

London Borough of Haringey

Osborne Grove Nursing Home

Inspection report

16-18 Upper Tollington Park
Finsbury Park
London
N4 3EL

Tel: 02072720118
Website: www.haringey.gov.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Osbourne Grove Nursing Home is a nursing home providing personal and nursing care to two people aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service

We found people were put at risk of harm as systems put in place to protect them from abuse were not followed and not all staff felt the service was well led. We also found areas of medicine management processes in relation to 'as and when required' medicines and completion of medicine administration records (MAR) chart needed further action. We have made a recommendation in relation to medicine management in these areas.

Relatives told us people were safe. Staff checks were carried out to ensure they were safe to work with people who used the service. Risks to people were assessed and managed to reduce the risk of avoidable harm. Staffing levels were based on people's level of need. Systems to manage the risk of the spread of infection were in place.

People's nutritional and hydration needs were met by the service and people had access to health professionals to meet their health needs.

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.

People's needs were assessed and used to develop their plan of care. People received sufficient amounts to eat and drink to maintain their health. Staff received training relevant to their role and understood people's individual needs.

Relatives told us people were treated with dignity and respect by staff who were caring and knew them well. People were supported to maintain their independence where possible. People were supported by staff who knew them well and understood their needs and preferences. Relatives told us they felt their relative was well cared for by staff who understood them well. Relatives were involved and said they were notified by staff whenever there was a change in people's needs.

People were supported to participate in activities as much as possible. People's communication needs were taken into account during the assessment process. Relatives knew how to raise a concern if they were unhappy about the service provided to their relative.

Systems were in place to monitor the quality of the service, including internal and external audits. Most staff

felt supported and talked about the improvements made to the service since our last visit. However, not all staff felt supported by the registered manager or able to approach them with their concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to systems for reporting safeguarding concerns and management oversight.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Osborne Grove Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Osbourne Grove Nursing Home 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with seven members of staff including the registered manager, head of service, operations manager, clinical lead, nurse and two health care workers. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and information related to people and staff consultation. We also reviewed two staff files in relation to recruitment and staff supervision. We spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.
http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of avoidable harm. However, these were not always effective in ensuring all allegations of abuse were appropriately reported.
- Staff completed training and most demonstrated a good understanding of what constituted a safeguarding concern. However, not all staff felt able to report their concerns to the registered manager.
- Although most staff knew how to blow the whistle if they felt their concerns were not taken seriously by the registered manager, not all staff felt able to whistleblow to the provider or external authorities through fear of repercussions. A member of staff told us, "Many things you go and report, and nothing happens... I feel uncomfortable and I don't know where to go I am scared."
- After the inspection we received information of concern about a person living at the service. We found an allegation of abuse was not reported to the relevant authorities. This put people at risk of harm as systems put in place to protect them from abuse were not followed.

The above is a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014.

- A member of staff told us, "[Staff] are protected if you report substandard care. I have no problem with that, I need to whistleblow after I have told my manager or clinical lead, then CQC or safeguarding,"
- A relative commented, "As far as I know [relative] is safe," when asked whether they thought their relative was safe living at the service.
- Records showed the registered manager worked with the safeguarding authority to address concerns.
- The registered manager told us they had an open-door policy whereby staff could approach them about any concerns. Safeguarding was discussed during one to ones and at team meetings. Staff were made aware of both internal and external reporting processes and posters about abuse are displayed at the service.

Using medicines safely

- Medicines were generally managed safely and stored safely in a locked cabinet
- Staff completed training and had their competency assessed to ensure they were able to safely administer medicines.
- The registered manager told us there had been no medicine errors since our last inspection.
- Relatives told us they staff were good at supporting people with their medicines. A relative told us, "Yes, I

think [staff] are [good at administering medicines] to [relative]. From time to time I ask what medicines [relative] is taking."

- MAR charts reviewed had been up to date prior to our visit. However, on the day of our visit we observed staff had not signed the medicine administration record (MAR) chart for medicines administered during the morning shift. The nurse on duty told us they had been with the inspector and had not completed the MAR chart, although medicines were given. This was a one-off incident which had been immediately rectified.
- Protocols for 'as required,' (PRN) medicines such as paracetamol were in place. However, these required more work to make these more specific to the individual. MAR charts did not record reasons for administering PRN medicines. This meant there was no record to show why these had been administered.

