

Four Seasons Homes No.4 Limited

Osbourne Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 22 February 2016 and was unannounced.

Osbourne Court Care Home provides nursing and personal care for up to 69 older people, some of whom were living with dementia. There were 54 people living at the home when we inspected.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had successfully recruited a new manager since our previous inspection in April 2015. The manager had submitted an application to register with CQC and this was being processed at this time.

At our previous inspection on 07 April 2015 we found that the provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were provided to meet the needs of the people using the service. At this inspection we found that the provider had taken action to address the identified concerns. People received their care and support in a timely manner from a skilled and supported staff team.

People were supported to make their own decisions as much as possible. People received support to eat and drink in sufficient quantities and their health needs were well catered for because appropriate referrals were made to health professionals when needed. Potential risks to people's health, well-being or safety were identified and reviewed regularly to take account of their changing needs and circumstances.

People praised the care and kindness demonstrated by all the staff team. Staff members were knowledgeable about people's individual needs and preferences. Visitors were encouraged at any time of the day and people's privacy and dignity was promoted. We observed sensitive and kind interactions between staff and people who used the service.

There were arrangements for daily activities and entertainment in the home. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open culture in the home and people, their relatives and staff were comfortable to speak with the manager if they had a concern. The manager had succeeded in introducing significant improvements in many aspects of the service provided for people at Osbourne Court Care Home since coming into post. However, the management team acknowledged that there was more to do in order to consolidate the work already achieved. Record keeping needed some improvement in order to help ensure people's safety and welfare. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by sufficient numbers of staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink sufficient amounts.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People's well-being, dignity and privacy was promoted.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in a range of activities.

People's concerns were listened to and taken seriously.

Is the service well-led?

The service was not always well led.

The manager was not registered with CQC at the time of this inspection however, the application to register had been submitted and was in progress.

Some aspects of record keeping such as daily notes and handover information required some improvement in order to support staff in promoting people's safety and well being.

People, their relatives and the staff team had confidence in the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Requires Improvement 

Osbourne Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 22 February 2016 and was unannounced. The inspection was carried out by one inspector and a specialist nursing advisor.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service. We spoke with eleven people who used the service, seven relatives, six care staff, two nurses, housekeeping and laundry staff, the cook, the deputy manager, the administrator, the home manager and a representative from the provider's senior management team.

We received feedback from representatives of the local authority social working team and the clinical commissioning group. We also 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 reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At our comprehensive inspection of Osbourne Court Care Home on 07 April 2015 we found the provider was not meeting the required standards and that they were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were provided to meet the needs of the people using the service.

At this inspection on 22 February 2016 we found that significant improvements had been made in this area. People told us that their needs were met and that they didn't have to wait long when they requested support to access toilet facilities for example. Relatives told us that they had noticed that, whilst staff always seemed to be busy, people's needs were met.

Staff told us that there had been some occasional instances where short notice sick leave could not be covered and that agency staff were not commonly used any longer. However, during this period the occupancy levels at the home had been low and staff from other units had been redeployed to ensure there were sufficient staff available to meet people's needs. The manager told us that six new staff members were waiting for final security checks to be completed before they could start to work at the home. The manager said that this recent successful recruitment activity would provide a bank of staff that would help ensure stability in the staff team.

A new staff role had been introduced into the home since December 2015. The Care Home Assistant Practitioner's (CHAP's) programme meant that two senior care staff had received work based training over a four month period to enable them to be signed off as competent in carrying out some procedures under the supervision of nursing staff. These procedures involved doing people's dressings for example. There were plans for one CHAP to be allocated on each shift on the nursing floor. The management team were enthusiastic about the CHAP's role and described how this would make a difference in giving more time to the nursing staff to carry out their own roles more efficiently.

The manager told us that staff had been arranged to provide additional cover at peak times of the day such as first thing in the morning to help support people get up and ready for the day and in the evening to help support people to go to bed. We also saw that two additional staff members were working as 'tea ladies' which meant that care staff were freed to concentrate on their roles safe in the knowledge that people were being offered drinks regularly during the day. We noted that these staff members took the time to interact with people whilst they went around with the drinks trolley and it was clear from our observations that people enjoyed the interaction. The manager also reported that people's fluid intake and the management of this had improved as a result of this change.

Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and care staff went about their duties in a calm and organised way.

People who used the service and their relatives told us that they felt people were safe living at Osbourne Court Care Home. One person said, "The staff help me feel safe especially at night. They look in on me to make sure I am alright." One relative told us, "The staff spend a lot of time with people, I can't fault them and it helps us to know [relative] is safe." Another relative said, "[Relative] is definitely safe here, they couldn't cope at home any longer."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed on a noticeboard in the communal area and accessible to staff and visitors alike.

The management team told us of a recent incident that had taken place in the home and had been reported under safeguarding policy and procedures. The learning outcome of this incident was about the importance of accurate record keeping, the deputy manager told us that this learning had been shared across the staff team.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, mechanical hoists, and bedrails. These assessments were detailed and identified potential risks to people's safety and the controls that had been put in place to mitigate risks. There was clear information available for staff to follow when assisting people to transfer via means of a mechanical hoist. For example, there was information about the specific hoist to be used, the relevant sling to be used and specific detail about how the sling should be attached to the hoist.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. People and their relatives told us that the staff employed to work at the home were of a high calibre. One person said, "The staff are excellent, that is a joy."

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by staff trained to do so. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We observed that people's medicines were administered safely in a supportive and respectful way. We checked a random sample of medicines and found that stocks agreed with records maintained. However, we noted that boxes had not always been signed and dated to indicate when they had been opened in line with good practice recommendations.

Staff were confident to tell us what they would do in the event of an emergency such as a fire. They told us that they had received fire awareness training, records confirmed this and we noted that a fire alarm test took place weekly.

Subsequent to our previous inspection the provider had sent an action plan that indicated that refurbishment had been planned for bathroom facilities throughout the home to bring them in line with infection control requirements. These works had not yet taken place however, a representative from the provider's estates department visited the home during the course of our inspection and was able to confirm that the refurbishment plans had been agreed. The manager had requested to change some of the bathroom facilities into wet rooms because the majority of people who used the service preferred to have showers. It was confirmed that this work would take place imminently.

Is the service effective?

Our findings

People's relatives praised the staff team for the support they provided for people. They told us that they felt the staff received the training they needed to carry out their roles.

Staff told us that the manager was very supportive and that their door was always open. An agency nurse that had been on night duty told us how the manager had called the home to ensure that all had been well the previous evening. The staff member said they found this to be a very supportive gesture.

Staff received training to support them to care for people safely. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training including moving and handling and safeguarding as well as specific training modules such as pressure ulcer recognition and catheter care. A member of care staff told us, "We have loads of mandatory training; there is always some form of training going on, we do it on-line." We discussed this with the management team, they acknowledged that some aspects of training were suitable to be undertaken on line however, the training plan for the forthcoming year had been developed around face to face training in such areas as continence management, dementia awareness, person centred care, catheter management and first aid.

The management team and staff confirmed that there was a programme of staff supervision in place. The manager acknowledged that this had been an area where improvement had been needed and that the system they had developed was not yet fully embedded. However, all staff we spoke with said they had received support as and when needed and were fully confident to approach management for additional support at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and deputy manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. At the time of the inspection 27 applications had been made to the local authority in relation to people who lived at Osbourne Court Care Home and these were pending authorisation at the time of this inspection.

We saw that staff communicated with people and gained their consent prior to support being provided and gave people time to respond and express their wishes. Staff told us that they always asked people's consent

to personal care. We noted that care plans clearly indicated that people's consent to care and treatment had been discussed and that 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions had been made involving the person where this was possible.

People told us that they enjoyed the food provided for them and we noted that they received appropriate support to eat. One person told us, "The food is really very good indeed" Another person said, "The food is lovely, it looks nice, smells nice and tastes nice." Relatives told us that people's nutrition and hydration needs were well catered for. One relative told us, "[Relative] enjoys the food, they have a good appetite."

