

# Vauxian Hotels Limited Osborne Lodge

## Inspection report

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Date of inspection visit: 11 and 20 February 2015  
Date of publication: 17/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Osborne Lodge Rest Home on 11 and 20 February 2015 in response to some concerns we had received. This was an unannounced inspection. We also checked to see if the provider had made improvements necessary to meet the breaches of the regulations we had previously identified.

At our inspection in July 2014 we found the provider to be in breach of regulations relating to care and welfare, staff recruitment and quality monitoring of the service. The provider sent us an action plan and said they would be meeting the regulations by 30 January 2015. At this

inspection we found improvements had recently been made following a restructure of the service and the appointment of a new manager and operations manager (The management team) who had already identified concerns and areas for improvement. An action plan had been produced and remedial action was already underway. However, there was still work to do to fully meet the regulations relating to care and welfare.

Osborne Lodge Rest Home is registered to provide accommodation and personal care for up to 24 older people, most of whom were able to communicate with us

# Summary of findings

verbally. The home had communal areas such as a lounge and dining room, as well as the majority of bedrooms, provided on the ground floor. There was a smaller first floor which housed the remaining bedrooms. Several of the bedrooms had access via sliding patio doors to a semi private personal patio area and direct access to the rest of the garden. The home has its own minibus which was used regularly to facilitate trips out.

The service did not have a registered manager in place. 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 manager had only been in post for a few weeks but had started the process of applying for the relevant checks to be completed prior to their application to the Care Quality Commission (The commission) for their registration.

People were protected from possible harm. Staff were able to identify different types of abuse and what signs to look for. They were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns.

There were systems in place to manage, record and administer medicines. However, procedures to manage the disposal of unwanted medicines required improvement. Systems to record changes on people's medicine administration charts (MAR) were not safe.

There were sufficient staff on duty to meet people's needs. Call bells were answered in a timely way and people told us they did not have to wait for help when needed. The new manager had reviewed staffing requirements and was in the process of recruiting new staff with experience of supporting people with dementia.

The home was clean and tidy. New cleaning schedules had been implemented and housekeeping staff told us that these had made cleaning the home much easier. Refurbishment of the hallway was underway and carpets were due to be replaced when completed.

Some, but not all staff had received appropriate supervision and training. The new manager had identified what training was outstanding, and was in the

process of implementing training and supervisions for remaining staff. A spot check supervision process had been put in place which the manager carried out to assess staff attitudes and approach to providing care.

Care staff understood the importance of gaining consent from people before providing any care or support. However, they were not knowledgeable about the principles of the Mental Capacity Act 2005 in relation to assessments of capacity, or the Deprivation of Liberty Safeguards (DoLS). There were no mental capacity assessments for people. Whilst people living at the home had mental capacity, staff told us two people had been assessed for possible dementia as they sometimes became confused.

People were supported to maintain their health and had access to healthcare when required. However, we noted some concerns in relation to recurring urinary tract infections in four people. Care plans did not include information on how to prevent or manage these infections. Other care records such as risk assessments were not up to date. The new management team had identified that care plans and risk assessments were not fit for purpose and had started to address this.

Not everyone had received an assessment of their needs before moving in to the home. Care plans were not person centred and there was little information about people's life histories. This was in the process of being addressed.

People's nutrition care plans did not always include sufficient details about their dietary needs, such as a lack of information to guide staff in how to support people with diabetes.

However, people were supported to eat and drink a variety of food and drink. People ate independently but staff were on hand to help if needed, such as cutting up a person's meat for them during their lunchtime meal. Food was freshly cooked by the chef and people had opportunities to give feedback about what they would like on the menu. There were jugs of juice or water in the lounge, and people had fresh water in their rooms.

Staff interacted positively with people and were caring and kind. They were reassuring to people when required and supported them at a pace that suited them without rushing. The staff had good natured encounters with

# Summary of findings

people and seemed to know them well. They talked about issues people were clearly interested in. People told us staff treated them with dignity and respect and we observed this throughout our inspection.

A new system had been put in place to monitor and record any complaints that were received. People told us they had no complaints about the service, but if they had, they were confident the new manager would listen to them and respond.

