

Vauxian Hotels Limited

Osborne Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Osborne Lodge Rest Home on 5, 9 and 12 August 2016. This was an unannounced inspection.

Osborne Lodge Rest Home is a care home for older people, some of whom may live with dementia. The home is registered to provide accommodation and personal care for up to twenty four people. At the time of our inspection there were 22 people living there. The home consists of a main house with a large lounge and separate dining room with the majority of bedrooms on the ground floor. The remaining bedrooms are on the first floor and accessed via the stairs or a lift. At the time of our inspection, extensive building work was taking place to create additional communal space, eight extra bedrooms and to upgrade the utilities.

We inspected Osborne Lodge to check that improvements had been made following the findings at our previous inspection when we found three breaches of regulation. We had also received information of concern in relation to management changes in the home which we had not been notified of. The previous registered manager had left the service in January 2016. The Nominated Individual, who had also been employed to oversee the governance and management of the home, had not been actively present in the service for almost three months and ended their employment the week before our inspection. A Nominated Individual has legal responsibility for the home. The provider had employed the services of an external consultant who they had recently nominated to be their new Nominated Individual.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home had recently employed a new manager who was in post and had started their application process to register with the commission.

The provider had not maintained adequate oversight of the governance of the home. Notifications had not always been sent to CQC when required and we found a number of on-going concerns in relation to how the home had been managed since our last inspection.

People had not been protected from possible harm. The areas around the home affected by on-going building work had not been risk assessed and site safety had not been adequately managed by the provider to prevent people from wandering into the building area. This had not been identified by the provider but was addressed once we raised our concerns with them. The provider did not have other relevant environmental risk assessments in place in relation to other areas of the home.

The provider did not always follow robust recruitment practices to ensure that only people suitable to work in social care were employed.

Staff had not all received regular supervision and appraisal in order to provide formal opportunities to

discuss performance and personal development. This was outstanding from our previous inspection. However, the new manager had put a schedule in place to address this.

People received personalised care, in line with their needs and preferences. However, people's care plans and risk assessments were in the process of being re-written. The new manager and key staff were involved in developing these with people and their relatives. This required further work to ensure they were sufficiently detailed and accurately reflected any risks. This was outstanding from our previous inspection.

Some people and relatives did not feel they were kept sufficiently up to date with significant changes in the home.

Records relating to people's care and the management of the home, such as policies, procedures and 'do not resuscitate forms' required review and updating.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005, which applies to care homes. There remained gaps in knowledge and understanding of the implementation of the Mental Capacity Act 2005. This was outstanding from our previous inspection. However, the new manager had put a training schedule in place to address this. The new manager understood their responsibility in relation to DoLS.

People were protected from possible abuse. Staff knew how to identify potential abuse and understood the home's safeguarding and whistle blowing procedures and who to contact if they had any concerns.

There were sufficient staff deployed to provide person centred care and keep people safe.

Staff received regular training and a new training programme had been implemented which staff felt improved their knowledge. Staff felt very well supported by the new manager who had developed a strong team ethos with clear roles and responsibilities.

There were robust systems in place to manage, record and administer medicines safely. Staff had a good knowledge of people's medicines and received regular training to maintain their competency.

People were supported to maintain their health and wellbeing. Specialist medical advice, treatment and support was sought promptly when required, such as GPs, speech and language therapists and district nurses.

Staff interacted positively with people and were caring and kind and respected their dignity. Staff encouraged people to make decisions, retain their independence and to have as much control over their lives as possible.

People were offered a choice of drinks and home cooked meals, prepared in a way that met their specific needs. Staff assisted and encouraged people to eat if they needed help.

Staff knew what was important to people, their life histories and interests and had time to sit and talk them. Activities took place daily both within the home and in the community.

People living at the home and their relatives were complimentary about the new manager who was approachable, friendly and helpful.

Quality assurance systems and development plans had been put place to assess and monitor the quality of care and drive improvements. However, action plans had not yet been implemented and it was too soon to test these for effectiveness.

