

Crown Care II LLP

Osborne House

Inspection report

Union Lane, Selby, YO8 4AU
Tel: 01757 212217

Date of inspection visit: 7 August 2015
Date of publication: 07/09/2015

Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 19 February 2015. At this inspection we found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

The provider had failed to ensure there was a system in place to assess and monitor the quality of the service. This meant people were at risk of receiving unsafe care, treatment and risks associated with unsafe care and treatment. We asked the provider to make improvements in those areas following our inspection of the service.

We also recommended the provider ensure that monitoring and the corrective action implemented, in relation to the management of medicines, be maintained to ensure that the services policies and procedures were followed.

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the breach and the recommendation.

We undertook this focused inspection on 7 August 2015, to check that the provider had followed their plan and to confirm that they now met with the legal requirements. This inspection was unannounced. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osborne House on our website at www.cqc.org.uk.

Osborne House is registered to provide accommodation for up to 74 older people some of whom live with dementia. There were 50 people living at the service during our inspection. The service was purpose built; there were various communal areas for people to access. Each bedroom had ensuite facilities, in addition to communal bathrooms.

Accommodation was provided over three floors; residential care was provided on the ground floor, nursing care on the first floor and residential dementia care on the third floor. The home was set in private secure gardens. There was a car park for visitors. The home was situated in Selby close to local amenities.

Summary of findings

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

Improvements had been made to the management of medication. The service had developed effective systems to audit medication, they had provided additional training and competency checks for staff who administered medication. This meant people were protected from the risks associated with poor management of medicines.

Improvements had been made to the management systems at the home in making sure the service was operating safely and effectively. The processes for monitoring and reviewing improvement now provided clear instruction for staff.

The provider completed monthly management reviews to assure themselves the service was adhering to the organisations policies and procedures.

The registered manager was approachable and had developed strategies to ensure people, and their relatives, had the opportunity to give feedback on the service. They demonstrated a willingness to learn from feedback. They were keen to develop the service to ensure people received a good standard of care.

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?

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to medication management.

Medicines were managed safely. Where issues were identified corrective action plans had been put in place to ensure issues were resolved and improvements were made.

Staff administering medication had been retrained and all staff had taken part in a competency assessment. This meant staff were supported to administer medication safely.

Weekly audits of medicines took place. Staff completed a stock and balance check at the end of each medication round. This safeguard meant any issues would be identified quickly and could be resolved.

Requires improvement



Is the service well-led?

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to quality assurance and the service was now meeting the requirements of regulation 17, Good governance.

The service had improved the quality of their audits. These included corrective action plans. This meant where issues had been identified it was clear to see what action was required and when this had been taken.

The registered manager was keen to receive feedback on the service and had put in place regular meetings to encourage people to share their views. An annual 'residents and relatives' survey took place. This showed overall satisfaction.

Requires improvement



Osborne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 August 2015 and was unannounced. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 18 and 19 February 2015 had been made. The inspection took place with one inspector. We inspected the service against two of the five questions we ask about services: Is the service safe: Is the service well-led. This is because the service was not meeting one legal requirement and had received a recommendation in relation to the safe management of medicines.

We also reviewed information about this service that was held by CQC which included the statutory notifications that had been made and the action plan that had been sent to us by the service following the 18 and 19 February 2015 inspection. Prior to the inspection we contacted local authority commissioners who told us that they had no current concerns

We spoke with two people who used the service, and two visiting relatives. We also spoke with three members of staff; the registered manager, a nurse and a senior care assistant.

We looked at medicines on the residential and nursing unit, this included support plans and medication administration records for five people. We reviewed three staff training files and saw a copy of the training matrix. We looked at records which showed how the service was managed. These included audits, staff, relative and resident meeting minutes and other records that were relevant.

Is the service safe?

Our findings

At the last inspection on 18 and 19 February 2015 we found concerns with the safe administration of medication on the residential and nursing units.

On the first floor nursing unit; we looked at three people's MAR charts. We found there were two gaps on people's MAR. We concluded that the gaps on the MARs were due to staff forgetting to sign the MAR in places. On the ground floor; the residential unit; we looked at four MAR charts and each had gaps in the signatures for medicines that should have been given. We looked into this. We saw some medicines had not been given. We saw the medication was still in the monitored dosage containers and there was no reason recorded on the MARs why people had not been given their medication. We also found some medication had been given but staff had not signed the MAR. We found no evidence that people had come to harm due to the issues we had found.

We recommended that monitoring and corrective action be implemented and maintained to ensure that the service's policies and procedures were followed.

At the inspection on 7 August 2015 we found the management of medication administration had improved. One person said, "I've no trouble with my tablets. I am given them when they are due." Another person said, "Staff are very good with helping me with my tablets." One person told us they were confident their relative received the medication they needed and they were consulted regarding any changes.