We recommend the provider review medicine management systems in relation to MAR charts and PRN protocols.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to keep people safe.
- Risk assessments provided guidelines for staff on how to manage these. Staff understood the individual risks to people and how to care for people to keep them safe. For example, staff told us about the risks related to pressure sores, this includes regular turning and monitoring of skin integrity.
- The necessary safety checks were carried out on equipment used as part of people's care to ensure they were safe for people to use. The necessary building checks, including gas, electric and fire safety were carried out to ensure the environment was safe for people living at the home.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed care was provided in a timely, relaxed manner.
- Staffing levels were based on dependency needs of people who used the service. The registered manager told us the clinical lead was responsible for assessing dependency levels and staff allocation for each shift. The roster was created monthly.
- Systems were in place to safely recruit staff. The necessary pre-employment checks were carried out, including criminal checks to ensure staff employed were safe to work with people. Since our last inspection no new staff were employed by the service.
- Since our last inspection the registered manager had introduced a system to monitor staff checks such as qualified staff pin verification to ensure they were up to date with the requirements to remain qualified to practice.
- The registered manager told us staff Disclosure and Barring Service (DBS) checks were renewed every three years in line with best practice. DBS is a service used by employers to carry out criminal record checks on staff to ensure they are safe to work with vulnerable people.

Preventing and controlling infection

- There were systems and processes in place to reduce the risk of cross infection.
- Domestic staff were employed to ensure the home environment was kept clean, tidy and free from malodour. We observed this during our inspection.
- Staff were provided with the necessary personal protective equipment, including gloves and aprons to minimise the risk of the spread of infection. We observed staff wore gloves and aprons when providing personal care.
- A member of staff told us, "When I come on duty, I wash my hands before touching or going into a resident's room. Once in the room I make sure I have protective equipment on when giving care and make sure I wash my hands."

- Staff completed training in infection control and food hygiene. The service had been rated by the food standard agency (FSA) as level 5 last year. This is the highest rating awarded by the FSA and reflects the standards of food hygiene found on the date of the inspection.
- A relative told us, "Yes, [staff] usually have gloves and aprons if they are giving [relative] care."

Learning lessons when things go wrong

- Systems were in place for dealing with and learning from accidents and incidents.
- Staff understood the incident and accident reporting systems and processes.
- The registered manager told us where there had been recent incidents, lessons learnt had been applied and discussed at staff meetings.
- Records showed where incidents had occurred learning from these had resulted in changes to practice. Such as changes made to clinical practices to ensure staff understood do not attempt resuscitation documentation and care plan. This included the introduction of a daily meeting between the clinical lead and nurse on duty to go through paperwork.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection we found the provider failed to submit notifications of authorised DoLS as required to do so. The provider was issued with a fixed penalty notice. We found the provider had made improvements at this inspection.

- DoLS notifications had been submitted to the CQC for the two people living at the service where these had been authorised by the local authority.
- Where people were subject to restrictions, there were DoLS approved by the local authority with a clear rationale as to why a DoLS was necessary.
- Staff understood the importance of asking people for their consent before providing care. A member of staff told us, "Ask [person] if alright to help. I want to get you out of the chair" and "You introduce yourself, is it ok if you have a little shower. You have to talk to [person] not just do things. Do it slowly and tell [person] what you are doing."
- Relative comments included, "[Staff] do actually tell [relative] what they are about to do," and "When [staff] does things they tell [relative], she is fully informed of what they are doing and why they are doing it."

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

- People's needs were assessed prior to joining the service and care was planned in line with this.

- People's choices and preferences for care were recorded, including communication, cultural and religious and personal care needs.

Staff support: induction, training, skills and experience

- A relative told us they thought staff knew what they were doing and good at their job.
- Staff completed mandatory training in various subjects. This included health and safety, food hygiene, safeguarding, fire safety and first aid.
- Staff received regular supervision and yearly supervision and felt supported to effectively carry out their roles. A member of staff told us, "If there's anything I need I call the [clinical lead] and comes and we have hand over."
- The registered manager told us clinical staff received clinical supervision and held daily meetings with the clinical lead. Monthly clinical governance meetings were held with an external consultant.
- The registered manager told us there was a staff induction programme in place, however, there had been no new staff employed since our last inspection.