Regular safety checks were carried out on the fire system, fire equipment and other equipment such as hoists.

Incidents and accidents were recorded and trends identified for learning and minimising future incidents.

The provider had recognised they had not maintained sufficient oversight of the service in the past. They told us they were now fully involved and had put additional financial resources and staffing, including additional kitchen staff and a part time administrator, in to the home to support the new manager to make the improvements necessary.

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. Risks within the environment had not been identified and assessed. Site safety had not been adequately managed during the building work and people had been put at risk of harm because of this.

Recruitment practices were not always sufficiently robust so the provider could not be assured that only people suitable to work in social care were employed.

People received their medicines safely. Staff were competent and had good knowledge of medicines management and administration. There were sufficient, suitably skilled and experienced staff to care for people safely.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff had not all received regular supervision and appraisal. However, the registered manager had put in place a schedule to address this. Staff felt supported with training and development.

There were gaps in staff knowledge in relation to the Mental Capacity Act 2005. The new manager had a schedule of training in place to address this.

People were supported to maintain their health and wellbeing and were provided with a variety of food and drinks sufficient and suitable for their needs.

Requires Improvement ●

Is the service caring?

The service was caring. Staff listened to people, respected their wishes, views and preferences and acted upon them.

Staff cared for people with dignity and respect and were kind, friendly and helpful. Staff provided sensitive and compassionate reassurance to people when they were anxious or unwell.

Relatives and friends were able to visit at any time and were always made to feel welcome.

Good ●

Is the service responsive?

Good ●

The service was responsive. People's care plans and risk assessments were in the process of being re-written to include likes, dislikes and life histories.

People were encouraged to participate in a variety of daily activities and events both within the home and in the community.

People and relatives knew how to make a complaint if they needed to. However, the home had not received any formal complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The provider had not maintained sufficient oversight to ensure all requirements of the Health and Social Care Act 2008 were being met. The provider's action plan of improvements following our previous inspection had not been completed. Notifications had not always been sent to CQC when required.

Quality assurance systems had been put in place to monitor and assess the quality of care and drive improvements. New action plans had been developed, but had not yet been implemented. Records relating to people's care and the management of the home were not always accurate and up to date.

The new manager, Nominated Individual and the provider had a clear vision for the service and this was shared by staff. The new manager was visible and approachable. They actively worked with, and supported the staff team to drive improvements.

Osborne Lodge Rest Home

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 had made improvements required for their previous inspection in February 2015 and to make sure they are 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. to check the provider had.

We inspected Osborne Lodge Rest Home on 5, 9 and 12 August 2016. This was an unannounced inspection and was carried out by one inspector.

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. We used this information to help us decide what areas to focus on during inspection.

We spoke with seven people, four relatives, three care staff, the cook, the administrator and the new manager. We also spoke with a visiting health care professional, an entertainer who visited twice weekly, the new Nominated Individual and the registered provider. We carried out observations throughout the day and while the lunch meal was served. We reviewed five people's care records and pathway tracked three 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, such as involving a GP or district nurses, and the outcome for the person). We looked at four staff recruitment, training, supervision and appraisal records, and other records relating to the management of the service, such as quality audits, medication records and equipment checks. Following the inspection we spoke with a second health professional to gain their views of the home.

We last inspected the home in February 2015 when we found three breaches of regulation.

Is the service safe?

Our findings

People told us they felt safe living at Osborne Lodge. One person said "I'm fine. I'm happy. I'm safe. I'm here to stay." One relative told us the staff looked after their family member well and kept them safe. They said "They [staff] always pop in and check on them if they stay in their room, and at night time too." Another relative told us they thought their family member was safe and said the staff "Come quickly" if they rang their call bell.

Despite people feeling safe, we identified a number of concerns in relation to how the provider protected people from harm.