The provider had sent an action plan to us which said all staff who issued medication would complete the organisations medication training and this would be followed up with a drug competency assessment. The registered manager told us this had taken place. We saw the training matrix which showed staff had received this. We checked three staff files and saw a certificate from the medication training and also a copy the drug competency assessment. This assessment was comprehensive and had been signed by the member of staff and the assessor. This showed staff were being supported to adhere to the medication policy.

The registered manager informed us all 16 staff who administer medication had been reminded of the medication policy and procedure in their individual

supervision sessions. We also saw a copy of senior care staff and nurses meeting minutes which took place in July 2015. There was a detailed record of a discussion reminding staff of the medication policy and informing them that if this policy was not adhered to disciplinary action would be considered. This showed the registered manager had made staff aware of the importance of people receiving their prescribed medicines safely.

We observed a nurse complete a stock check of medicines. They explained to us that after each medication round they completed a stock balance of all medication administered from original boxes. These are medications which cannot go in the monitored dosage container. This meant they could pin point any errors immediately and take the required action. A senior carer told us this was an invaluable check as it meant they could be confident medication had been given correctly. This meant that systems were now in place to help minimise the risks of errors occurring.

We found that quality auditing systems in respect of medicines had improved. Regular audits were undertaken by a senior care worker which were then reviewed and signed off by the registered manager. Where errors were identified they now had a detailed corrective action plan, and we saw these had been signed off by the registered manager once they were complete.

We looked at support plans, medication and medication administration records for two people on the nursing unit and three people on the residential unit. We found no errors on the nursing unit.

On the residential unit we were told about an incident which had been found as a result of the stock count. Four people had not received their boxed medications, the MAR chart had been signed to say the medication was administered but the medicines were still in the boxes. The registered manager had been alerted to this by another staff member, they had contacted people's doctors to make sure no one had come to harm. The registered manager advised a disciplinary investigation was underway. This showed the service was addressing poor practice when it was identified in line with the policy in place.

We found the service had actioned the recommendation we made at the last inspection.

Is the service safe?

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At our comprehensive inspection on 18 and 19 February 2015 we found the service did not have an effective quality assurance system in place. We found this put people at risk of receiving potentially unsafe or inappropriate care and meant that people were not benefiting from a service that was continually looking at how it could improve.

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

The provider sent an action plan which told us they would carry out monthly audits. These would have a corrective action plan with clear timescales and details of the person responsible. In addition to this the registered manager explained they would hold residents and relatives surgeries as well as the three monthly meetings already in place.

At our focused inspection on 7 August 2015 we found that the provider had followed the action plan they had sent us to meet the shortfalls in relation to the requirements of Regulation 17.

People told us they found the registered manager to be approachable and responsive to any concerns they raised. One relative told us, "I have full confidence in the staff; the [registered] manager is approachable." They told us a key worker was their first point of contact to resolve any minor issues and described them as, "A lovely girl, very responsive to whatever we want." They told us they attended the regular residents and relatives meetings which took place and described these as, "Most helpful." One person who used the service said, "[Manager's name] door is always open."

We looked at the following audits; medication, care plans, infection control and kitchen. We found these to be comprehensive assessments of those areas of the service. Where gaps or issues were identified the service had completed corrective action plans. These action plans contained a list of detailed tasks which were required to address issues and improve practice. We could see who was responsible for the action and by when. We saw evidence issues had been identified, resolved and signed off.

Audits were signed by the person completing them and then signed off by the registered manager, they showed the service was assessing risks to people and putting action plans in place to improve the quality of the service delivered.

In addition to this the regional manager completed a monthly audit of the service overall. This meant the organisation worked to assure themselves that the service adhered to its policies and procedures.

We saw evidence that 'residents and relatives' meetings took place on a regular basis. Detailed records of the minutes were available and we could see actions from previous minutes had been addressed. Regular staff meetings also took place, and staff told us they were kept up to date with any changes or issues affecting the service.

The registered manager told us they operated an 'open door policy'. However, they told us there were times when they had meetings or other appointments which meant they could not see people. They had taken action to address this. We saw signs throughout the home with the times and dates the registered manager was available for 'resident and relatives surgeries'. Dates included evenings and weekends to accommodate relatives who worked full time. This showed the registered manager was aware of the need to be available to people and their relatives to address any concerns or issues they had.

Staff told us the registered manager was supportive and would address any issues of poor practice. We saw evidence of this following the recent concern a staff member had raised with the registered manager regarding another member of staff administering medication.

A customer satisfaction survey had been sent to residents and relatives in June 2015. We saw that 41 per cent of people had returned their survey. Overall people were positive about the service they received. A summary of the results were displayed in the home and available for people to look at.

There was evidence that the breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance, was now met. We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.