Staff sat with people whilst they discretely assisted them to eat their lunch. People told us that they were advised of the food options available during the course of the morning in order to give the kitchen an idea of quantities to prepare. However, we noted that people were offered choice at point of service. Tables were nicely laid with table cloths and flowers but people told us, "There are no menus or condiments on the tables because people just walk off with them, you have to ask if you want salt, pepper, vinegar or sauces." The manager acknowledged that this was not good service and undertook to explore this matter with the staff team to find an acceptable way of providing people with choice and independence in this area.

Assessments had been undertaken to identify where people may be at risk from poor nutrition or hydration. Where concerns had been identified we noted that specialist advice was sought. We saw that a GP had requested a person's food was to be fortified to help address their gradual weight loss. We talked with the chef about this matter, they told us that everyone's food was fortified with butter and cream wherever possible and that ice cream was added to milkshakes to increase the calorific value. However, the chef was not able to tell us how the particular individual's food was fortified and we noted that some people who used the service did not need to have their calorie intake enhanced so this blanket approach may not always be appropriate.

People's health needs were met. A person told us, "If we don't feel well they fetch the doctor pronto." We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist. People received appropriate support with such conditions as diabetes and pressure area care where we found evidence of good care and positive outcomes.

Is the service caring?

Our findings

We received positive comments about the staff team and about the care that people received. A person who used the service said, "The care staff are all nice girls." Relatives told us that they thought the staff team were kind and caring. We noted that people were relaxed and comfortable to approach and talk with nurses, care staff, domestic staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

Nursing and care staff interacted with people in a respectful manner. People who used the service and their relatives were complimentary about the staff team and told us that people were treated with courtesy and respect. We saw and heard staff speaking kindly with people and it was clear that they knew people well and were aware of their individual preferences.

Staff were knowledgeable about people's individual support needs. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink and where they wished to sit in the communal areas. Staff gave people enough time to respond and then acted upon the choices that people had made. When people required assistance to use the toilet or personal care needs, they were supported discreetly to ensure they received the help they needed in private and with their dignity intact.

The atmosphere throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions pictures and lamps. Bathroom facilities were in stark and not all in good condition however, it was confirmed on the day of the inspection that approval had been granted to refurbish these facilities.

Confidentiality was well maintained and information held about people's health, support needs and medical histories was kept securely on the ground floor unit of the home. On the first floor we noted that some personal and private information about people's care needs had been accessible in the communal areas at various times during the course of the day. We discussed this with the management team who reported that this was work in progress and they were monitoring this practice during their regular 'walk rounds'.

Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance. Relatives and friends of people who used the service were encouraged to visit at any time and on any day.

Is the service responsive?

Our findings

People who used the service and their relatives told us that the care provided was centred around people's individual needs. People's care plans did not always reflect that they, or their relatives, had been routinely involved with planning and review of care needs. One relative told us that they were puzzled about why their relative did not independently mobilise now when they had done so previously. However, another relative told us that staff had involved them in developing the plan of care for a person recently admitted to the home. They said the staff were, "Extremely good and informative." And they went on to say, "We are on the same page regarding [relative's] care, that is so comforting."

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Care staff told us that they had regularly invited relatives to review people's care plans but that they hadn't always taken the opportunity to do so. The manager showed us a letter that had been sent to families to request their involvement in the care planning and review process where possible and appropriate. The letter advised relatives as to why their assistance had been requested and asked them how often they would wish to be involved. The manager reported that encouraging and demonstrating people's involvement continued to be work in progress at this time.

The provider had introduced a new care planning system which allowed for clear and accurate records to be maintained in such areas as food and hydration, mobility and specific needs such as diabetes and wound care. Care staff told us that they found the new system clearer and it was easier to understand people's care and support needs. Records showed that each area of care was reviewed monthly to help ensure that people's needs continued to be met according to their wishes and preferences.

People told us that there were regular meetings held to give them an opportunity to discuss such things as the quality and variety of the food provided, the standard of cleaning and anything else that they wanted. They told us that the activity person facilitated the meetings and the manager attended.

People told us that external entertainers such as singers came into the home regularly to provide entertainment for them. The manager told us that they tried to ensure that this happened at least once a month. There were daily in-house activity sessions provided including art and crafts and exercise classes. We were told of theme days that took place at the home with staff and people who used the service dressing up according to the theme. For example, a flapper day, a pirate day, a Christmas jumper day and a 1950's day. People told us of staff taking them into the local town centre and how much they had enjoyed it.