There was a range of activities on offer throughout the week and a programme was given to each person in advance to let them know what these were. Several people went out for lunch and a drive in the home's minibus and said they had enjoyed the experience. Other activities took place within the home, such as singers, entertainers and quiz games. People were supported to maintain links with their local community including attending church or the local community centre.

The previous manager had not returned a provider information return as requested by the commission. The new management team had implemented significant changes and improvements in the past few weeks such as a restructure of the staff team, audits for medicines, staff training and infection control. People had been consulted about the changes to the home and were asked for suggestions for improvements. For example, about the menus and activities. Care plans and risk assessments for each person were in the process of being re-written to ensure they were person centred and relevant.

Systems had been put in place to monitor and record incidents and accidents and to show if these had been reported to the appropriate authority such as the local safeguarding team or the commission. These systems had only recently been embedded in practice so their effectiveness could not yet be evidenced. As there had not previously been any systems in place, the new manager was unable to show us any historical information in relation to incidents, accidents and complaints.

The culture within the service was open and transparent. Staff told us the new management team was professional and supportive. They were visible and encouraged staff to participate in developing the service. Staff told us managers were approachable and they felt listened to. The new management team had already identified most of the issues we raised with them at the inspection and we could see they were in the process of making the improvements required. They were open with us and were responsive to the feedback we gave them.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

# Summary of findings

## 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. Procedures for the disposal of medicines and handwritten changes to people's medicines records required improvements. This was being addressed.

Potential risks to people's health and welfare had not always been identified or assessed.

Staff were competent in the administration of medicines. Staff had received training in safeguarding adults and knew about safeguarding people and how to report any concerns.

There were sufficient staff on duty to meet people's needs.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Not all staff had received regular training and supervision.

People were supported to make their own decisions but staff were not always knowledgeable about the requirements of the Mental Capacity Act 2005.

People had access to healthcare professionals when required but care plans did not always reflect people's up to date care needs. These issues were being addressed.

People were supported to have a balanced diet with a range of fresh foods cooked daily.

**Requires Improvement**



### Is the service caring?

The service was not always caring. People were not always involved in the planning of their care. This was in the process of being addressed.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive. Not everyone had received an assessment of their needs before moving in to the home. Care plans were not person centred and there was little information about people's life histories. This was in the process of being addressed.

Activities took place both inside and outside of the home dependent on people's interests, such as trips out for lunch or to the community centre.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service had not been well led. The new management team were working hard to improve the quality of care records. We found the home had an open and transparent culture.

Feedback was sought regularly from people, staff, relatives and professionals and appropriately responded to. Quality assurance systems were now in place.

**Requires Improvement**



# Osborne Lodge

## 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 11 and 20 February 2015 in response to some concerns we had received. The inspection was unannounced.

The inspection team consisted of an inspector, a specialist adviser (a nurse with experience of older people and dementia care) and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager

tells us about important issues and events which have happened at the service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps us decide what areas to focus on during inspection. However, the provider did not return their PIR.

We spoke with nine people who use the service and four relatives and friends who were visiting, five care staff, the chef and a senior manager as well as the new manager and operations manager. We carried out observations throughout the day in the lounge and dining room. We reviewed six people's care plans and pathway tracked six people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, such as health and safety, medication and quality audits and five staff recruitment, training and development records. Before the inspection we spoke to a healthcare professional from the local authority.

# Is the service safe?

## Our findings

People told us they felt safe at Osborne House Rest Home. One person said “The staff are kind, they’re wonderful. You can’t live on your own when you get old. I feel safe here.” Another person said “There are always staff around. I don’t have to wait if I need anyone.” A relative told us they had never had to raise a concern.

The provider did not have suitable arrangements to manage and dispose of people’s medicines. A recent medicines audit had been carried out by the new manager and most of the issues we identified had already been picked up during their audit and remedial action was being taken. However, the procedure for disposal of out of date or unwanted medicines was incomplete. These medicines were taken to the local pharmacy but were not recorded which meant staff could not track that all unwanted medicines were disposed of safely. Recording of changes to people’s medicines were unclear. Some people’s MAR charts included handwritten instructions or changes which were not signed or dated by staff or verified by a GP. This meant it was not clear who had given the instructions so staff could not be assured that instructions were valid.

