

Vauxian Care Limited

Osborne Lodge Rest Home

Inspection report

30 Osborne Road
New Milton
Hampshire
BH25 6AD

Tel: 01425618248

Website: www.osbornelodgecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Osborne Lodge Rest Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

Osborne Lodge accommodates people in an adapted and extended building. There are adapted bathrooms and accessible communal areas and each room has ensuite facilities.

People's experience of using this service and what we found

People were safeguarded from potential abuse by staff who were trained and a management team who acted should abuse be suspected.

Risks relating to people's needs were assessed, and actions taken to mitigate these. The premises were well maintained, and regular checks of equipment and systems assured us of this.

Accidents and incidents were recorded and reviewed, and learning taken from them to reduce the potential for a reoccurrence.

Staff were safely recruited and there were sufficient staff deployed to meet people's needs.

Medicines were safely managed. Storage was secure and appropriate, and records were accurate.

We were assured that the provider had safe and effective infection prevention and control procedures.

The service was well-led. There was a registered manager in post supported by a management team who had good oversight of the service.

People were involved in care planning and encouraged to participate in reviews and to give feedback about the service they received.

There were effective audits carried out by a range of different staff. This meant staff felt more fully involved and invested in improving the service.

Quality assurance questionnaires were used to identify areas where the service could improve.

The management team had positive working relationships with health and social care professionals in their local community.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to ensure that the previous breach of regulations had been met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osborne Lodge Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Osborne Lodge Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Osborne Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection. This was due to the current pandemic and needing to ensure that the registered manager would be able to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers, housekeepers and the chef.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures, audits and risk assessments were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, mission statements, meeting minutes and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff had completed training in safeguarding and told us how they would identify possible cases of abuse. Staff understood their responsibility to report any concerns.
- The registered manager and deputy manager maintained records of alerts made to the safeguarding team, and actions taken, within the service to minimise future occurrences.

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

- There were detailed risk assessments covering a wide range of areas including falls, choking and medicines. We saw clear plans as to how risks were being mitigated to keep people safe from harm. This had improved since we last inspected.
- The provider had ensured that each resident had an individual COVID-19 risk assessment to consider their risks which was used in tandem with an overall service COVID-19 risk assessment that dealt with more general risks.
- There were safety checks completed to ensure the premises were properly maintained. These included regular checks of the fire safety system and equipment, water hygiene monitoring, checks of hoists, beds, window restrictors and the overall environment.
- Risk assessments for legionella and fire safety had been completed and all suggested works had been undertaken promptly. Water hygiene management had improved since we last inspected, a more effective risk assessment and monitoring system was now in place.
- Accidents and incidents were recorded, and each incident had been reviewed by the registered manager and actions to minimise future occurrences were recorded.

Staffing and recruitment

- Staff were safely recruited, and all required pre-employment checks had been completed prior to the staff member commencing in post. This included obtaining two references, a full employment history and completing a check with the Disclosure and Barring Service, (DBS). DBS checks provide information as to a person's suitability to work with vulnerable people helping employers make safer recruitment decisions.
- We saw sufficient staff were deployed to meet the needs of people and call bells were answered promptly.
- Staff rotas showed that there were consistent numbers of staff deployed and that annual leave and staff sickness were covered.

Using medicines safely

- Medicines were safely managed. Medicines administration record sheets, (MARs), were consistently completed when medicines were administered and were checked to ensure there were no gaps or omissions.

- MARs that were handwritten had been checked for accuracy and were signed by two staff. Photos of people, lists of allergies, DNACPR forms and GP details were held on each person's medicines record.
- We saw a selection of MARs, requested and reviewed topical medicines records, (TMAR's), and observed staff administering medicines. We were assured that staff knew people well, checked medicines and MAR's before administering and signed for all medicines given.
- Medicines audits evidenced good oversight of the management and administration of medicines. Medicines storage, stock, care plans and MAR's were regularly reviewed by the senior staff member who was the medicines lead. The registered manager completed a medicines audit every six months and the supplying pharmacy completed an annual audit.
- The medicines lead had forged positive working relationships with both GP surgeries and the pharmacist and worked closely with them to ensure that all required medicines were ordered and received in time for administration.
- Storage, accuracy of stocks held and record keeping had all improved since we last inspected the service.