The provider had not ensured that only staff who were suitable to work in a social care setting were employed. We reviewed four staff files and saw that a previous manager had written to staff requesting copies of documents that were missing from their recruitment records and that were required under Schedule 3 of the HSCA 2008. Some of these had been supplied by staff but others had not. For example, the provider had not obtained evidence of a Disclosure and Barring Service (DBS) check or appropriate identification for two staff. A full employment history was required and any gaps in employment needed to be explained. However, the provider's application forms only requested the last ten years employment history. One staff member had a gap of five months between 2013 and 2014 which was not accounted for and there was no explanation for this in their records. Another staff member had no employment history or previous work references recorded.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014; Fit and proper persons employed.

The provider had not demonstrated that they had done everything reasonably practicable to ensure people were protected from avoidable harm. The provider had not carried out environmental risk assessments within the home which they were required to do by law. This also contradicted the provider's own Health and Safety Policy, reviewed in September 2015, which stated that risk assessments would be completed. The new Nominated Individual told us they thought the previous Nominated Individual had completed these, but they could not be found. Risk assessments should be working documents which ensure that all hazards within the home are identified, and risk management measures put in place and regularly reviewed to reduce any risks.

On the first day of our inspection we saw that extensive building work was taking place. Scaffolding was erected around the home, and roof tiles, which had been removed from one area of the building, had been stacked up around the patio areas, in the middle of the lawn, in the back garden and on people's patios outside their bedrooms. These materials had not been cordoned off to protect people from injury. Ladders were propped up against scaffolding without being cordoned off to prevent people from accessing them, and roof tiles were stacked up on the first floor scaffolding without adequate protection to prevent them from falling on to the patio below. Whilst the contractor should have ensured the site was safe, the provider retains legal responsibility under these regulations when they delegate responsibility through contracts or

legal agreements to a third party. The provider should therefore have ensured these regulations were adhered to as responsibility for any shortfall remained with them.

Although the new manager had requested barriers to be put in place to prevent people from walking out of their bedrooms into the affected areas, these had not been adequately monitored. On the first morning of our inspection, Friday 5 August, we found one barrier had been removed and another was out of place leaving easy access for people to the building area. The areas affected by the building work had not been risk assessed and site safety had not been adequately managed by the provider to prevent people from wandering into the building area and being put at risk of harm.

We discussed our concerns with the provider. We asked them for a risk assessment of the site but they had not completed one. They told us they had written project update reports for the new manager which included actions they were taking to keep people safe. For example, "No residents or staff in the building area" and "Barriers near patio doors." Another report stated "The rear garden/patio area can be used by residents – under staff supervision (to ensure no entry into the build area)." However, this did not constitute a risk assessment as it did not identify the hazards, severity and likelihood of injury or adequate risk management measures.

We informed the provider that barriers had not been in place that morning, and this had been witnessed by the new manager. The provider told us they assessed the site and checked it regularly and that all barriers had been in place when they were last there on 2 August 2016. We reminded the provider it was three days later and re-iterated that the barriers had not been in place when we arrived. The provider also told us people had been informed to ask a member of staff if they wanted to use the patios or garden so they could do so with supervision. However, when we walked around to the back garden with the provider, we saw one person walking in the garden with their walking aid, on their own and without the knowledge or supervision of staff. This demonstrated that the measures put in place had not worked.

We found that hazards had not been adequately identified and risk management measures were ineffective. On-going monitoring of the site safety by the provider was inadequate and people had been put at risk of harm. This had not been identified by the provider.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014; Safe care and treatment.

The provider started to address these concerns once we raised them. They told us they would put notices up on people's patio doors reminding them to ask staff if they wanted to use the garden. They also told us they would work with the contractor to address the other safety issues we had identified. We contacted the Health and Safety Executive (HSE) and discussed our concerns about site safety with them. They contacted the provider and requested action to be taken to address the concerns and to provide them with photographs of the site once improvements were made. When we returned on the last day of our inspection, the garden and patio areas had been cleared of building materials, or cordoned off so people could not access them. Safety mesh had been put up on scaffolding to prevent the risk of falling materials injuring people below. Safety signs and personal protective clothing had been made available for staff and contractors. The provider met with their architect and building contractor to discuss how they could further improve the safety of the site. Following the inspection we contacted HSE for an outcome and they confirmed they were satisfied with the actions taken by the provider.

