

Kairmoore Ltd

Osborne House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Osborne House is a residential care home for 16 elderly frail people, some of whom may be living with dementia and chronic health conditions. The home is spread over two floors with lift access to the upper floors.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service has a registered manager. 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

The care that people received was being regularly reviewed. Staff regularly sought the input of the person receiving care to ensure the care provided continued to meet their individual needs, and in a person centred way.

The provider had an effective system to handle complaints and concerns.

People on end of life care were supported by the home and staff to remain comfortable and have a dignified

and pain-free end to their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Osborne House

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 comprehensive inspection took place on 27 February 2018 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and one 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. Our expert by experience had experience in the support of people living with dementia.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with eight people who used the service and four relatives over the phone and a further three who were visiting on the day of the inspection. We spoke with the registered manager, proprietor, housekeeping and two care staff. We looked at the care records of four people using the service and the recruitment and training records for four staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service and observed staff providing care and support to people.

Is the service safe?

Our findings

People we spoke with felt safe living at Osborne House. One person said, "I feel safe." A relative we spoke with said, "We have no concerns about the home or [relative's] treatment."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and we spoke with staff who showed good knowledge of local reporting procedures and the providers safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider continued to work with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. A relative we spoke with said, "[Registered manager] is very quick to let us know if something has changed and will do an assessment."

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely. People told us that there was always plenty of staff to support them and when they called for staff they were quick at responding. One relative said, "There is a high ratio of staff to residents." We observed throughout the day of the inspection that staff were always visible and able to support people quickly.

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We observed a medication round and saw that staff were knowledgeable and patient when providing medicines. Regular medicines audits were undertaken and staff competency was also assessed.

People were continued to be supported in a way that ensured they were protected from risks of acquired infections. The home was kept clean with regular deep cleans and steam cleaning carried out. Domestic staff were available to maintain the cleanliness within the home and staff complied with infection control policies. Gloves and aprons were used for both personal care and hand sanitizer was available at points throughout the home.

The new provider had taken action regarding the up keep of the premises which had been identified by the local authority prior to them taking ownership of the service. We saw that improvements were under way and assessments such as fire risk assessments and equipment safety checks had all been completed.

The registered manager showed us how they learnt from incidents and put effective systems in place to reduce the risk of them happening again. We observed throughout the day that staff would watch people and where there was a risk of people's behaviour affecting people around them then they would take action to keep everyone safe. For example we observed one person becoming agitated and confused when they were asked a question by staff, another person walked up to them and started talking and both became

aggressive towards each other. We saw that staff were able to distract the person and give them reassurance so they felt less agitated.

Is the service effective?

Our findings

People were supported by staff who were well trained. The relatives we spoke with all spoke highly of the staff and expressed no concerns on their ability to support and care for their relatives.

The provider had a thorough training programme in place which staff told us was effective in preparing them for their roles. Staff told us that they received on-going support through regular supervision and appraisals. One member of staff said, "We have regular training which is on-line, every three months we get supervision but we have a lot of communication with [registered manager] on a daily basis."

We observed that when necessary people were supported appropriately with their meals. We saw throughout the day that people had access to fluids and snacks. Food was prepared fresh in the homes kitchen and we saw that pictorial menu options were placed within the dining room to aid people in their choices. One person said, "The food is very good and I can always get what I want, we get a choice for lunch." While a second person said, "The food is good and there's a good selection, just like home cooking."

We saw that the provider continued to carry out an assessment of needs prior to people's care being provided. Staff worked closely with people, their relatives and professionals to ensure the care provided was appropriate and continued to meet their needs. Reviews happened more often when people's needs changed. One relative said, "Staff know [relatives] needs and have taken time to get to know her, I am kept well informed by [registered manager]."

People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. A relative said, "They are quick to call the doctor if they think [relative] is not right." Another relative said, "If [relative] suffers from anything, [staff] can get the District Nurse quickly". We spoke with a visiting professional, they said, "The home is good at communicating concerns and will follow instruction we have left for them. We have seen an improvement in [people being supported] because the staff encourage mobility."

People were encouraged to choose how they wished their rooms to be decorated and were supported to bring memorabilia and personal furnishings into the home. The provider was working with people and their families to make improvements and adaptations to the premises which included wet room's, new carpets and secure access to the home.

Activities continued to be an area of enjoyment for the people using the service which included local walks, trips to the shops, musicians, afternoon teas, bingo and parties. One member of staff said, "It's lovely, we will go for walks with [people] when the weather is good."

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.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We observed throughout the day staff obtaining consent from people.

Is the service caring?

Our findings

The environment within the home was one of kindness, respect and compassion, which was demonstrated by the staff and the registered manager. One person told us, "The carers are good and know what they're doing." A second person said, "The staff are helpful and I get enough respect."