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

- People were supported to eat and drink as much as possible. Records showed each person had an eating and drinking care plan.
- We observed staff assisting people with eating and drinking food of their choice, during our inspection. A relative told us although their relative was on a liquidised diet they were given food of their choice.
- Where people had special dietary requirements, staff were aware and supported people to eat and drink safely. For example, staff ensured food was prepared safely for people who required liquidised diets.
- People's likes and dislikes for food were considered, which we observed during our visit. For example, one person who enjoyed cakes, was given this and this was recorded in the person's care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs.
- Relatives told us, "[Staff] did get [speech and language therapist (SALT)] involved and they directed them to give [relative] a little at a time. I saw [the record] from SALT."
- Records showed the service worked closely with healthcare professionals to meet people's health needs. For example, input from the speech and language therapist for people with swallowing difficulties.
- Staff followed the recommendations of healthcare professionals, we observed one person being cared for by staff in line with recommendations from the physiotherapist.
- People's oral healthcare needs were documented in their care plan and monitored to ensure their oral hygiene needs were being met.
- A visiting healthcare professional told us staff were effective and regularly contacted them about people's eye care needs.

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

- The building layout was spread over two floors. This was accessible and to people with restricted mobility, including the use of a lift.
- Systems and processes for the management of repairs were in place. This ensured that any maintenance issues would be addressed so that the building remained safe for people living at the home.
- Records showed on-going discussions about the future of the service and possible redevelopment are yet to be confirmed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff caring for people with kindness and compassion.
- A healthcare professional told us staff were very friendly and caring and people were well looked after. They told us staff supported people by holding their hand during their examination.
- Staff knew people well and understood their diverse needs in relation to their care. For example, a staff member told us one person who enjoyed culturally specific food had this given to them. This was confirmed by a relative.
- Staff told us they treated people without discrimination. A member of staff told us, "I am not going to treat [people who identify as lesbian, gay, bisexual and transgender] different from anyone else due to their sexuality."

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

- People using the service had complex needs and lacked capacity to make decisions about their care, but we observed staff involving people by asking them about their choices, such as what they wanted to watch of TV or whether they wanted rest.
- Relatives were consulted about changes to their relative's health and needs and making decisions about the future of their care. This was confirmed by a relative who told us, "[Staff] always tell me if [relative] is not well and what the GP prescribed." The same relative said, "[Staff] involve me and I have seen a copy of the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy respected. Relatives told us, "[Staff] treats [relative] with kindness and dignity and respect," and "Whenever [staff] are tending to [relative] they always close doors."
- A member of staff said, "We have to respect [people who used the service] as a person, deal with them individually and treat people how you would like your mum to be treated."
- Staff shared examples of how they supported people to maintain as much independence as possible. Such as getting the person to be part of for example, making a cup of tea, by guiding their hand and showing them pictures of each item.
- Staff understood the importance of confidentiality and keeping information about people confidential and safe. Staff had completed training in general data protection regulation (GDPR) and staff were required to confirm they had read and understood the GDPR.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to using the service and this took into account their personal care needs and choices.
- People received individualised care from staff who knew them well and these were regularly reviewed.
- A relative told us staff knew their relative well, understood their needs and provided consistent care. This relative said, "Yeah [relative] does [receive consistent care], the staff there have been there for a while. Few came from previous home so have been around [relative] for a while."

Meeting people's communication needs

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

People's communication needs were identified and documented in their care plan.

- The registered manager was responsive in developing an easy read pictorial instruction leaflet for one person who loved drinking tea. This enabled staff to involve the person by showing them pictures of the stages and encouraging them to take part in this task. We observed this during our visit.
- Staff understood people's communication needs and we observed staff communicating with people according to their needs and as documented in their care plan.
- Relatives told us staff were able to communicate with people according to their communication abilities. A relative told us, "I often hear them speak to [person] and ask how she is. [Staff] try to engage in conversation. They do make sure they have eye contact so [person] knows who is talking to [them]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships important to them.
- The service employed an activities coordinator who provided one to one activity to meet people's individual needs.
- One relative who visited often told us when they visited their relative staff would play music they liked, plait their hair and provide an aromatherapy massage. This relative also told us their relative enjoyed listening to culturally specific music and responded positively to hearing the music of their origin. Another relative told us staff took their relative out if the weather was good, they told us, during the summer months staff took relative out to places, such as hide park.
- The registered manager told us they were in the process of purchasing a suitable wheelchair to take people out in the community. Records confirmed this.

