

Windmill Care Limited

# Osbourne Court

## Inspection report

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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

The inspection took place on 25 and 27 April 2017. Osbourne Court provides accommodation and personal care and support for up to 58 older people. Many of the people accommodated were living with dementia. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

The previous inspection was completed in March 2016 there were no breaches of regulation at that time. However, there were some improvements needed to make sure people were safe. This was in respect of the recruitment of staff and ensuring staff were consistently signing for medicines being given to people. Some action had been implemented by day two of the inspection in March 2016. We found the necessary improvements had continued to ensure people were safe.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to support them. Staff demonstrated a good understanding of their roles in supporting people living with dementia. Staff received training and support that was relevant to their roles. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Osbourne Court.

Systems were in place to ensure open communication including team meetings, daily handovers and one to one meetings with their manager. Regular newsletters and friends and family meetings were organised keeping people and their relatives informed about life at Osbourne Court.

The home continued to provide a caring service to people. People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. There was a warm and welcoming atmosphere within the home.

People received a responsive service. Care and support was personalised to each person. People were supported to take part in a variety of activities including trips out. Social events were organised for people, their friends and family. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

The service was well-led. Relatives and staff spoke positively about the commitment of the registered manager and the provider. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement.

## 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 was safe. Improvements had been made to ensure there was a robust recruitment process to ensure only suitable staff were employed and, clear records were being maintained in respect of medicines being given.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Risks to people were being assessed and monitored. Where risks had been identified, management plans were in place. Staff were provided with sufficient and up to date information, which assisted in keeping people safe.

Medicines were well managed with people receiving their medicines as prescribed.

Sufficient staff were available to meet the needs of the people. This was kept under review.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service continues to be responsive.

### Is the service well-led?

Good ●

The service continues to be well led.

# Osbourne Court

## **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.

This was an unannounced inspection, which was completed on 25 and 27 April 2016. One inspector completed this inspection. The previous inspection was completed in March 2016 there were no breaches of regulation at that time. However, there were some improvements required in relation to ensuring a robust recruitment process was completed for new staff and all medicines given were signed for by a member of staff.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted eight health and social care professionals to obtain their views on the service and how it was being managed. We received feedback from six. You can see what they said about the service in the main body of the report.

During the inspection, we conducted a Short Observational Framework for Inspection (SOFI 2) assessment. SOFI 2 provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this for themselves.

We looked at seven people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included staff rotas, training records and audits that had been completed.

We spoke with the registered manager, five care staff, six people who used the service, six relatives, the operations manager and the director of operations. After the inspection a further five relatives contacted us via email to provide feedback about their experience of the service.

# Is the service safe?

## Our findings

People told us they were safe. Relatives told us they were confident that their loved ones were safe and free from harm. One relative told us there was always a staff member present in the lounge and dining areas supporting people. They said they found this very reassuring. Another relative told us they never worried when they left Osbourne Court and, if there was any concerns the staff would contact them straight away. Other comments included, "I know my mum is safe, all the staff are kind", and, "It was a difficult decision for us as a family when we knew we could no longer cope, my mum was not safe at home, I no longer worry as I know mum is not only safe but well cared for". Another relative told us, "Mum is happy here, she is safe".

We found that there had been improvements to the way medicines were managed since our previous inspection. There were clear records of medicines administered to people or, when not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There was information in people's care plans about their current medicines, and any guidance for administration if medicines were prescribed 'when required' so that staff would know when it was appropriate to give them.

Medicines were given by staff who had received training, and had been assessed to make sure they gave medicines safely. Medicines were stored securely. There were suitable arrangements and records for some medicines that required additional secure storage, and those needing cold storage.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager to respond to any concerns appropriately. The service had reported to the local safeguarding team any allegations of abuse and taken action to safeguard people. CQC were also being notified of any allegations of abuse.