A newsletter had been developed to help keep people and their relatives up to date with events at Osbourne Court Care Home. The inaugural copy had been circulated to people who used the service and their relatives. A copy of the newsletter was available on the communal notice board.

People who used the service and their relatives told us that they would be confident to raise any concerns with the manager. One person said, "If I had anything to complain about I would go to [Manager] I know they would sort it for me." A relative told us they would be confident to raise issues with the manager because they were, "Open and honest." On the day of the inspection we observed the manager listening to a person who was raising their concerns. The manager listened intently and reassured the person of their commitment to addressing the matter without delay.

Is the service well-led?

Our findings

The manager had started to work at Osbourne Court Care Home in June 2015. They had submitted an application to register with CQC in January 2016 and this was being processed at the time of this inspection.

People who used the service told us that the manager was open and approachable. They said they often saw the manager around the home helping in many different areas. One person said, "[Manager] digs in and helps. You wouldn't think [he/she] was the manager. They helped with breakfast the other day." This showed that the manager familiarised themselves with all aspects of the home's performance and by working alongside the staff team they were able to drive forward improvement.

Relatives of people who used the service told us that the manager had made a positive difference to the way the home operated which reflected on the general feeling when they entered the home. One person said, "There has been a vast improvement in all areas of the home. [Manager] is on the ball, staff seem to be much happier and things seem to be more efficient now."

Staff told us that the manager had brought about many improvements since they had been in post. One staff member said, "It is so much better now, there has been 100% improvement, we have a proper manager at last." Another staff member said, "It is so much better here now and it is all down to the manager." They told us that the improvements included stability, support, staffing numbers, reduced agency staff usage and generally creating a calm and inclusive atmosphere.

A staff member said, "It is so much easier with the new manager. They are approachable and will listen to new ideas. There is much more trust in the management now." They went on to say, "The manager delegates responsibility to staff members, this makes us feel valued and that we have worth." Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We saw minutes from a recent staff meeting where a range of topics had been discussed including staffing levels, people's specific care needs, uniforms and meals.

The manager operated an 'open door' policy and we noted many examples during the course of the day where people's relatives and staff members visited the manager in their office to discuss a variety of issues. The manager also made themselves available for two evenings a week to enable access to those relatives who could not attend the organised relative's meetings.

We received feedback from the local authority monitoring team who told us they believed the manager had made significant improvements in the service provision since coming into post.

The management team were proud of the improvements that had been made to date however they acknowledged that there was still work to do to ensure that people who used the service experienced consistent and safe care. Their view was that they wished to consolidate the good work already achieved.

Routine quality monitoring audits were undertaken for all aspects of the service. For example, bed rail

audits, mattress audits, a review of the dining experience, HR audits, medicine audits and care plan audits. Many of these audits were documented by inputting the information into a 'tablet' computer which linked in to the organisation's overarching system. If a monitoring audit was not undertaken within expected timescales an automated email was sent to the manager as a reminder. The manager was able to demonstrate that the audits were effective in driving forward improvement. For example, a recent audit had been undertaken of the slings that were used with mechanical hoists to support people to transfer safely (Between bed and chair for example). The audit had identified that four new slings were required and that all people who needed them had their own sling that was in a safe condition for use.

Clear records were kept indicating safe practice however, we noted that this was not always consistent. For example, there was a system in place to handover information from staff members from one shift to the next, but this system was not always effective. A relative raised concerns with us during the inspection about information that had not been communicated effectively between members of staff regarding a person's recent deterioration in health which could have significantly impacted on their health and welfare. The person who used the service had encountered increased difficulty in swallowing and had become at risk of choking. The relative had asked for a 'soft diet' to be provided but this had not been effectively communicated to the care staff team. Once this matter was highlighted to the deputy manager they listened to the relative's concerns and appropriate actions were taken.

We also noted some confusion in that nurses had signed some records with only their 'first' name and not surname and that some records had not been completed in a timely manner. For example, information about the support that had been provided with people's personal care and getting dressed was not documented until 4pm and no further information had been recorded since the night staff had noted that people had 'slept well' at 8am.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.