

Four Seasons 2000 Limited

# Osborne Court Care Home

## Inspection report

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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

Osborne Court Care Home provides personal and nursing care for up to 55 older people. The service is provided in purpose-built accommodation over two floors. At the time of the inspection, 39 people were living at the home.

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

There had been significant improvements following the inspection of August 2019. Positive changes had been made to the management and provider oversight of the home. The provider maintained a stable management team. The registered manager, deputy and unit manager had been in post for over two years. This had helped to stabilise the home with a steadfast team of nurses and care staff employed. This meant the delivery of high-quality and person-centred care had constantly improved.

People were provided with a care which was safe. Risks were assessed and mitigated to keep people safe from abuse and avoidable harm. People received their medicines when they needed them. There were enough staff to meet people's needs. The registered manager used a dependency tool to calculate staffing levels. This was increased when people's needs changed and in line with the occupancy of the home. The home followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home. The home was clean and tidy throughout with high touch point cleaning taking place throughout the day. Accident and incidents were reported, recorded and analysed with lessons learnt shared with staff to prevent recurrences.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. There was a programme of audits in place to assist the management team to identify and address shortfalls. As a result, the home continuously improved.

Rating at last inspection

The last rating for this service was Requires Improvement (published 22 October 2019). At our last inspection we found there had not been a consistent management approach and the provider oversight had not always been robust. Although this had improved since the previous inspection in August 2018 there was still room for improvement. We needed to be satisfied the short-term strategies in place would be sustained. At this inspection we found improvements had been made.

Why we inspected

We carried out an inspection of this service on 27 and 28 August 2019. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osborne Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

# Osborne Court Care 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 Court Care Home is a nursing 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.

#### Registered manager

The home 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the regional manager, registered manager, deputy, unit manager, three staff and seven people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, quality assurance, staff recruitment and people's care documentation.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found that due to the frailty of the home, some service provision posed a potential risk where people could come to harm. This was due to the absence of a permanent manager and trained nurses. At this inspection we found improvements had been made. The home had a stable registered manager and deputy in post for two years. A team of permanent nursing staff were in post who worked alongside the care staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding. They had a good understanding of the signs to look for when people might be being abused and how to report any concerns. Staff comments included, "Yes I am confident to raise any concerns about people's safety" and "I know to speak up if I have any concerns. I do have confidence in the managers here to deal with any concerns".
- People confirmed they felt safe. One person told us, "Yes I feel safe. We all speak up about any bits and bobs" and "Yes I do feel safe. I do not wait long if I need help. The staff check on me which makes me feel safe".
- The registered manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and the CQC. A tracker helped the registered manager to monitor the safeguarding process when any concerns were raised. This was regularly reviewed.

Assessing risk, safety monitoring and management

- The registered manager and maintenance person completed regular checks on the physical environment to ensure it was safe for people to live in. This included for example, regular fire safety system checks, potential trip or fall hazards and legionella checks.
- People were supported to identify and mitigate risks associated with their care and support. The registered manager assessed risks to people to help reduce the risk of harm. One person for example had been assessed as at risk due to rolling out of bed. Bed rails were not assessed as suitable for the person. An ultra-low bed was purchased for the person which reduced the risk of harm and injury.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Twelve people that lived at the home had an authorised DoLS in place. Any conditions related to DoLS authorisations were being met with a tracker in place to monitor this.

#### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal lounge areas, dining areas and corridors monitoring people's safety.
- The provider used a dependency tool to calculate staffing numbers. This was reviewed regularly to ensure staffing numbers were safe. Staff helped to cover annual leave and sickness by working extra shifts. Agency staff continued to support the home which were block booked in advance where possible. The registered manager had a rolling programme of recruitment to help increase the occupancy at a steady pace. The staffing levels at the home had just been increased in line with higher occupancy.
- The regional manager told us the provider as a whole had looked at staff retention and recruitment for all of its homes. Since the COVID-19 pandemic salaries had been increased as well as over time rates. The registered manager monitored the number of hours the staff worked to ensure they work not working too many hours.
- Staff confirmed there were sufficient numbers of staff to support people. Comments we received included, "Yes, we do have enough staff here. We work well as a team to ensure we provide a good standard of care", "I would say we have enough staff. We all try and help cover any absence. I know the registered manager is trying to recruit more staff. It is a hard time with staff in health and social care".
- We spoke to the people about staffing levels at the home. They told us, "Staffing levels seem ok. I do not like agency staff caring for me. I ask for that I know" and "Yes staffing levels seem good. I do not wait long for any assistance".
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

#### Using medicines safely

- Medicines were managed safely by staff who had been trained and assessed as competent.
- The home used a single dose medicine system. Where people required assistance applying topical creams, records provided information on where and when these should be applied. This included visual body maps to identify where staff were required to apply creams for each person.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.
- Each person had a medicine administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MAR's appropriately.
- Medicines were audited regularly and were stored in a locked room and medicines trolley. There were safe systems in place for the receipt and disposal of medicines.