Staff told us there was always a member of staff in the upstairs lounge to support people when required and ensure their safety. A relative confirmed there was a member of staff in this lounge at all times, which provided them with assurances their relative was safe. Another relative told us, they had been impressed with the staff's approach when a person had become agitated. They told us the staff had been sensitive in de-escalating a situation where a person was becoming distressed. They told us the staff had provided the person with reassurance and engaged them in an activity to distract them. They told us this had prevented any further confrontation with the other people present in the lounge. This showed staff knew what to do to keep people safe.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other professionals such as speech and language therapists had been involved in advising on safe practices and equipment required. Staff

described to us, how they ensured people's safety in all aspects of their care.

The registered manager told us that there were movement sensors in 14 of the 58 bedrooms that could be activated where a person was at risk of falls. The registered manager told us the sensors were only used when a person was at risk. There was a policy in place guiding staff when these should be used and that the person must be involved in the decision process. Staff told us regular checks were completed on people who chose to remain in their bedroom during the day and throughout the night. There was clear guidance for staff should a person have frequent falls. This included reviewing the person's medicines and checking the environment for any risks.

The provider had made the necessary improvements to their recruitment practices. We looked at the recruitment files for two members of staff and found all the appropriate pre-employment checks had been completed. All members of staff had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Sufficient staff were supporting people. This was confirmed in the staff rotas. Staff told us any shortfalls were covered by the team and the registered manager. Relatives felt there were sufficient staff and staff promptly responded to their relatives care and support needs. A person told us whenever they required assistance and used their call bell, staff responded very quickly. Two relatives told us it was a very busy home but there was always a calm and welcoming atmosphere and they could always find a member of staff if they needed to talk to anyone. Staff confirmed it was a busy home especially upstairs. They said there was sufficient staff to keep people safe but sometimes they would like extra time to sit and chat with people especially in the mornings. The registered manager told us, staff from downstairs would assist if required and additional staff were employed where necessary.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person had fallen) to ensure these were working correctly and, routine checks on the lift, electrical and gas appliances. Certificates and records were maintained of these checks.

People and their relatives told us bedrooms were cleaned daily and they always found the home to be clean and free from odour. Housekeeping staff explained their roles and confirmed they had sufficient equipment. We observed the housekeeping staff engaged in their duties and found the home was clean and free from odour.

Staff told us they had attended training in infection control. Staff were wearing protective clothing such as aprons and gloves when completing personal care or handling food. The service had an infection control lead. They were responsible for monitoring this area within the home and staff practice. The registered manager told us the infection lead was completing regular hand washing audits as part of their role. This meant people could be confident the risks in respect of cross infection was minimised affording their safety in this area.

The home had been assessed in October 2015 by the local Council in respect of food hygiene practices and had been awarded a five star. This is the highest rating a service could achieve. This was clearly displayed in the hallway of the home. The kitchen was clean and well organised. Cleaning schedules were in place and



records maintained in respect of good food hygiene practice.

# Is the service effective?

## Our findings

The home continues to provide an effective service to people.

People spoke positively about the staff that were supporting them. Relatives confirmed they were kept informed about any changes and were involved in care reviews. A relative told us they had been kept fully informed about the care of their mother with regular communication from the staff and their relative's GP.

People had access to other health and social care professionals. Staff told us the GP visited every Friday. The GP provided feedback that the staff were well prepared for their visits with clear information about each person that required their attention. Information was faxed to the GP before the planned visit. Another health care professional told us the staff were very good at reviewing any physical causes for psychiatric symptoms such as urinary and chest infections.

Other health care professionals were involved such as physiotherapists, speech and language therapists, the community mental health team and care home liaison team. This is a team of professionals that advises the service and supports people enabling them to remain in the care home. People also had access to a podiatrist, dentist and opticians where required.

District nurses visited the home to provide support with any nursing care needs such as wound care management or medicines for diabetes. Where people were at risk of developing pressure wounds a care plan was in place describing how the person should be supported. This included any specialist equipment such as pressure cushions or an air mattress that should be in place to minimise any risks. There were also body maps to record any wounds and information about how staff should support the person with positional changes. District nurses maintained their own records of the treatment and healing process. Positive feedback was received from the district nurse team. They told us they visited most days and found the care to be very good. They told us staff were responsive and prompt referrals were always made with any recommendations followed.