A concern had been raised about the lack of availability of trained staff to administer pain relief at night if required. The new manager told us that due to the number of medicine administration trained staff who had recently left, there were sometimes two nights a week where medicine administration trained staff would not be on shift. However, temporary emergency arrangements were in place for local staff to come in immediately if required.

We found that the registered person did not have suitable arrangements in place to manage medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

Risks to people’s health and welfare had not always been identified and risk assessments to guide staff in how to minimise risks had not always been completed when required. People’s records were in the process of being updated to include an assessment of any risks associated

with their care, such as falls risks, although these had not yet been completed. This meant that some people may have been at an increased risk, for example of receiving an injury through falling.

We found that the registered person had not protected people against the risk of unsafe or inappropriate care or treatment. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

Staff were observed dispensing medicines to people with a caring and gentle approach. They took time with each person to explain what the medicine was and also what it was for. They asked people for their consent before giving their medicines. They ensured each person’s preferred drink was available to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed.

The new manager had identified that out of date creams had been left in people’s rooms and these were removed and replaced .

All medicine administration trained staff had recently undergone a competency assessment to ensure they were administering medicines safely and recording accurately. The storage of medicines, including controlled drugs (CDs) had been reviewed and these were kept in a locked medicine cabinet secured to the wall within a locked cupboard. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

Staff confirmed they had safeguarding training and were able to explain how they would identify and report suspected abuse. A staff member said “I know what to look for and how to record it.” They then went on to describe what they would do. They said they had daily contact with the managers and felt confident they would act if concerns were raised. The home had an up to date safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy and who they could report concerns to outside of the home if they needed to such as the Care

## Is the service safe?

Quality Commission or social services. Staff understood the whistleblowing procedure and would use it if they had to. Training records confirmed that safeguarding training had been provided to staff.

There were enough staff to support people with their care and support needs. The new manager told us several staff had left recently. However, they had reviewed the staffing requirements and were in the process of recruiting new staff. One new care worker had recently started and they were awaiting paperwork for two others. Staff rotas for the week of our visit showed staffing levels were in line with what we had been told. Staff frequently asked people sitting in lounge if they needed anything and requests were responded to promptly and staff visited people in their rooms regularly to check that they were ok. People told us their call bells were answered quickly and they didn't have to wait long for help. Staff told us they were happy with the staff team. One staff member said "Staffing levels are just right." However, they told us "We have to keep the place going and help out as much as we can. We need to cover at the moment." The new manager confirmed that staff currently worked additional hours to cover the shortfalls.

The home was clean and tidy and there were house keeping staff working throughout the home. New cleaning schedules had been implemented and staff told us these were working well. An infection control audit had been carried out and this was sent to us following the inspection. There were some areas of concern, such as worn hallway carpets and a mild odour in the hallway outside of one bedroom which we brought to the attention of the new manager. They told us the carpets in the hallway were going to be replaced once the re-decoration had been completed, which we saw was in progress.

The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function. The plan included roles and responsibilities of key staff during an emergency, contact details of utilities companies such as gas and water suppliers, and locations of alternative accommodation should this be required. The plan had recently been updated with contact details of the new management team.

# Is the service effective?

## Our findings

People told us they felt well supported by staff who knew what they doing. One person told us, “They [the staff] are wonderful, but there have been a lot of changes.” They told us “A lot of the staff left but new staff are coming in. They have a lot to learn.” People told us the food was good. One person said “The food is lovely. I can choose what I eat.” Another person told us “We have a good cook,” and that since the new manager had arrived in January, “The menu has improved. We had to fill in a questionnaire about all sorts of things.” They told us this included suggestions for improving the menu which had been listened to and acted upon.

Staff confirmed there had been a recent change in management and training had been a priority. A letter had gone out to all staff with a recent payslip asking them to bring in their most up to date training certificates as these were not all on record in staff files. Training records showed gaps in training for staff. The new manager confirmed that training in a number of areas was required and was in the process of finalising how future training was going to take place.

They also told us they had started to provide individual supervision meetings for staff and had put in place a supervision and appraisal schedule for the coming year. Some staff confirmed they had received supervision and records of what was discussed at each supervision meeting was recorded in staff files. However, not all staff had yet received a recent supervision.