#### Preventing and controlling infection



- 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.

#### Visiting in care homes

The registered manager facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, monitored and responded to in a timely manner. The staff recorded the information on a computer system. The registered manager was sent an alert when they occurred, and they reviewed the information and actions taken.
- The registered manager reviewed this information to identify patterns and trends and to make changes to people's care as needed. They were able to monitor the statistics of infections within the home and pressure sore injury's which had occurred. The regional manager told us they regularly reviewed this information and had a good oversight of the system used.

# 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 our last inspection we rated this key question require improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found the leadership in the home was inconsistent. This had affected the delivery of high-quality, person-centred care. At this inspection we found improvements had been made. The home had a stable registered manager, deputy and unit manager in post for over two years. They both worked well together and effected positive changes in the home. This had a positive impact on the people that lived at the home and the staff.

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

- Following the inspection of August 2019 significant improvements had been made to the leadership and the management oversight of the home both by the provider and at all management levels. A stable management team which included the regional manager, registered manager, deputy and unit manager had improved the quality of service provision and had boosted morale and team working. There was a clear focus on continually seeking to improve the safety and quality of care that people received.
- The registered manager told us for the first time in many years the home had its highest occupancy which continued to safely increase. The staff team was consistent with some ongoing recruitment into roles.
- The regional manager maintained good oversight of the home. They visited the home regularly and carried out monitoring audits. They told us this was both compliance and clinically led. The registered manager completed a range of audits in relation to care plans, medicines, infection control, environment, accidents and incidents and safeguarding.
- Governance reports helped the regional manager and registered manager to monitor the quality of service provided to people. Providing a high level of care was important to the management team and staff alongside building on its past reputation.

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

- The ethos, vision and values were led by the registered manager. This included, innovation, plans for the future, striving to be better and strengthening the reputation of the home within the local area.
- We were told improvements within the home had a positive impact on morale. The registered manager told us the staff team were driven and really wanted the best for people. The management team had invested in the staff by giving them opportunity's to undertake qualifications. One member of staff told us, "I have been put forward to complete a qualification and just found out I have been successful on the course. I am really happy as I am keen to develop".
- The registered manager, deputy, unit manager and staff team maintained a clear focus on continually

seeking to improve the care and support people received. They were a good, cohesive group who worked well as a team.

- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The registered manager was open and transparent and had clear visions and values of the home. They were really proud of the staff and all that they had achieved at the home over the past two years. This included stabilising the home, implementing positive changes, empowering the staff to develop and introducing improved governance measures. They told us the main aim of the service was to continue to provide a high standard of care to people.

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

- The registered manager sought continuous feedback from people, their families and staff. Regular 'resident meetings' were held with people. At the last meeting they discussed a range of topics which included activities, menus and staff. Regular relative meetings were held online. The operations manager also attended to offer their support. This was used as an opportunity to discuss any forthcoming changes in guidance, staffing and regarding the redecoration of the home.
- As well as meetings the registered manager kept in regular contact with people's relatives by phone and email. Any changes in the Department of Health guidance in relation to COVID-19, new staff starting and leaving and other key messages were emailed as a form of effective communication to relatives. The registered manager told us they had worked hard as a staff team to maintain a high level of communication.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care, staff learning, support arrangements and organisational changes. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing. Daily 'flash meetings' were held with heads of all departments to discuss what was going on in the home and any key messages.
- Annual surveys were sent out to people, staff and relatives by the provider. They were able to give feedback about the organisation as a whole and in relation to the care and support people received. The regional manager told us surveys had just been sent out and they were awaiting the results. We were told action plans would be put into place to address any shortfalls within the home.

Continuous learning and improving care. Working in partnership with others. 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. They informed the relevant agency's when things went wrong and worked with them to ensure a satisfactory outcome was found.
- The registered manager was keen for the home to be inspected. They were confident in the improvements that had been made since they started in post. They engaged fully with the inspection process and were consistently open with their responses to our requests.
- The home worked with health and social care professionals to provide joined up and consistent care for people. This included the GP surgery who provided a weekly visit to the home, district nurses, occupational therapists and the dementia wellbeing team.