People's nutritional needs were being met. Where people had been assessed as being at risk of malnutrition, clear plans of care were in place. For those people that had been identified as being at risk, increased monitoring was in place including food and fluid charts and weekly weights being completed. Systems were in place to enable the registered manager to audit and check that staff were following the correct procedures in respect of monitoring people's weights where there was weight loss. Referrals were being made via the GP to speech and language therapists (SALT) for swallowing assessments where people were at risk of choking.

There was good communication between the care and catering staff. People were visited by the catering staff to discuss their likes/dislikes and any specialist requirements on a regular basis. Where people's needs had changed this was discussed with the catering staff to ensure the person's needs were being met. The cook was passionate about promoting food first rather than using supplements. Families had been invited to a meeting to discuss what this meant for their relative in keeping them healthy. Where people had gained

weight and were at risk, the home had introduced smaller plates. From talking with staff, relatives and information from health and social care professionals this had been very successful. A relative told us, "There are no concerns about the food; mum has put on weight since moving to the home".

There was a menu board outside the kitchen so that people could see what was available. In addition, care staff asked people what they would like each day for lunch and tea. People told us they enjoyed the food. A relative told us they were impressed with the food provided and they were often invited to stay for lunch and offered refreshments. They told us that for special occasions such as birthdays, refreshments and cake was provided. Another relative told us they had been really impressed when they had been offered an area of the home for family and friends to celebrate a special birthday.

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 are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The registered manager told us seven people had an authorised DoLS in place. There were systems to monitor when an application was due for renewal to enable the staff to submit a further application in a timely manner. This was introduced as it was noted there was a delay in this happening for one person. Applications had been submitted for other people in the home but these had not yet been authorised as they were waiting for a representative of the placing authority to complete their assessment.

Staff told us best interest meetings were held where people lacked mental capacity and this included seeking the views of the person's relatives and professionals involved in their care such as the GP. Records were maintained of best interest meetings detailing the decision making process and who was involved. Staff had received training in the MCA and DoLS.

Some people had chosen to make advanced decisions about their care. This included whether they wished to treatment in a medical emergency or at the end of their life. Some people had a do not attempt cardio pulmonary resuscitation (DNACPR). A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. The electronic care plans sign posted staff to whether a DNACPR was in place for a person. This meant staff could find this information quickly in the event of a medical emergency. The registered manager had a system to check these were accessible. This was because in the past it was found these were not always returned when a person returned from hospital. Relatives confirmed they had been involved in these conversations with staff about end of life care. A relative told us it was a difficult conversation but the staff had put them at ease.

People told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance.

A relative told us their mum often declined personal care. They continued by telling us they felt the staff were very skilled and their relatives physical care needs were very well met with her dignity respected. Staff confirmed they had completed an induction and it was very comprehensive. They said they had worked in care previously and they found the training offered by the provider to be a lot better than their previous work place. Another member of staff told us all the staff had been very supportive and answered any questions that they had. New staff worked alongside more experienced staff and were not counted in the staff numbers. This enabled them to gain confidence and get to know the people they were supporting.

There was a commitment to ensure staff had received training around supporting people with dementia. Staff told us they had recently completed a virtual experience of living with dementia. This was where staff experienced what it was like to have one or more of their senses effected. They told us it had been very emotional and frustrating and provided them with some very valuable learning on what it may be like to live with dementia. Staff were knowledgeable about the effects that dementia could have on the person and their family. Staff were offered opportunities to complete a recognised quality in care. One member of staff told us they were planning to complete a diploma in care in the Autumn.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us they aimed to complete these formally every six weeks. Staff confirmed they were supported in their roles and could speak to the registered manager or the provider at any time. The registered manager told us they were in the process of completing annual reviews. Staff were in the process of completing some work in preparation for their annual review.