Relatives we spoke with were all complimentary about the staff and standards of care provided. One relative said, "I am quite pleased, I would give them full marks." A second relative said, "[Staff] make special touches, it's great to see. On birthdays the cook will bake a cake, we play dominoes together, and musicians come in. On valentines everyone dressed in red, it was great." The relative also said, "Sometimes I might come in to see [relative] and she's not too well, but the next day I might get a picture sent to me by [registered manager] and she's looking great, it makes me feel better."

The service and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. One relative said, "They listen to us, I came in and suggested that it would be good if staff had name badges as it was difficult to remember everyone's name. They all have name badges now." Another relative said, "When [relative] moved in we were asked what colours she would like in her room, they were decorating it so it was nice of them to ask. We have also brought in some of [relatives] furniture." We observed throughout the day that relatives would attend the home and staff and the registered manager knew them well. People told us about Sunday tea time which was arranged weekly for families to come to the home and enjoy tea and sandwiches with their relative. Staff told us, "It happens every Sunday and we will serve tea while the families spend time together, it's a lovely time."

People were supported to make decisions and choices about their care and where they had been assessed to lack the capacity to make some decisions then the home would liaise with relatives or professionals. We observed throughout the day that staff respected people's choices and their preferences and only acted in accordance with their wishes. People told us that they were treated with kindness and respect. And we observed throughout the day that staff approached people in a gentle un-hurried manner, always asking for consent before assisting anyone with a request or task.

People told us that staff promoted their privacy and dignity, particularly when providing personal care. One person said, "The staff treat me with respect and knock on my door." All relatives we spoke with felt that staff were respectful to their relative. One relative said, "The staff are always very respectful, I have no worries about that."

Staff encouraged people to maintain their independence as much as possible, and would only provide support when it was necessary. We observed throughout the day that people moved freely around the home. We observed staff supporting people to walk short distances in order to maintain their independence but where the person became tired staff were quick to bring equipment to assist them. For example, We observed one person being supported to walk to the dining room using a walking frame, as the person approached the dining room they became tired and told staff they could not walk any longer. Staff were quick to support this person. They brought a wheelchair behind the person so that they could rest and be

assisted with the final few steps. Staff provided the person with encouragement throughout this time.

Is the service responsive?

Our findings

The registered manager, provider and staff worked with people and their families and were responsive to changes in their support and care needs and this was evidenced throughout the inspection. Staff knew people well and relatives we spoke with also confirmed this. One relative said, "The staff are great, they seem to know [people] and know their little ways."

Staff demonstrated through the inspection that they had clear knowledge of the people they were caring for and knew them well. One person spoke to us about how staff encouraged them with activities and interests. They said, "I join in with the activities, I like the ball games and bingo." While a second person said, "I do some of the activities but I've got enough to occupy my time."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs and keyworkers had been assigned to each person. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. One relative said, "[Registered manager] gives us a choice on how much we want to be involved with, We are aware of the care package and [registered manager] will call if there are any changes." We saw that in all care plans consent forms had been completed and were regularly reviewed.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to, and feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. We saw that in the past year there had not been any complaints made by the people using the service or relatives. All the people we spoke with also confirmed that they had not had any reason to make a complaint.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that medication was available as and when required to support them with their pain and regular reviews were carried out with their doctors to assist with their comfort. Staff had received training on end of life care. The home had ensured that people's end of life plans reflected their preferences and choices and these were kept under review. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were completed and reviewed by the person and their doctor. Information was available to families around funeral arrangements and staff had also received training on bereavement from a local funeral parlour.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout the inspection we observed the staff and provider were working towards a person centred caring environment within the home. Staff and management all made people feel at home and we could see real connections between staff and the people they were supporting. One person said, "It's very good here". While a second person said, "I quite like living here, our manager is nice." A visiting relative also said, "We've seen nine care homes and this is one of the better ones."

From discussions with the registered manager we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. One relative said, "The change in provider has been really good, they are making some positive changes in the home."

The manager had understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and they felt listened to. The registered manager was also supported by the provider to make improvements to the service. We saw that the provider was in the process of updating the home. They had recently installed two new wet rooms and we saw that dates had been set for carpets to be replaced in the home. One relative said, "The new owners are making positive changes to the home." The registered manager also said, "[Provider] listens to me and if I have a suggestion [they] will take it on board."

The service worked in partnership with other agencies such as the local authority, and local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families. People we spoke with did not have any concerns and felt that the staff provided them with adequate support when it was required to contact other agencies. One relative said, "[Registered manager] calls the GP in if they need to, when I go and say the GP they will even praise the home."

Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. All the staff we spoke with felt supported by the manager and enjoyed working in the home. The registered manager said, "I have a good staff group, I want people to care for my residents and I know they all do." A member of staff said, "I think of this place as my own home, even if I am on annual leave I am thinking about the residents, They miss me when I am not here and ask me where I have been." The registered manager

also explained how the recent change in provider had been a worrying time but the outcome of the changeover had had a positive influence in their role. They said, "I always worry about the residents when I go home, but now I feel listened to. I feel supported as a manager."

The provider had effective systems to assess and monitor the quality of the service. The registered manager regular audits and took appropriate action to rectify any shortfalls in a timely way.