Osborne Court (Port Sunlight) Limited

Osborne Court Limited

Inspection report

Central Road
Port Sunlight
Wirral
Merseyside
CH62 5AW

Tel: 01516438602

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09 December 2015

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Osborne Court on 09 December 2015.
Osborne Court comprises 40 apartments which are owner occupied and run by a management company whose board members live in Osborne Court. The company is registered with the Care Quality Commission as a domiciliary care agency, so that a care service can be provided for people who live there if they require this.

There was a registered manager in post who was registered with the Care Quality Commission.
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.

The people who lived at Osborne Court were referred to as 'owners'. They all had individual apartments with private entrance and there were also communal facilities including a lounge, dining room, hobbies room and landscaped gardens. A 'guest suite' could be booked for visitors and there were lifts to all apartments. At the time of our visit the people who lived there were mostly independent and only a small number of people received personal care .

The staff employed at Osborne Court knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Osborne Court was well led and staff told us that they felt well supported in their roles. We saw that the manager was a visible presence in and about the establishment and it was obvious that they knew the people who lived in the apartments extremely well.

We saw that improvements were needed to record people's consent and that staff needed to improve their understanding of the Mental Capacity Act.

We saw that adequate arrangements were in place for the administration of medication to people who could not manage their own medicines.. All the medication was in date and appropriately labelled and the medication administration records were well maintained and completed appropriately with staff signatures. This showed people's medicines matched what had been administered. Medicines were stored safely and there was evidence that staff administering medication were trained and competent to do so.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

People spoke very positively about the service being provided and the staff and managers who supported them.

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.

People's medicines were managed safely..

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place

People's individual risk assessments were of a generic format and so not fully person centred

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

Consent issues and recording of consent needed to be improved.

No staff had attended any training regarding Mental Capacity

Is the service caring?

Good

The service was caring.

People we spoke with held staff in high regard.

People were given appropriate information about Osborne Court

The confidentiality of people's records was maintained.

Is the service responsive?

Good

The service was responsive.

We looked at five care plans and each person had a care plan that meet their individual needs.

We saw people had prompt access to other healthcare professionals when required.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The manager was visible in the home and staff said communication was open and encouraged.

Documentation was good, readable and current

Osborne Court Limited

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 inspection took place on 9th December 2015. We gave 48 hours notice to make sure that the manager would be available.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke to ten people. This included six people who received a service, one relative and three members of staff. In addition we also had conversations with the manager and duty managers.

We looked at a range of documentation including care plans, medication records, records for five staff members, staff training records, policies and procedures and other records relating to how Osborne Court is managed.

Good

Is the service safe?

Our findings

All the people we spoke with said they believed they were safe at Osborne Court and the care was provided in a safe way. One person told us " Safe, I'm absolutely safe here, and I'm glad I'm upstairs, security is good" another person told us "I'm safe when I'm in the shower with them." We also spoke to a relative who told us "We know she's safe it's piece of mind and reassurance for the family."

We saw that policies and procedures were in place to manage safeguarding concerns. We saw that staff had attended safeguarding training and the registered manager told us that the organisation was in the process of accessing a training provider to update the staff training. We asked people if they had been encouraged to raise concerns about their safety and we were told "Yes, you only have to go to the manager."

We looked at five people's care records. We saw the risk assessments were of a generic format and had some tick boxes. This means that the risk assessments were not fully person centred This was brought to the manager's attention and they told us. That they were looking at adapting the format for the service. Risk assessments had been completed with regard to moving and handling, personal care and medication. There was also evidence of individual emergency evacuation plans in place.

We looked at how medication was administered when people required support. We saw that a safe system had been put into place for the administration of medication and that this was documented appropriately using medication administration records. This meant that people were receiving their medications in a timely manner. We saw that when medication was prescribed to be taken when needed, this was noted on the daily reports as well as on the medication administration records. Staff had acted on current guidance when a medication error had been identified.

We asked people what they thought of the staffing support and we were told of the stability of the staff team. One person said "There's always regular staff, which means there's consistency and familiarity." A duty manager was available 24 hours a day. They worked between 8am and 10pm and provided an on call service to deal with any emergencies. The duty manager called each of the owners every morning to check that they were safe and well, unless they requested not to be called.

We looked at five staff files including duty managers, house keeping assistants and maintenance person. We saw appropriate recruitment procedures were in place This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

Requires Improvement

Is the service effective?

Our findings

We asked people what they thought of the staff training and skills and were told "Girls know what they're doing, they seem trained." A relative said "Staff are skilled." We also asked staff about their training and one person told us it was "good".

We looked at five staff files and saw evidence that staff had received an induction when they first started working for the service. We saw evidence of supervision being carried out regularly. Supervision provides a formal way for staff to discuss their work, any issues they may have and any future training needs with a senior member of staff. We saw evidence that six staff out of the whole staff group had an appraisal in 2015 although some had received an appraisal in previous years.

We looked at training records and saw that all staff, including ancillary staff, had attended all training identified as required by the service within the past three years. This included safeguarding, moving and handling, first aid, infection control and fire safety. This meant the staff had the knowledge to support good practice within the service. The organisation was in the process of accessing a training provider to update the staff training.

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.

We saw that the service had made no mental capacity assessments and we saw that no staff had attended any training regarding Mental Capacity. Following the inspection the registered manager actioned training for staff and discussed Mental Capacity assessments with families.