Osbourne Court is a purpose built property to provide accommodation and personal care to 58 older people. The accommodation is arranged over two floors. There is a lift to enable people to access the first floor. The home was decorated to a good standard and comfortably furnished. Pictures and photographs were displayed throughout the home. Comfortable seating was available along the corridors for people to sit and rest or watch the coming and goings in the home. There was outside space, which people could access independently.

Memory boxes were placed outside people's bedroom doors and there was signage throughout the home. This helped people who may be disorientated to find their way around the home and to locate their own bedroom.

# Is the service caring?

## Our findings

People told us they liked the staff that supported them. Throughout the day, we observed all staff, from housekeeping staff, the cook and the care staff, spending time with people engaged in conversations. Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. Staff told us there was sufficient staff to enable them to spend time with people.

All relatives we spoke with told us the staff were kind and caring. Comments included, "The staff always seem to be a happy group, always a good sign, and I have seen nothing but kindness shown to the residents, and to their relations and friends that visit". Another relative told us, "I have nothing but praise and gratitude for Osbourne Court and its amazing staff". They told us, "Mum is always treated with the utmost care and consideration. Her dignity is maintained at all times. The decision and process of mum going in to a care home was one of the most heart breaking experiences but knowing mum is at Osbourne Court goes a long way to making me feel a lot better about the situation". Another relative told us, the care of the staff team went beyond the care of people and was extended to their family members. One relative told us, "The staff are everything you could wish for; they involve us as a family. We are always welcome and they care about how we are too". Another relative told us sometimes it could be upsetting when visiting. They told us the staff promptly notice this and would spend time talking and alleviating any concerns.

Relatives confirmed they knew who their key worker was. A key worker is a member of staff allocated to a person enabling them to build a relationship with the person and their family. They check the person has sufficient toiletries and clothes and liaise regularly with the family where required. The registered manager told us they had recently introduced a new initiative where key workers would make regular contact, with the focus being about sharing positive experiences rather than focusing on health. A new record had been devised to enable staff to record the contact.

Health and social care professionals told us the service was caring. Everyone we spoke with described Osbourne Court as 'welcoming and friendly'. We observed and heard people and staff talking, singing, and laughing together. There was a healthy banter between staff and people. Staff approached people in very unique ways. This showed they knew the person and how they liked to be approached. A member of staff was observed hugging one person when they became upset. The staff member recognised that this may not be liked by everyone and it had to be a very individual approach.

People looked well cared for. This included ensuring people had their glasses, some ladies had painted nails and others had jewellery that matched their outfits. People's hair looked clean and groomed. We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and explaining to them what they were doing.

Staff were aware of people's preferences. This included the name they wanted to be known by and the gender of staff they liked to be supported by. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an

explanation was given to them on why we were visiting the home.

Staff described people in a positive manner and they were knowledgeable about people's life histories and important family contacts. We spent some time in the lounge and dining areas observing interactions between staff and people. Staff were respectful and spoke to people kindly and with consideration. Staff were unrushed and caring in their attitude towards people. One person was tearful, staff took the time to talk with the person and gently guided them to the lounge area where they were provided with a cup of tea and biscuits. One person complained they were feeling cold, staff responded promptly returning with a blanket, which they gently put on the person's knees. They also assisted them to sit by a window where the sun was shining through. Throughout the inspection staff were observed praising people on their appearance especially where they had been to the hairdresser. These acts showed staff were caring in their approach and were person centred.

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge areas or in their bedrooms. Relatives told us they were made to feel welcome and were offered refreshments. Relatives were able to bring in their pets if they wanted.

Information was made available to people about the service. This included a statement of purpose, a brochure about Osbourne Court and what it had to offer including information about how to raise a complaint. These were available in the main entrance of the service. The registered manager and the provider had devised a document called frequently asked question. This was informative and provided people with information about life at Osbourne Court from matters relating to housekeeping, meal times, and activities to delivery of personal care. A relative said this information had been provided to them electronically.

People had been asked about their end of life wishes and how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person. A health care professional told us, "They provide very good palliative care to people with our support and advice".