People were protected from abuse. Staff had recently received training in safeguarding adults from abuse and were aware of the safeguarding policy, including the whistleblowing procedure. Staff were able to

explain what signs to look out for and how to identify any potential concerns. They confirmed they would report any concerns or poor practice and were confident these would be acted upon. Staff knew who to report concerns to outside of the home, such as the Care Quality Commission and the Local Authority and contact details were readily available for staff if needed.

There were enough staff deployed to meet people's needs safely. We observed this in practice throughout the inspection. For example, call bells were answered promptly and people were provided with the help they needed, such as assistance to use the toilet, when they requested it. The new manager told us they had recently discussed staffing levels with the provider. The dependency tool, used to help determine the number of staff required, had showed there were more staff than were needed. However, the new manager told us they had requested even more staffing hours to enable people to receive more personalised care and confirmed the provider had agreed to their request. There was a stable staff team, many of whom had been employed for many years. Staff told us there were enough staff on duty. One staff member said "Staffing has increased. We can do the job properly now there are more of us. We can see more and do more. It's better now." Another staff member commented "There are extra staff on. It does help with the care."

There were robust systems in place to manage and administer medicines safely. Responsibility for the management of medicines had recently been delegated to a Head of Care who showed us the improvements they had made. Stocks of medicines were well controlled and ordered only when required which avoided excessive stocks building up on the premises. Medicines were stored in a newly appointed cupboard which was well organised and secured. Controlled drugs (CDs) are covered by specific regulations called the Misuse of Drugs Act. We found that CDs were stored, managed and dispensed in accordance with the Act. A spot check showed all CDs were accounted for. We sampled a number of other tablet medicines and liquid medicines and found they were all accounted for and in date.

Staff dispensed medicines to people patiently and at a pace that suited them. Staff asked people for consent and gave them an explanation about their medicine and what it was for before they gave it. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. Medicines audits had been introduced to ensure any errors were identified quickly. We did not find any errors in the recording of medicines. Only staff who had been trained in giving medicines were allowed to do so and were regularly assessed for on-going competency. All staff were in the process of being trained to administer medicines in the near future.

There were regular checks of the environment such as fire alarm tests which had been increased to twice weekly by the new manager until the new fire system was installed. Other checks included emergency lighting and fire extinguisher checks. Regular servicing and testing of equipment was documented. The provider had recently appointed an external Fire Safety Consultant to advise them. They had carried out a full fire safety audit of the home and a new fire risk assessment and an emergency evacuation plan had been completed. People each had an individual emergency evacuation plan which informed staff of the support they would need in the event of an emergency evacuation from the home.

The home had a business continuity plan which outlined who staff should contact and action to take in the event of an unforeseen emergency. This included personal emergency evacuation plans to guide staff in how to support people to evacuate the home in the event of an emergency.

Is the service effective?

Our findings

People and relatives told us staff asked for their consent before providing any care or support. One person said "They always knock and ask if they can come in to my room." We observed staff had a good understanding of people's ability to give consent. For example, one person could not give verbal consent, but staff knew by their facial expressions and body language if they were happy for them to provide the support. People or their relatives had signed consent forms for; sharing confidential information such as their care plan, taking their weight, giving medication and night checks, where applicable.

Whilst some improvements had been made, some areas of mental capacity and consent required improvement. This was an on-going requirement from our previous inspection.

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 noted not all staff had a good understanding of their responsibilities under the MCA. The new Nominated Individual confirmed they had also identified this at a recent staff meeting and was including more MCA training in their training programme. The new manager told us MCA assessments had not been completed, but they were going to review this now they were in post. One person had a 'Do not resuscitate' (DNAR) form in their care records which had been completed by a clinician. The new manager confirmed this person had capacity to make this decision for themselves, but the DNAR form stated their daughter had agreed this decision in their best interests. The new manager told us they would check people's DNAR forms and discuss any concerns with the person's GP and other relevant people.