We identified that there was no evidence of consent in the care files and discussed this with the registered manager who informed us that this was also going to be actioned. On speaking to a family member we were told that "After a month of receiving care the care plan was tweaked which mum was involved with. She's very involved they don't do anything without consulting her. "

We asked those receiving care about the effectiveness of the call bells for emergency support and intercom system and were told by one person "I've only used the buzzer once but they responded quickly." We were also informed that "They've renewed the intercom system and it's really good now. We have pull cords, buzzer in the hall and personal alarms. There's always an immediate response plus they give us a call every morning. " Another person told us "They answer my call bell amazingly quickly. When I had a fall they came immediately."

Owners could have meal in the communal dining room at Osborne Court. Also if they wished staff would deliver food to their apartments. Comments about the food were all positive. One owner said the food was

"The food is good".

Good

Is the service caring?

Our findings

We asked people if were staff kind and caring . The responses included "Staff treat me well. There's mutual respect. We get on well and I treat them as friends.I know them as people and they know my likes and dislikes." Another person said "They're all caring, they pop in even when they're not on duty." and "The staff are very patient."

It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

Records were kept securely and could be located promptly when needed. Personal records were kept in the apartment of the person who was receiving the service, and copies of the care plans, risk assessments and medication records were kept in the manager's office. People who were receiving the service could access and contribute to their records, and their relatives could also do so with the person's consent.

An owner's handbook was available for people who owned a property in Osborne Court, and a service user guide was provided for those who received a care service. This stated that a written contract would be provided within seven days of the service starting. It listed the type of support that could be provided and the hourly rate.

The manager told us that housekeeping assistants helped people who needed assistance to have a shower, get dressed and make breakfast, and for the rest of their shift they carried out the cleaning that all owners received as part of their contract. One owner told us "When I was discharged from hospital; I needed a lot of help and staff stayed late past their time. They didn't rush me they ensured I had everything before they left."

A care service could be provided by request to the manager or duty manager, and this was then discussed with the person and/or their relative or representative. A care needs assessment form was then completed A relative commented, "Very good care, they're all lovely girls. When it was mum's birthday they decorated the room including providing balloons. They checked with family for the colour scheme. They did it all in their own time." We also spoke to staff and one staff member said "I love it (job). I come in earlier and stay later if I need to."

Good

Is the service responsive?

Our findings

We asked people if they were involved in care planning: They said "We're very involved in planning the care. They listen to us." We were also told by another person that her care had been adapted to her as an individual and that " Now they're helping me to be more independent."

We reviewed five people's care records. We saw the care plans were of a generic format but the manager had made them as person centred as possible. Care plans had been completed for individuals and included mobility and dexterity, personal care, diet, and social needs. We were told by one person who used the service "The care and support is very good. The staff always explain things and follow the care plan."

We were able to clearly follow a sequence of events that led to various referrals for people to other professional bodies, examples of these being G.P. and other health professionals. We asked owners and relatives if they were able to access other services and one person told us "The physio is involved with mum now." This indicated that the service responded appropriately to people's medical and physical needs. It was also clear from the records that families were involved and kept fully up to date with all health issues and care needs. One relative told us "After a month of receiving care the care plan was tweaked which mum was involved with. She's very involved they don't do anything without consulting her." We saw that copies of the care plan were given to the person and another was kept in the office and that these were identical.

We asked staff how they identified what care was needed for each individual and each staff member gave a thorough description of the processes used, this included accessing documentation and robust handover of information from the management team.

We also saw daily report logs that were used by staff for continuity of care. These were used throughout the documents that were used when delivering care, an example of this was that when medication that had been prescribed for when needed (PRN medication) had been asked for then this was reflected in the medication administration records (MARs).

The manager told us and we saw through documentation that she would ask for an assessment from a member of the multi disciplinary team for anyone who was deteriorating and whose needs they were unable to meet. This would be done in consultation with the person and their family.

We asked people if they would feel comfortable about making a complaint. Everyone we spoke to was satisfied with the service they were receiving and had no complaints. One person said "We've no criticism at all of the service." There was clear complaints information available in the Owners Handbook and there was a relevant policy in place.

We saw that communal activities and outings were arranged by a committee of owners and people could choose to participate.

Good

Is the service well-led?

Our findings

Staff we spoke to felt supported and well trained and felt that the home was well led. A member of staff said, "Duty managers are brill. They've all been here years and are approachable. If someone is not well or has just been discharged from hospital they say we'll come with you to the apartment. There's good teamwork and regular staff meetings." We asked the people who used the service and relatives if they thought Osborne Court was well led. One person told us "The manager is so caring. I couldn't live anywhere better." A relative said about the manager "She's interested in all our family and relates to everyone."

The manager, duty managers and staff had a clear understanding of the culture of Osborne Court and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. We spent time talking to the manager and they told us how committed they were to providing a quality service. The manager was a visible presence in and about Osborne Court and it was obvious that they knew the people who lived in the apartments well.

We looked at the minutes of three team meetings which had been held in the previous six months and we saw that staff were able to express their views and raise any concerns they had. One staff member told us "I feel comfortable to bring up any issues, I'm happy."

The policies in place were completed by an external body and adapted and reviewed annually. These included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. People's care files were stored securely to protect their right to confidentiality.

We saw evidence that quality assurance questionnaires had been used in February 2015 when asking people about their opinions, concerns or complaints.

Regular quality monitoring visits were carried out by the manager or duty manager to ensure the care service was meeting the person's needs and expectations. One relative told us "Staff all work together, and the atmosphere is very good." An owner told us "There's good teamwork. staff trust each other."