A relative provided us with information after the inspection telling us how they had supported their relative at the end stages of life. They told us the care was excellent and they were looked after with respect, dignity and great deal of love by the carers. They stated, "X was always in good hands".

We observed staff being very attentive to a person who was being cared for in bed. A member of staff sat with the person gently holding the person's hand. The staff spoke in a soothing and calm manner clearly explaining what they were planning to do. Great attention had been paid to make sure the person was comfortable. We were told that later the person would be offered to have their hair washed and the hairdresser would visit the person to see if they wanted their hair cut. On the second day we checked the person's care records and this had been clearly recorded as being successful.

# Is the service responsive?

## Our findings

The service provided was responsive.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People had an individual care package based on their care and support needs.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed. They were informative and contained information to guide staff on how to support people well. The registered manager had introduced a system to ensure all care plans were reviewed every six months. Relatives confirmed they were involved in annual reviews with the care staff and the GP.

The GP told us they were very much working in partnership with the staff from Osbourne Court to meet people's individual needs. They told us they had worked in partnership to look at nutrition, weight and falls management. This also included supporting families to help them understand the effects of dementia and the steady decline that they may observe. The GP attended a friends and family meeting to discuss the effects of dementia and the importance of healthy eating. Other professionals had been invited to talk at these meetings to enable relatives to have a better understanding of the care pathways, supporting people with dementia and how care is funded. Relatives told us they had found this very beneficial. They told us if they were unable to attend then minutes would be sent to them.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. Any changes were also discussed with the GP during their weekly visits.

A visiting healthcare professional spoke positively about the staff supporting people with behaviours that may challenge. They told us they explore other therapeutic methods rather than using medication. Staff told us that one person had recently been admitted to the home with medication to assist with anxiety and behaviours. They told us this had been quite sedatory and they were concerned about the risks in relation to falls and the effects this was having on the person's wellbeing. The registered manager told us they were working proactively with the person's GP and the care home liaison team in reducing this person's medication. This was confirmed in the person's records. This showed staff were responsive to people's changing needs.

People's needs were assessed before they moved to Osbourne Court. This enabled the staff to plan with the person how they wanted to be supported enabling them to respond to their care needs. From the assessment, care plans had been developed detailing how staff should support people. The person, their relatives and health and social care professionals, where relevant, had been involved in providing information to inform the assessment. The staff were very attentive to a person and their relative that was

visiting the service as part of the assessment process. The staff recognised that for some people the transition from living at home to a move to care home could be very emotional and confusing. Staff provided reassurance to the person and their relative.

Staff told us trips were organised for people to the local garden centre, places of interest, trips to the local cafe and a trip to the Zoo. We were also told external entertainers visited every two to three weeks. Photographs were displayed throughout the home of the activities and trips organised. A relative told us about events that had been organised for people and their friends and family. This included a summer barbeque, a fire work display in November and other celebrations such as birthdays. Relatives and people told us about how the staff had organised a Shetland pony to visit the service. One relative told us, "It gave a lot of pleasure and was a real talking point. It showed really imaginative management, I thought, too, and a commitment to ensuring that life was still very much worth living and could surprise". Staff had organised a beach theme day and more recently a red nose themed event. Staff had dressed up and organised activities for people.

The local church visited the home regularly to assist in meeting people's spiritual needs. People's cultural and religious needs were recorded in their care plan. A mobile library visited the home every fortnight and an area in the main hallway provided people with a small library of books they could borrow. A visiting hairdresser visited three days per week. There was a designated area which had been set up as a hair salon. Staff were heard complimenting people after they had been to the hairdresser. Entertainers visited at least once a fortnight. On the day of the inspection, a singer was entertaining people. The registered manager told us they were planning for a local choir to visit. This was because one person was known to sing in a local choir. This showed there was a wide range of activities for people based on their interests.

