knowledge of what to look for had increased and they were aware of their responsibilities around safeguarding people. A relative told us, "Staff work extremely hard to keep people happy and well looked after."
- Where concerns had been raised appropriate reporting with the correct agencies had occurred.

Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff who were skilled, competent and experienced were deployed effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff on shift to care for people's needs. However, staffing levels did not always ensure people received responsive care in a timely way or that they were monitored when in communal areas. The providers audit process had failed to recognise this. The provider responded immediately when feedback was given and increased the staffing levels.



- Staff were more organised and better leadership on shift had resulted in a calm atmosphere in the service.
- Staff had been recruited safely with all appropriate checks completed including checks on nurse fitness to practice. There had been lots of recruitment to build a staff team and reduce the reliance on agency workers to promote continuity of care for people.

#### Preventing and controlling infection

- We were not assured that the provider was meeting social distancing rules and using PPE effectively and safely or that their policy for infection prevention and control and practices were up to date. We gave feedback and asked an infection control professional to visit and follow up that action had been taken. They have confirmed all actions were taken and appropriate practice is in place.
- We were assured that the provider was admitting people safely to the service and preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider had invested in the environment and some areas had been refurbished prior to the Covid-19 pandemic. Unfortunately plans had to be put on hold because of the pandemic and refurbishment will recommence when safe to do so. Urgent and high-risk work was still carried out if highlighted.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. The service was not always effectively monitored to ensure quality and safety. Leaders and the culture they created promoted good quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to establish and operate systems to ensure safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- People were at risk of avoidable harm or receiving poor quality care because staff did not always make a full record of the care they delivered and robust checks of those records were not carried out. We could not always confirm consistent and appropriate care had been received from records. Staff did not use the risk assessment process as intended to review the level of risk as frequently as required.
- Audits did not always pick up areas for improvement for example; where staffing levels did not ensure responsive care or monitoring of people.
- The checks made of quality and safety did not always include looking at the areas we have identified for improvements. For example; a check carried out confirmed a fire drill had taken place but did not check that each staff member had frequently taken part in one.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and quality was effectively monitored. This placed people at risk of harm or receiving poor quality care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The positive impact of the registered managers good leadership had already led to improvements in outcomes for people. Everyone we spoke with were able to tell us about the improvements since the last inspection. A person told us, "The manager is very good at her job."
- A positive and open culture had developed. Staff told us, "The manager is extremely supportive and if I had any worries I can go straight to them for advice."

Working in partnership with others; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had worked well with all agencies to make improvements including involving relatives, staff and the people they support. A focus on continually making improvements and learning was evident. A visiting professional described the improvements they had seen, "I feel they are on the right pathway and are very caring. Staff seem to know people well and care for them. The dementia care service is so gentle, they are great. They had a difficult person who they dealt with really well without support. Staff are really supportive when I visit."
- Where things went wrong the registered manager was transparent. Relatives were very involved in the care for their family members and told us communication was open. One relative said, "The staff could not have been nicer, more helpful or understanding. My family member is so much happier and better health wise than we could have hoped for."
- Staff and the registered manager have risen to the challenges presented by the Covid-19 pandemic. Positive feedback about the communication and support was received. A relative said "[Name of registered manager] has made phone calls, sent emails and newsletters to the family to keep them up to date with what was happening in the home. The service has done very well in keeping Covid-19 out of the service."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and process were not established and operated effectively to ensure the quality and safety of the service. The service was not assessed and monitored effectively to reduce the risk of avoidable harm and people experiencing poor quality care. An accurate, complete and contemporaneous record in respect of people's care and treatment was not always kept.  Regulation 17 (1), (2) (a), (b), (c) (f).