The Care Quality Commission (CQC) monitors the operation of 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 authorised by the local authority as being required to protect the person from harm. The new manager understood their responsibilities in relation to DoLS and told us they would apply for DoLS if required following the MCA assessments.

Staff had not received regular supervision and appraisal. This was an on-going requirement from our previous inspection. Two of the four staff whose records we checked had not received supervision since June 2015. The remaining two staff had not received supervision since November and December 2015. The new manager showed us a supervision schedule they had put in place but had not yet implemented. They had developed a new supervision form which included topics which would be discussed at each supervision, such as safeguarding, health and safety and infection control. We also noted staff records showed they had not received an appraisal in the past fourteen months or longer. Although they had not received regular supervision and appraisal, staff told us they now felt well supported. They said the new management team and the provider were approachable and supportive and they felt able to discuss any

issues, concerns or training requirements when they wanted to.

Although staff had completed on-line and DVD training in key areas such as safeguarding, this had been reviewed by the new manager for effectiveness as they wanted staff to have more robust training. They had recently implemented a new annual training programme which was delivered face to face by external trainers to help staff develop new skills or to refresh their existing knowledge. The programme included key topics such as fire safety, medication and dementia awareness and would be completed by December 2016. Staff told us they much preferred the new way of learning. One said "We were doing DVDs before. It was horrendous. I didn't learn a thing!" It's much better now it's there in front of you." One community health care professional involved with the home told us they had recently offered to deliver specialist training in catheter care to the staff and was waiting to hear back from them. New staff were required to undertake an induction period and complete the Care Certificate, a framework which supported staff to reach a recognised standard in the delivery of care.

People were supported to maintain their health and wellbeing. Staff monitored people's health effectively and identified any changes quickly. People were referred promptly to health professionals, such as GPs, district nurses or the speech and language therapist when necessary. A health care professional told us "They will call us if they have concerns." Staff talked knowledgeably about people and were up to date with changes in people's wellbeing and any recommendations from health professionals. People and relatives told us they received the health care and support they needed. One relative said "As far as I'm concerned everything is addressed. They requested the doctor when needed. A profiling bed and new mattress was ordered. District nurses come in. I'm confident [My relative] gets good 24 hour care."

Staff understood people's particular dietary needs, such as preparing food to a specific consistency for a person with a swallowing difficulty. A referral had been made to the speech and language therapists (SALT) for specialist advice and the recommendations had been acted upon. The person's care plan had been updated to say they required a pureed diet and their drinks were to be thickened and we noted their food and drink had been prepared appropriately in accordance to the guidance. The cook explained how they pureed foods individually and presented them on the person's plate so they could taste the different flavours.

People and relatives were complimentary about the choice of food provided. One person told us "The chef is excellent. They come and ask what I want for lunch, tea and evening meal. It's a pretty good choice." Another person said "There's plenty of grub and lots of choice. They get to know how much you eat, it's lovely. It's not all piled up." A relative told us "The food is very good. If [our relative] doesn't like what's on the menu, they'll bring something else. There's always a selection of drinks." We observed the lunch meal in the dining room which was nicely laid out with table cloths and napkins. People were offered wine with their meals and other drinks such as water and juice were available. Staff offered encouragement to people who needed it which ensured they ate and drank to reduce any risk of malnourishment. One person ate in the lounge. They had adapted cutlery to assist them to maintain their independence as much as possible and staff assisted them when they needed help.

Is the service caring?

Our findings

People, relatives and visitors told us they were happy living at Osborne Lodge. One person said "Staff are lovely. It's a friendly place." A relative told us "The staff are lovely, so lovely. They come in and have a chat and give her a kiss. They're so sweet and kind." They added "It's like a home from home." Another relative said they were welcome to visit at any time and "It's very homely. It's like visiting them at home, not like an institution." Comments from people and relatives about the new manager included, "Always around and about" and "Lovely" and "Always has a big smile on her face." A visiting entertainer told us "It's a brilliant home. Welcoming and friendly. Staff are lovely and get involved and get up dancing with everyone."