Preventing and controlling infection

- The premises were visibly very clean when we inspected and there were no malodours during our inspection. There were additional infection prevention and control, (IPC) measures in place in response to the COVID-19 pandemic. This included the use of sanitiser gels, hand washing reminders and all staff wearing appropriate personal protective equipment, (PPE) including the sessional use of fluid resistant face masks.
- Visitors to the service are required to complete a health screening questionnaire to ensure they were not currently experiencing symptoms that could be COVID-19 and temperatures were checked and recorded.
- Regular checks of the premises were completed to ensure that staff were wearing PPE and that it was clean and there were no IPC concerns.
- Visiting had been accommodated in a summer house and more recently a visiting 'pod' had been added to a lounge area which had an external door. An acrylic floor to ceiling partition wall had been added so visitors could access the 'pod' from outside without needing to access the service and people could speak with their visitors using an intercom system.
- Plans were in place should there be an outbreak of COVID-19 to ensure that people were able to safely isolate and minimise the potential spread of the virus.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

When we last inspected Osborne House, we found that some records and monitoring systems were not complete, effective or stored securely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. At this inspection we found that the provider and registered manager had acted to improve records, and audits were now effective. Records were stored securely and were accessible only by authorised persons. The provider was no longer in breach of Regulations.

- There was a strong and consistent approach taken by the management team. The registered manager was supported by a deputy manager and there was additional support provided by a senior manager.
- The registered manager completed a monthly overview report of completed audits. This detailed actions, and collated outcomes from audits completed by other staff members.
- The whole staff team had a commitment to providing quality care to people, in part this had been developed by including all staff in auditing care delivery. For example, Care staff regularly completed audits of areas including social interaction, personal care delivery, hearing aid maintenance, repositioning charts, nutrition and food records and nail care. These were then checked by a colleague before the deputy manager reviewed them. The deputy manager told us they were particularly proud of how seriously the staff took the audits. At times, care staff might identify a shortfall in an area, for example, a person may not have had much social interaction. Often by the time the deputy manager had sight of the audit, the care worker had allocated additional activity staff time to the person or arranged for them to access an activity.

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

- People were encouraged to participate in reviews of their care plans so they felt included in their care and empowered to make changes should they want to.
- Staff members spoke respectfully to people and there was a friendly, family atmosphere in the service. People were clearly fond of staff members and we saw many friendly exchanges.
- Throughout our inspection the registered manager was cooperative and provided us with all the requested records and was able to answer all of our questions showing their knowledge and commitment to the service.

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

- There was good communication in the service, with staff and with people and their relatives.
- Each day there were staff handovers and from the start of the pandemic, the registered manager had added a brief COVID-19 update to the handover sessions. During handovers, as well as discussing people's needs, updates to the providers policies and national guidelines were shared before this information was added to a file for staff access.
- Staff meetings, senior staff meetings and a private, online group had been arranged to maintain communication in the service.
- People were supported to make phone calls and video calls to ensure they maintained contact with their relatives and friends, and visits were arranged whenever it was possible and safe to do so.
- People and their relatives were asked for feedback on the service they received. Care provision was person centred and as such reflected people's equality characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Should something go wrong, they were open and honest and informed all relevant parties and apologised should the incident have been avoidable.

Continuous learning and improving care

- Since our last inspection, a comprehensive programme of audits had been developed and embedded into practice. The whole staff team was invested in this process and as a result, the service was much improved.
- Quality assurance questionnaires were also issued to people, relatives and staff. The responses for the last questionnaires covering 2019 – 2020 were mainly positive. There were concerns raised about food however since then, a new head chef had been recruited and the quality of food had been significantly improved.
- All other issues raised from the questionnaire were added to an action plan and had been addressed by the registered manager.
- The registered manager had ensured that staff and people had received regular updates on guidance during the pandemic.
- Staff were encouraged to develop their skills and several staff were completing training leading to nationally recognised qualifications in health and social care.

Working in partnership with others

- The registered manager and other staff working at Osborne Lodge had forged positive working relationships with the local authority, Clinical Commissioning Group, pharmacy and other relevant external stakeholders.