The new manager told us they would also make training a part of each staff meeting and gave us a copy of their future staff meeting schedule which showed that each meeting had a specific topic to discuss, such as safeguarding adults, infection control or fire safety. One member of staff explained the moving and handling training had required them to be hoisted themselves and the different perspective this had given them. They told us “We had training in how to use the stand-aid plus the hoist. It does [staff] good to do it. You don’t realise how terrifying it can be.”

Competency assessments had recently been carried out by the new manager, such as for medication and spot checks on a number of staff, to check the standard of care they

provided. Areas covered during spot checks included how staff communicated with people, that clear explanations and options were given to people and their independence promoted.

Whilst care staff understood the importance of consent and told us that people in the home had capacity, they were not always knowledgeable about the Mental Capacity Act (MCA) 2005 or the Deprivation of Liberty Safeguards (DoLS). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were no capacity assessments in people’s records. The new manager told us “Most people living at the home have full capacity.” However, they said two people sometimes got confused and had been assessed for dementia, but no diagnosis had been established. This meant staff could not be sure that they had full capacity at all times. Two people had a ‘Do not resuscitate’ form in their care records and these had been agreed and signed by relatives. However, there was no evidence to confirm that these relatives had a legal right to make these decisions.

We found that the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to care and treatment. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The new manager had updated the MCA and DoLS policies and had identified these as topics for discussion on the staff meeting agenda in July 2015. However, when we discussed this, they said they would bring this forward to an earlier meeting. No-one living at the home currently required a DoLS authorisation although the new manager understood the process if this was required in the future.

Staff sought consent from people before providing any care or support. A staff member explained to a person in the lounge, “The nurse has come to redress your dressings but we need to go to your bedroom. Is that okay? Do you think

## Is the service effective?

you can stand up for us?” They and another member of staff then supported the person to stand and walk with their frame towards their room. The new manager had obtained consent from people or their relatives so that they could request a medical history from their GP.

People were supported to maintain their health and had access to healthcare professionals when they needed this. Information relating to people’s changing health care needs was passed on during staff handover. A new daily recording form had been implemented by the manager which included any changes in people’s health or care needs, including any appointments with healthcare professionals such as their GP or dentist. The outcomes of these appointment were also recorded on this daily record form so that all staff could be kept up to date. The new manager had contacted each person’s GP to request a full medical history as they had identified that current records were not complete.

We observed that staff offered drinks to people throughout the day and there was a plentiful supply of water and juice in the lounge and in people’s rooms. Most people ate and drank independently. However, staff were vigilant and observed when people required help. For example, a member of staff offered to cut up a person’s lunch when they saw they were struggling to do this themselves. Menus were varied and took account of people’s preferences. One person did not want the main choice of meal and was offered smoked haddock which they said they would like and which was served to them ten minutes later. People went through to the dining room half an hour before lunch was served. They sat and chatted together and drank wine or juice while they were waiting. It was a social time and most people seemed to enjoy the banter although some people thought the food should be served sooner. People were weighed monthly and records showed no-one had lost weight. In fact most people had steadily gained a small amount of weight.

# Is the service caring?

## Our findings

People told us they were happy at Osborne Lodge and felt listened to. One person said “The staff are kind. They are wonderful.” A relative told us “The staff are always helpful.” Another relative said they were encouraged to bring their daughter in to see her grandad. They said she was able to play and her grandad loved seeing the little girl have fun. Comments on a recent questionnaire included “The staff are superb and so caring” and “Nothing is too much trouble and nice to see a smile at all times.”

At the start of the inspection, the management team told us they had already identified concerns with people’s care plans and the care planning process. People had not always been involved in the planning and review of their care. Care plans had not been signed by people or their relatives, in their best interests, to show they had agreed to their plan of care. The management team told us they were in the process of updating the care planning process and this was now being addressed. People we spoke with were unable to confirm if they had a care plan, although one relative told us they would be involved in any changes to their relative’s care.