Improving care quality in response to complaints or concerns

- Systems and processes were in place for dealing and monitoring complaints. A copy of the complaints policy was available in the reception area. This was also available in an easy read format.
- The registered manager told us complaints were now dealt with centrally by a complaints team.
- Since our last inspection in December 2018 there had been a number of concerns raised by a relative regarding the care of their relative. We were shown a chronology of complaints which included complaints made in the last 12 months. These showed the nature of the complaint and a summary of action taken by the provider/registered manager.
- A relative told us they knew how to make a complaint and felt able to approach the registered manager with any concerns, knowing their concerns would be acted on. The relative commented, "I would be comfortable to complain if I wasn't happy." Another relative commented, "I've not made any complaints, I wouldn't hesitate to make a complaint if I felt it was necessary."

End of life care and support

- People were supported to make decisions about the care they would like to receive at the end of their lives. ●
- Staff involved people's relatives and worked with the palliative care team to develop advance care plans. Relatives confirmed this.
- The registered manager told us they had worked with the end of life facilitator and GP to ensure the care provided to people met their individual needs.
- Qualified staff completed training in January 2020, and this had been rolled out to staff.
- Staff understood people's need to be as comfortable as possible and in line with their advance plan of care.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found although improvements had been made, further improvements were required for the provider to no longer be in breach.

- We found systems for reporting concerns were not robust enough to ensure safeguarding concerns were identified and followed up. This put people at risk of harm because systems put in place to protect them were not fully engrained in the service.
- Not all staff felt able to approach the registered manager knowing their concerns would be followed up. This meant we could not be confident that all staff felt protected and safe to report their concerns without fear of repercussions.

The above is a continued breach of Regulation 17 Good Governance of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014.

- The registered manager carried out monthly spot checks with the clinical lead.
- Audits included monthly checks to ensure daily care records were maintained. This included food and fluid charts, weekly personal care charts and daily logs. The registered manager told us where gaps were identified these were immediate addressed with staff at the time.
- Health and safety audits were carried out, including internal safety audits carried out by the provider.
- Pharmacy audit carried out in October 2019 by an external pharmacist showed they had no concerns about the management of medicines at the nursing home.

Continuous learning and improving care

- The service had a service improvement plan outlining areas where improvements had been made.
- There was continuous learning through complaints and incidents.
- The way complaints were managed had changed. This enabled staff to be more effective with their time and improve consistency in the way complaints were dealt with. There was a feedback and information governance team within the local authority who dealt with complaints. This allowed the council to give a more coordinated and consistent response to concerns raised by people or relatives.

- The service had gone through a period of change which had impacted on staff morale over a period of time. Most staff told us things had improved since our last inspection. This included improvements to care plans and risk assessment, which were more personalised and now stood out. There had also been improvements to the way infection control is managed.

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

- The registered manager understood their responsibilities in duty of candour. They told us, "When something happens it's about taking ownership. It's about taking responsibility and how you respond to person who raised information and how this is shared with staff team. We raise our hands up and say we did this wrong and where we could have done it better."
- A steering group involving key professionals set up for the service was used to engage in discussions about what came out of an incident or complaint and any wider learning from these.

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

- Whilst most staff felt the registered manager was approachable and supportive, not all felt able to approach them with their concerns.
- Relatives spoke positively about the service and said the registered manager and staff were approachable and their concerns dealt with. A relative told us, "I think [registered manager] is doing a good job."

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

- Records showed monthly staff meetings took place. This included discussions about the recent proposals concerning the future of the service.
- The registered manager understood the importance of equality and providing a service that met the diverse needs of people.
- Relatives were consulted about proposed changes to the service and regularly informed of changes to their relative's health and well-being.

Working in partnership with others

- The service worked in partnership with healthcare professionals and partner agencies. This was confirmed by a healthcare professional who told us the service was very responsive.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Systems and processes were not effective in ensuring allegations of abuse were immediately reported and investigated.
	Regulation 13 (1)(2)(3)

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	The provider failed to establish robust systems to ensure the health, safety and welfare of service users who may be at risk of harm.
	Regulation 17(1)(2)(a)(b)