

Crown Care II LLP

Osborne House

Inspection report

Union Lane
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Date of inspection visit:
07 May 2019
08 May 2019

Date of publication:
30 May 2019

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

About the service

Osborne House is a modern, purpose built nursing and residential care home. The service can support up to 74 people over three floors, each of which has separate facilities. The top floor specialises in providing residential care to people living with dementia. The service was providing personal and nursing care to 55 people aged 65 and over at the time of the inspection.

People's experience of using this service

People told us they felt safe and well supported by the staff. The provider followed robust recruitment checks to employ suitable staff, and there were sufficient staff employed to ensure care was carried out in a timely way. People's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm. Staff received regular supervision to fulfil their roles effectively and had yearly appraisals to monitor their work performance.

People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a planned programme of activities open to everyone living in the service. However, further development was needed to ensure people living with dementia were able to take part in suitable social activities and events.

Staff knew about people's individual care needs and care plans were person-centred and detailed. People and relatives gave us positive feedback about the staff and described them as "Excellent, caring and friendly." We were told the staff treated people with compassion, dignity and respect.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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

Rating at last inspection and update - At the last inspection the service was rated requires improvement (published 26 May 2018).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no

longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Osborne House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check 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 an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Osborne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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. We were assisted on this inspection by the deputy manager and the regional manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us of, such as abuse; and we sought feedback from the local authority that worked with the service. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 eleven members of staff including the regional manager, deputy manager, nurses, senior care staff, care staff, a housekeeper and the activity person. Over the two days of inspection we spoke with five relatives and nine people about their experience of the care provided. 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 six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and four staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, maintenance certificates and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service said they felt safe, confident and happy when being supported by staff.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager was monitoring these, but further work to look at trends and patterns would help reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- People told us there were enough staff available to meet their needs and to keep them safe. One relative said, "I have no concerns about the staff on duty" and another told us, "I think there are enough staff; they are very good."
- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. People told us, "My room is always clean and tidy" and "My room is kept very clean I have no issues."

Using medicines safely.

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff received medicine management training and competency checks were carried out.

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.

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

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

- There was a holistic approach to assessing, planning and delivering care and support. Staff completed comprehensive assessments on admission and produced person-centred care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- The on-line recording system ensured notes and handovers were accessible and staff could catch up easily should they have been away from the service for longer periods.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place, which helped staff meet the complex needs of people who used the service. One relative told us, "Staff manage [Name's] challenging behaviours well, they speak to them and talk them down from their agitated state." They went on to say, "I would highly recommend this place to anyone."
- Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff were supported through regular supervision and annual appraisals.
- People told us staff had the right skills to look after them. One person said, "Staff know what they are doing. They are nice people who look after us." Visitors commented, "Staff are very good" and "They understand people's needs."

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

- We observed the lunch time experience could be improved for people who needed assistance with eating and drinking. For example, staff did not always offer appropriate help with eating, which meant some people only ate a couple of mouthfuls of their meal. The regional manager acted quickly on our feedback and ensured additional staff were deployed to the dementia unit to give people the support they needed.
- People received fluids on a regular basis and staff made them a drink when asked. We observed people had fluids in their bedrooms and communal areas.
- People's weights and nutritional intake were being monitored by staff and appropriate action was taken if there were any concerns. People were weighed on a regular basis.

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

- Where people required support from healthcare professionals this was organised. Advice and guidance from professionals was documented in the care files and staff followed their instructions.
- One person told us, "Staff notice if I am unwell and call a GP."
- Information was shared with other agencies if people needed to access other services such as the hospital.

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

- The service was nicely decorated and well maintained and met the needs of people who lived there, including those people living with dementia. For example, the provider had taken on board best practice guidance for dementia environments around colour schemes for walls and flooring. There was signage to enable people to recognise rooms and orientate themselves around the building.
- People were able to access outdoor space.

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 with appropriate legal authority. 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.

- Training was provided for staff on the MCA. Staff understood the importance of consent and capacity issues were explored when planning people's packages of care and support.
- Where people lacked capacity to make decisions about their care and support, capacity assessments and best interest meetings had been carried out by staff with input from family and appropriate health care professionals.

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.

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

- Staff communicated with people in a caring and compassionate way. People told us they were well looked after. They said, "My favourite thing about living here is the staff" and "The staff are lovely, everybody is."
- Staff listened to people and provided sensitive support to ensure their needs were promoted.
- The provider had a policy and procedure for promoting equality and diversity within the service and staff had received training on this.
- People told us that staff treated them on an equal basis. We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was gathered during the pre-admission process.

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

- People were happy and relaxed in the company of staff.
- Staff understood the importance of supporting people to be as independent as possible whilst respecting their choices. Through our discussions they demonstrated to us that they had good knowledge and understanding of people's needs, wishes and choices around their care.
- People confirmed staff included them when making decisions about how they wanted their care provided. People told us, "Staff involve me in decisions about my care" and a visitor said, "I have seen my relative's care plan and it is discussed with me on a regular basis."
- For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people demonstrated a high regard for people's dignity and respect. Staffs' approach was professional, but friendly and caring.
- Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, and called them by their preferred name. Staff knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care.
- Relatives told us, "[Name of family member] is treated with great respect and dignity. Staff will do anything for people. I often see them giving [Name] a hug and a friendly greeting" and "Staff are very good with dignity they never make people feel as though it is a problem."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.
- People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to make information for people available in formats they could understand. The regional manager and deputy manager said this was 'a work in progress'.

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

- Staff understood people's needs and found ways of supporting them to have a good quality of life. People told us they attended resident meetings and enjoyed the social activities arranged for them by the service.
- People enjoyed attending a monthly in-house church service and said their religious needs were met.
- People had a range of activities they could take part in. They told us about bingo and dominoes and sometimes there was craftwork and entertainers such as singers. They said they enjoyed reading daily newspapers and completing puzzles.
- Activities for people living with dementia were not bespoke and did not always meet their needs. The regional manager told us that work was ongoing to develop this aspect of the service, with input from dementia friendly experts and staff training.

Improving care quality in response to complaints or concerns

- People and relatives said they had great communication from the staff and felt really comfortable if they ever had to raise a concern. One relative said, "Management are a really good team. [Name of registered manager] deals with complaints quickly and effectively."

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- The deputy manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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.

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

At our last inspection the provider failed to ensure there was effective oversight and monitoring of the service with regard to maintaining an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Care plans highlighted individual needs and preferences and included detailed person-centred information. All the care files had been reviewed and updated since our last inspection.

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

- The service benefited from having a registered manager and deputy manager who were committed to providing good quality care to people who used the service.
- Relatives said, "Communication is very good, I have never had a problem getting hold of a member of staff when it's needed" and "I can highly recommend them to anyone who needs care and support."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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 provider had looked at how they responded to complaints and safeguarding incidents in the service. Improved systems to record and respond to issues had been introduced. One relative told us, "Any discussions with management have been handled professionally and with follow up actions (if requested) handled quickly and proficiently."

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

- Staff morale was high and the atmosphere of the service was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.

- Systems and processes were operated effectively to ensure the service was assessed and monitored for quality and safety.

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

- Regular checks were carried out by the registered manager to ensure people were safe and happy with the service they received.
- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals. Meetings, satisfaction surveys and one to one discussion were all used to gather feedback.

Continuous learning and improving care

- The provider and registered manager demonstrated an open and positive approach to learning and development. Improvements had been made over the last year to ensure people received good quality care. For example, staff were more enthusiastic and confident about using the electronic paperwork system. They had received additional training and support around this to embed it in practice.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.