We observed interactions between staff and people over the course of our visit. The staff were consistently warm, polite and friendly. They had good natured encounters with people and seemed to know them well. They talked about issues that people were interested in. Staff were able to tell

us in detail about people, such as their care needs, life histories and what they liked to do. People became animated, when interacting with staff, and we heard frequent laughter around the home.

Staff told us they were happy working at Osborne Lodge and it was more than just a job. One staff member told us “I love making people happy. It’s a real passion. I feel like I belong here.” Another staff member said “This is a special home with special people in it, the residents and the staff, it goes beyond carer-resident. The staff really, really care about the residents”.

Staff treated people with dignity and respect, used people’s preferred names and checked for permission before providing any care or support. When people required personal care the staff were discrete and this ensured people’s privacy and dignity were respected. We saw staff knocking on people’s doors and calling out to them before they tentatively went into their rooms. We heard people greet the staff warmly and seemed pleased to see them.

When people requested assistance this was provided promptly and we did not hear call bells ringing for long periods. People received support to help them with their difficulties and disabilities. For example, one person was unsteady on their feet. Staff provided support when the person needed to stand up and use their walker. We observed this on a number of occasions and each time we noted that the person trusted the staff and was reassured by their presence. Staff took time to give explanations to people about what they were doing and answer questions to provide re-assurance.

# Is the service responsive?

## Our findings

People told us they were happy at Osborne Lodge. One person told us “I don’t have any grumbles. I would tell staff if I did.” Another person said “It’s very good here on the whole.” A relative told us that staff were always helpful and would help if at all possible. They said they had never had to raise a complaint or concern but would be happy to do so knowing that staff and management would listen to them and treat their concerns seriously.

The manager told us the home had not had a system in place to log and monitor complaints and they could find no historical records of complaints to show us. They told us they had now put a system in place to record this but had not received any complaints.

At the start of the inspection, the management team told us they had identified concerns with people’s care plans and risk assessments when they started work at Osborne Lodge. These had not been detailed or person centred to reflect people’s individual care and support needs and were in the process of being rewritten to include important information, such as their life history. Systems had not been in place to regularly review people’s care and support. This was now in place. Staff told us this was in the process of being implemented and they were speaking to people on a one to one basis to discuss their care planning although this was not yet completed. Until these had all been reviewed and completed staff could not ensure that people received the appropriate care and support they required.

Not everyone had received an initial assessment of their needs before moving in to the home. This meant the home could not previously have assured themselves that they were able to meet the person’s needs before they moved in. This issue had already been identified by the management team and was being reviewed and implemented although this had not yet been completed.

A new system of daily recording had been put in place to provide detail for staff about the care that had been given

and anything they should be aware of, such as healthcare appointments or concerns about the person’s health. A new handover document for staff had been implemented which was completed and given to staff coming on duty. This included up to date information, including any concerns about people so they had the latest information to refer to while on shift.

We observed staff responding to people in a way which demonstrated they knew them well, their preferences, likes and dislikes such as being called by their preferred name, although there was little information in people’s care plans about their preferences and life histories. People were supported to maintain their independence and enjoyed making decisions for themselves about what they wanted to do. At lunchtime, several people went out for lunch and a drive in the minibus. They made their way to the door and each was escorted on to the minibus. People told us they enjoyed getting out. One person said “It’s really important to get out, even if the lunch isn’t that good!” When they returned, people were happy and told us about their trip out. Everyone said they had a good time. One person said “The drive was lovely. I’m not sure where we went. Lunch was good. I had fish and chips.”

Activities were planned in advance and everyone received a copy of the programme. One person told us they were looking forward to the entertainment that afternoon and showed us the programme for the day. We observed that the scheduled activity took place during the afternoon. People interacted with the entertainers, waving flags, shaking maracas and most people sang along to the songs which were familiar to them. The activity was clearly enjoyed by all.

People were encouraged and supported to maintain links with their community. One person told us they had lived in the area all their life and still went out to meet their friends at the community centre or attend their church. Another person told us they took communion and sang hymns when the reverend from their local church came in to see them.

# Is the service well-led?

## Our findings

People told us they thought the new management team were very good. One person told us the previous manager had left but “[the new manager] is sorting things out”. A relative told us they had confidence in the new manager and they were always visible around the home. People confirmed that the new manager was always on hand and was friendly and chatty with them.