Staff knew people well, and talked with them about things that mattered to them such as their family and hobbies. Staff had time to sit with people, chatting and listening to them and showing an interest in what they had to say. People responded positively to the banter and interaction.

Staff supported people with compassion and reassurance when they became anxious or unwell. For example, we observed one person in their easy chair calling out for help. Staff responded quickly, knelt down to their level to make eye contact and asked them quietly if they were okay. They used gentle touch, held their hand and offered relevant support in response to the person's needs. A relative told us that staff always had time to sit and listen when their family member was upset or worried. They said "[My family member] is being well cared for, emotionally as well as physically. The girls [staff] whether it's night or day, made tea, sat with [my family member] while they unburdened. There's a good group of girls here."

People made choices about their day to day lives, such as what activities they wanted to do, where they ate their meals or what they wanted to wear. At lunch time we observed one person was knitting. When asked by staff if they were ready for lunch they responded that they would come through to the dining room "In a minute" and staff respected this.

Staff treated people with dignity and respect. For example, when hoisting one person into their wheelchair, staff got a blanket and covered their legs up so they weren't exposed. Personal care was provided discretely by staff who ensured people's privacy and dignity were respected. Although staff were busy, they were relaxed and calm and did not rush people's care. People were encouraged to retain their independence and carry out their own personal care where possible. Staff were aware of the need for confidentiality, which we saw in practice throughout our inspection. We also noted staff used people's preferred names when addressing them.

There was a 'homely' relaxed and welcoming atmosphere at Osborne Lodge and people and relatives told us they valued this. People's bedrooms were personalised with things that were important to them, such as family photographs, pictures and ornaments. One person told us how they had wanted to bring some of their own furniture to their room and this was accommodated.

Visitors were welcome and there was no restriction on when they could do so. We observed visitors coming and going throughout our inspection. A relative told us they always felt welcomed and that they even "came

for Christmas dinner" which had meant a lot to them all.

Is the service responsive?

Our findings

Relatives and people told us they were involved in planning and reviewing their care. One person told us they were looked after in the way they wanted to be and said "I hear them talk about my care plan. I haven't seen it but it's there if I want to." A relative told us they were kept informed about their family member's health. They said "I'm involved in their care plan reviews. We've just changed the care plans. I'm in the process of writing a history and a summary for them. I'm more than happy to do it." They told us it would help staff know their family member all the better.

The new manager told us they had re-written new basic care plans which were more person centred but said these now needed to be completed to include more detail. The care plans we looked at included an initial assessment of people's needs and basic guidance for staff in how to support people with, for example, their nutrition, their personal care and their emotional and religious needs. They included people's preferences, their likes and dislikes, their life histories, social needs and hobbies and interests. We identified a number of discrepancies and omissions within some care plans which we have referred to in the "Well led" section of our report.

Staff told us the new care plans were much better. One said "They're person centred now, what they like, their preferences. Before they were just regimented." We saw evidence of this. For example, one person had stated in their care plan they did not wish to be checked on at night by staff. Although a new system had been proposed to check everyone throughout the night, the new manager confirmed this was not a person centred approach, and night checks would be individualised, based on risk and would take place with people's consent. Another person told us they didn't like to eat in the dining room and preferred to eat in their room. We saw that staff facilitated this.

Although their care plans were basic, people received appropriate care and support because staff knew them well and remained up to date with people's needs. Communication within the team was effective and information was shared between staff at handover meetings and any changes to people's needs or concerns were passed on to the incoming staff. For example, handover notes dated 7 August 2016 showed staff had been informed that one person had slept all day and had refused all food and fluids. Reminders were noted for night staff to take blood sugar readings for two people at 6am. A relative told us "Communication is key. There is always good communication here. [My family member] is getting appropriate care and support. They're responsive. If we've any questions [The new manager] or a senior in charge will deal with it."