Staff were responsible for organising daily activities. Relatives confirmed when they visited people were engaged in activities. A person told us, "There are activities, and we are offered a choice on whether we want to join in". They told us about quizzes, arts and crafts, film evenings, coffee mornings, bingo, pamper sessions, discussion groups to aid memory, baking, gardening and arts and crafts. A reflexologist was visiting on the day of the inspection and was supporting three people who had expressed an interest in this service. We were told us this was a new service that was being trialled in the home. Staff told us this had been beneficial for some people in aiding relaxation.

The first floor had a variety of areas where people living with dementia could busy themselves including workbenches with switches, wheels and cogs that could be turned. In addition, there was an area with items of interest for keen gardeners, a coat stand containing hats and coats and other dress up items, which people could use. We observed people trying on the coats and touching the various items. The registered manager told us people were encouraged to be part of Osbourne Court and the housekeeping staff would encourage where a person had expressed an interest to dust their bedrooms or put their clean laundered clothes away.

Daily handovers were taking place between staff. This was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. For example, if a person refused personal care this was shared with other colleagues so this could be offered at a more convenient time to the person. The catering staff were also kept informed of any changes to people's dietary needs so they could respond to any changing needs. The head cook told us there was good communication between the care and catering teams. They said this was important to ensure people's dietary needs were met, which then had a positive impact on a person's general well-being, mobility and skin integrity.

Staff took the time to explain to us what they doing. For example, one person was wearing slipper socks, we



were told that they feet were very swollen which meant they could not wear their shoes. Staff told us the person was being seen by the GP. Another person had hidden something up their jumper; staff explained they had to check in case there were any sharp objects. It was evident they took pride in what they were doing and were balancing people's rights with their safety. Staff engaged with people throughout the inspection providing reassurance, celebrating success or just chatting with people. Corridors were a real hub of activity with people especially on the ground floor near the office. Staff took the time to talk or walk with people or redirect someone if they had had become disorientated.

People had access to call bells to summon assistance from staff. These call bells were linked to pagers carried by staff and a visual display, which told staff where the call was coming from. During our inspection, call bells were answered promptly. Where people had chosen to remain in their bedroom call bells were close to hand. Staff said for those people who were unable to use their call bell regular visual checks of people were completed. The registered manager and a member of staff told us regular checks were completed at night. The times of the checks were variable taking into consideration the well-being of the person. People and their relatives had been consulted about their preferences in respect of the nightly checks. One person had requested they were not checked as they found the staff entering their room had disturbed their sleep pattern. This was clearly recorded in the plan of care. Staff said this would be reviewed if the person was unwell or their needs had changed.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log. We found people had been listened to. The records included the nature of the complaint, the investigation and the outcome. We found complaints had been responded to within the agreed timescales. The registered manager told us in their provider information return, 'Complaints to continue to be seen as a means to improve, not as a criticism '. Where people had raised concerns, the learning from these had been used to improve the service for everyone. For example, an audit had been put in place to ensure that do not attempt resuscitation documents were accessible to staff in the event of a medical emergency.

Relatives told us they had no reason to complain but would know how to if necessary. They said they were confident if they had a complaint it would be dealt with appropriately by the management team. Relatives told us both the registered manager and the provider were approachable and had an open door policy.

## Is the service well-led?

### Our findings

There was a registered manager in post. They had been appointed shortly before our last inspection. They had previously worked in the role of deputy manager. They had successfully completed the fit person process with the Care Quality Commission and were registered with us in August 2016. Since the last inspection, a new deputy manager had been appointed to support the registered manager.

Feedback from health and social care professionals was positive in respect of the leadership in the home. A health professional told us, "I am always very impressed with the caring atmosphere that the team at Osbourne Court create. I consider their care to be safe and patient focussed. They work hard to co-operate with me and their leadership is effective and forward thinking". Relatives were equally positive about the management of the service and the staff that worked there. A relative told us they were very impressed when they first visited the home and thereafter. They told us, "There is always a welcoming and friendly atmosphere throughout the home". Relatives told us they would have no hesitation in recommending the home to others. One relative told us, "The management are always available and respond to any problems that arise. It's a happy place that provides excellent care for the residents with varying stages of dementia". A delivery driver stopped us in the corridor and was very keen to tell us Osbourne Court was the 'best care home' they delivered to. They said they would highly recommend the service, "It's lovely, I would live here". They told us there was always a welcoming atmosphere and the staff were very helpful.