The previous manager had not returned the Provider Information Return we had requested, so we were unable to refer to this information before to the inspection. The new manager was in the process of applying for their criminal records check prior to their registration with the commission, although this had not yet been submitted. This meant the home did not have a registered manager at the time of our inspection.

We identified some concerns in the records we reviewed. For example, four people had recent or current urinary tract infections (UTIs). Two of these people had previous urinary tract infections but their care plans did not contain a preventive care plan which would help minimise the risk of this happening again. Two people were being treated for infections at the time of our visit. Their records did not contain a clear care and support plan to inform staff of how to care for the person or minimise a re-occurrence of a UTI. One person had been visited by their GP who had advised that the person should drink more fluids but there was no other information for staff to guide them in how much the person should be drinking.

People’s care plans included information about the nutritional needs of people but this was basic information. For example, where people had a diagnosis of diabetes, their diet was recorded as “diabetic”. This was not sufficient detail to guide staff in how to support people with their diabetes. Diabetes is a condition that affects people in different ways. As a result their nutritional requirements must be identified through a detailed needs assessment and their diet should then reflect this.

We found that the registered person did not maintain accurate, complete and contemporaneous records in respect of each service user in relation to their care and treatment. This was in breach of regulation 20 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance.

Staff told us there had been significant changes within the home over recent weeks. The previous manager and a number of long standing staff had left and there had been a restructure to the staff team. A new manager and an operations manager had joined the home and were in the process of reviewing and implementing new policies, procedures, staffing, care plans, risk assessments and improving the environment.

We spoke at length with the new management team to understand how they were approaching the process of review and significant change. They had a clear vision for the future of the home and for people who lived at Osborne Lodge and this had been communicated to staff. They told us they had undertaken a number of audits, (such as staff supervisions, training and medicines management), identified concerns and areas for improvement and had prioritised the work. They had already introduced a number of improvements to the home and we saw a service development plan which showed more improvements were planned in the near future. The new manager told us “We have had such a lot to do since I started, we are making huge progress but just cannot win on all sides at the same time”. They told us the owner of the home was involved and supportive and financial resources were available to support and implement the improvement plan. Staff said the improvements made so far were positive. For example, the handover meetings and paperwork had been improved which had made communication within the team more effective. This ensured that all staff had up to date information about people and any changes to their care at each shift change and meant that there was more consistent care for people.

The culture within the home was open and transparent. Staff told us the home was well led now, and that the new manager was professional and approachable. The management team were available and visible throughout the home and interacted well with people, relatives and staff. The atmosphere in the home felt positive with management and staff working together to strive for improvement.

Systems had been put in place to gain feedback from people including suggestions and ideas to improve the way

## Is the service well-led?

the home was run. For example, the manager had sent out a questionnaire to people asking them what was important to them, such as daily activities and menus. We saw completed questionnaires and noted comments were mostly positive. Where people had made suggestions, these had been discussed with people and acted upon. We found the new management team was open to all of the issues we raised and responded positively to us throughout the course of our visit .

The home's operational policies had been replaced last year, however these had been purchased in from an external consultant, were generic and had not been adapted to meet the specific requirements of the home. The new management team were in the process of re-writing all of the homes policies to ensure they were fit for purpose. This included a "Resident's charter of rights"

which included statements such as people had a right to "Retain personal dignity and independence" and "To be consulted about daily living arrangements and participate in discussions about proposed changes". Policies and procedures were listed for discussion on the agenda for the staff meeting on 25 February 2015.

There had not been a system in place to monitor incidents and accidents and complaints so the new manager was unable to show us any historical information about this. However, they had recently put a new computer based system in place which logged individual complaints, incidents or accidents, any action taken and whether it had been reported to the local authority or to the commission. These were then analysed for learning and any action required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that service users were not protected against the risks associated with unsafe recording and disposal of medicines, and other risks to people in relation to their care and treatment had not been identified appropriately.</p> <p>Regulations 9 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that accurate, complete and contemporaneous records were not kept for each service user in relation to the care and treatment provided.</p> <p>Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>We found that suitable arrangements were not in place to obtain the consent of service users in relation to the care and treatment provided for them.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.