The new manager had recently implemented a keyworker system which ensured staff had specific responsibilities in relation to people's care. For example, liaising with relatives, making routine appointments and meeting with people to review their care plan each month. Staff told us they welcomed the new system and thought the added responsibility would help them to develop in their job role. One staff member told us "It's new to me. I just want to make sure they're happy and comfortable with me and I'm familiar. It helps develop trust."

People were encouraged to take part in activities, both within the home and in community. A relative told us

their family member loved Bingo and sometimes helped out by calling the numbers out. An entertainer visited the home twice a week and played songs on an organ. People enjoyed the music and some sang along or discussed memories of the music that was being played. We observed the activities co-ordinator engaging people in helping to complete a crossword puzzle. There was lots of discussion around the clues and reminiscing about their lives. The home owned its own mini bus and regularly arranged trips out to the beach for fish and chips or ice cream, or for a drive through the forest. This had been increased recently to provide additional opportunities for people to be away from the home during the day while the building work was underway. People pursued their own interests as well. One person liked to crochet and they had made some doilies which they had given to the new manager and were in use around the home as ornamental mats.

People, relatives and visitors told us they knew how to make a complaint but had not had cause to do so. A relative told us if they've approached staff with any issues they've responded "Don't worry, we'll get it sorted." They said "[My family member's] trousers went missing. They found them. It was resolved." Another relative told us they would complain to the new manager or staff if they had a complaint but had nothing to complain about. Staff were aware of the complaints procedures and confirmed they would support people with any concerns they might have, or would report them to the new manager on their behalf.

Is the service well-led?

Our findings

The new manager was visible and well known to people and relatives. A relative told us "[The new manager] is lovely. The others have come and gone." One person told us "I can't fault it here" and went on to tell us they were very happy at Osborne Lodge.

Although people told us they were happy with their care, we identified a number of concerns with the governance of the home and discussed this at length throughout the inspection with the provider and the new Nominated Individual. The lack of progress with outstanding actions from our previous inspection had not been identified in a timely way by the provider. They told us this was because they had employed the previous Nominated Individual to oversee this. They further told us the previous management team had not achieved what they had set out to do but they had not been advised of this. Regulation 17 states; "Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 – 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must have a process in place to make sure this happens at all times and in response to the changing needs of people who use the service. The system must include scrutiny and overall responsibility at board level or equivalent."

The provider had failed to maintain sufficient oversight of the management and governance of the home. They had not put adequate systems in place to monitor and assess the work of their previous management team or the progress of their action plans from our previous inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

The new manager told us care plans were a work in progress but there was still work to do. We noted some care plans lacked details to ensure appropriate guidance to staff. For example, one person's 'personal care' care plan stated "Apply any creams as required." It did not say which creams, or where or how staff should apply them. We also noted some people's care plans and risk assessments did not correspond appropriately. For example, one person had been assessed as at risk of losing weight and of fragile skin. They did not have a relevant care plan to guide staff in how to support the person to maintain their weight or healthy skin. In their 'general health' care plan there was a reference to their tissue viability which stated "If concerns...." but did not provide guidance for staff in what they should look for that would indicate a concern. There was also no mention of the person's sacral sore in their care plan. Whilst work was under way to improve people's care plans, the actions from our last inspection had not been completed and there continued to be a risk that people may receive inappropriate care as their records were not complete.

Policies and procedures had not all been reviewed or updated. Some policies had been shared from another service but still mentioned that service by name, and had not been individualised to reflect the specific requirements of the Osborne Lodge.