Staff spoke positively about the team and the leadership in the home. They described the registered manager and the deputy manager as being approachable. Staff told us they could always contact the registered manager or the provider for advice and support. Relatives knew who the registered manager was and confirmed they were approachable. Throughout out inspection the registered manager was speaking with families, people who used the service and staff. The registered manager told us they had an open door often to the detriment to the work that needed to be done. However, they stressed that it was important for this to continue. The registered manager worked alongside the staff and was very much hands on. They told us they were planning to work a couple of nights to enable them to have a presence with the night staff. They saw this has being vital in ensuring a cohesive team.

We found there were positive and respectful relationships between people living in the service, the staff and the management. People were welcomed into the office during our inspection and engaged in discussions. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the inspection process.

Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside them. One member of staff told us, "We feel more like a team now all working together to meet the needs of the people living at Osbourne Court, it's a lovely place to work".

There was a staffing structure, which gave clear lines of accountability and responsibility. There was always a senior care worker and a floor lead on duty to guide the care staff. Staff had signed contracts in their files along with job descriptions on what was expected of them.

Some staff had designated responsibilities such as a dignity or dementia champions, nutritional and infection control leads. Regular meetings were organised with the leads to drive up quality. Action plans were drawn up to improve the service. The leads were responsible for leading by example and providing support and training to staff. The dignity and dementia champions attended meetings with the local council. We were told best practice was shared during these meetings and then cascaded to the team at Osbourne Court.

Staff told us meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people living at Osbourne Court. Staff told us any changes to the care practice, the running of the home and key policies were discussed. They confirmed the meetings ensured staff were kept informed about the service and their individual responsibilities. Staff told us that daily handovers took place including a written record, which enabled them to keep up to date when they had been away from the home for a few days.

Resident and family meetings were held every three months to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, decoration, staffing, activities and quality of the service. Health and social care professionals had been invited to these meetings to provide people with information about their roles and new initiatives. Some relatives told us they were not always able to attend but they were always sent a copy of the minutes. Monthly newsletters were being sent to family and friends to keep them informed about any events or celebrations.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. The registered manager told us they wanted to build on the skills of staff and for them to continue to build on their skills of supporting people with dementia. They wanted to continue with the friends and family meetings and encourage more family members to be part of the quality team.

Systems were in place to review the quality of the service. Either the registered manager, a named member of staff or the provider completed these. They included audits of health and safety, medicines, care planning, training, supervisions, appraisals, nutritional, falls and infection control. Quality meetings were organised to share any areas for improvement and discuss the action that was required. The registered manager told us two relatives were actively involved in these meetings along with a core group of staff.

Annual surveys were sent to people, friends and families. The registered provider told us they had sent out surveys in 2016 but there had been a low return rate of only ten responses. They were exploring how people's views could be sought more effectively and were planning to use the friends and family meetings and the quality assurance team. Where concerns had been raised via the surveys, such as people not knowing who their key worker was, cleanliness of the home, and families being involved these had been addressed. The name of the key worker was now clearly recorded by each person's bedroom, additional housekeeping staff had been employed and a new carpet cleaner purchased. Annual care reviews were organised with the staff, relatives, the GP and the person. Relatives told us about these improvements.

The registered manager attended regular care home provider meetings to enable them to network with other providers and to keep up to date with the changing world of care.

All accidents and incidents were entered on to an electronic tracking system. At the end of each month, the registered manager and the deputy manager reviewed the information to look for any trends. They could analyse the number of falls or the number of events for a particular person. This enabled them to ensure the

right care and support was in place.

The registered manager was aware of when notifications had to be sent in to CQC. A notification is information about important events, which had happened in the home the service is required to send us by law. The CQC used information sent to us via the notification process to monitor the service and to check how any events had been handled.