The provider had not kept all people and relatives fully up to date with the building work. Several people

and relatives told us they had not been consulted or informed of progress. We discussed this with the provider who showed us a copy of a letter they had written to people and relatives who lived at the home when the work started in December 2015. However, they had not held any meetings or written further to people to keep them informed since then. The provider told us they did talk to people as and when they had a chance to sit and chat, but this had not ensured a systematic approach, that everyone received the same information at the same time, or had the opportunity to feedback any suggestions or concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

The provider had failed to notify the commission of changes in the home as required by law. The previous registered manager had left in January 2016 and the previous Nominated Individual had been absent from the premises for nearly three months before leaving at the end of July. We were informed of these changes by an external third party, not by the provider as required.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

The provider had failed to notify the commission of major building works which had prevented the grounds of the home from being used by residents safely. We had not known about the building works until we arrived on 5 August to start our inspection. The provider accepted that they should have notified us and have since kept us informed of progress with the building work.

The provider told us they spent time in the home and talked regularly to people and relatives. This was confirmed by staff and people. The provider told us this was how they had begun to identify the problems in the home which they were in the process of addressing with the recruitment of a new management team. The provider told us it had been "A wake up call" and "A steep learning curve." They were now fully involved with overseeing the governance of the service. They had put additional systems in place to monitor the progress of the service. It was too soon for us to test out if this would be effective and we will check at the next inspection.

The provider and the new Nominated Individual engaged with us in discussions about the problems we had identified during the inspection, and co-operated and responded to our concerns. The new manager confirmed that they were supported by the provider who had responded to their requests for additional staffing, equipment and other resources. They were now supported by the new Nominated Individual who spent time at the home each week. The Nominated Individual told us the provider had responded to their advice and guidance and was providing the resources necessary to improve the service which they all wanted to become an 'excellent' service. We spoke to the provider to clarify their different roles, as an action plan we had received was a little confusing. The provider confirmed the new manager would be responsible for day to day decision making and the running of the home. The Nominated Individual would be responsible for providing advice and guidance to the manager.

The home was calm and well organised and staff seemed happy, relaxed and at ease when carrying out their duties. One member of staff told us "[The new manager] is the right person for the job. She knows what she's doing." Another told us "[The new manager] is lovely. She is a hard worker. She's approachable. She fights our corner. She's just great. The best manager we've had. She's really trying to get things done. I'm confident in her abilities." Staff consistently told us they worked well as a team and communication had improved.

The atmosphere in the home felt positive and staff and the new manager were responsive in providing information to us during the inspection. They were enthusiastic and proactive in their approach to

developing the service and were keen to make further improvements. Some staff told us they were striving for an "Excellent" rating in future. The new manager had restructured the staff team and given staff specific responsibilities, for example, for medicines management, or monitoring people's weights. Staff understood their roles and felt empowered by their new responsibilities.

Regular staff meetings took place which enabled staff to be kept up to date with issues and discuss any concerns. Minutes of the most recent meeting in July showed that staff had been updated with the changes in the structure of staffing, training and supervisions, as well as thanks from the provider, who was also present. Staff confirmed they found the meetings helpful, and could take their ideas and any concerns to staff meetings and they would be listened to. One staff member told us "Since the meeting I feel more informed and involved."

Quality assurance systems were now in place to monitor and assess the quality of the service. Surveys were sent out in July 2016 and feedback gained from people in areas such as the staff; food; cleanliness and responsiveness. Feedback confirmed people were "very satisfied" or "satisfied" with the care and support they received.

Audits were carried out by the new manager to review all areas of the management of the home, including health and safety, infection control and medication. New action plans had been produced but not yet implemented. Incidents, accidents and near misses were monitored each month and learning was shared in the team.

Records were maintained by staff and securely stored in a locked cabinet within the staff office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider had failed to notify the commission of changes to their manager and nominated individual.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess risks relating to the environment and had failed to ensure the premises are safe to use for their intended purpose and used in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems and processes in place to effectively ensure compliance with the Health and Social Care Act 2008. The provider had not maintained sufficient oversight of the management and governance of the service. Records relating to service users were not complete. Records relating to the management of the service were not complete. Service users and their relatives were not regularly consulted about major developments within the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

proper persons employed

The provider did not have effective recruitment processes in place to ensure candidates met the conditions set out in Schedule 3 of the regulations.