

Crown Care II LLP

Osborne House

Inspection report

Union Lane
Selby
North Yorkshire
YO8 4AU

Tel: 01757212217

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Osborne House is a residential care home providing personal and nursing care to up to 74 people. The service provides support to older and younger adults, some of whom may be living with dementia or physical disabilities. At the time of our inspection there were 44 people using the service.

Osborne House accommodates 74 people in one adapted building, across three floors. Each floor has separate facilities and specialises in providing care to people with varying needs. The second floor is a nursing unit, while the top floor specialises in providing care to people living with dementia.

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

People received their medication as prescribed, by trained and competent staff. The recording and storage of some medicines did not always meet best practice guidance however people were not harmed by this. We have made a recommendation about this.

People were supported by staff who knew them and who acted in their best interests. Care records were in place to help guide staff in providing safe care, however, these needed further development to ensure all areas were detailed and person centred. The registered manager was addressing this by implementing an improvement plan which was already underway.

Recent changes in the management of the service had a positive impact on the people and the staff. Staff felt supported and valued by a registered manager who listened to them. Action was being taken to review staff practice and provide greater opportunities for people.

People told us it was a nice place to live; One person said, "It's a lovely place, the carers and the people who live here are lovely. I'd recommend it to anyone." Relatives also told us they were satisfied with the standard of care, one relative said, "I'm very happy with Osborne House, it's a lovely home".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 25 August 2020) and there were breaches of regulations. 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

We undertook this focused inspection to check they 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, effective and well-led, which contain those requirements.

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.

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.

Recommendations

We made a recommendation around the providers recording and storage of some medicines. At the time of inspection best practice guidance had not been followed however, there was no evidence that this resulted in harm to people. The provider took action to amend practices when this was highlighted on inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Osborne House

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 Health and Social Care Act 2008.

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

Two inspectors, one member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Osborne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Osborne House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, the regional manager, one relative and four people who lived at the service as part of the inspection. We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

After the inspection

We spoke to seven relatives, six people who lived at the service and six staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures 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 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.

Using medicines safely

- Medication was administered when needed however the records did not always follow best practice guidance. For example, handwritten medication administration records (MARs), were not always signed by two members of staff to confirm dosage instructions had been transcribed accurately.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance.

We found no evidence that people had been harmed however, we recommend the provider review their processes for the recording and storage of medicines and update their practice accordingly.

The registered manager acted immediately when concerns were raised. New temperature monitoring equipment was sourced and additional checks on records were put in place.

- Protocols had been developed for 'When required' medicines and staff knew when to administer these, considering people's communication needs.
- The registered manager ensured safety by completing regular competency checks and ensuring all staff were appropriately trained

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

- The risks to people had been assessed, safety had been monitored and managed within the service. Risk assessments for people and the premises were in place when indicted, these were regularly reviewed and developed as people's needs changed.
- Appropriate maintenance and safety checks had been carried out for the building and the equipment in the service. Staff took part in fire safety training and fire drills were taking place on a regular basis.
- Audits were carried out by both the provider and the registered manager to monitor the safety and quality of the service. These highlighted areas to improve and action plans were in place and monitored by the regional manager to drive improvement.
- Staff reported accidents and incidents effectively. A robust system was place for the registered manager to investigate any concerns. Outcomes from investigations were actioned with learning shared across the team via daily meetings.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Appropriate safeguarding polices were in place to help guide staff on their understanding and what action to take if they had any concerns.

- Staff understood their responsibilities to keep people safe and had the necessary safeguarding training.
- Where concerns had been raised, investigations were held by the registered manager who reviewed practice and implemented changes to reduce the risk to people.

Staffing and recruitment

- There were enough staff to provide safe care. A dependency tool was in place to help monitor safe staffing numbers. The registered manager continuously reviewed the staffing need and considered feedback from both the staff and people who lived in the service.
- Safe recruitment practices were in place, with the appropriate employment checks completed.
- Staff had the appropriate training to be able to provide safe care.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 service supported visits for people living in the service in line with current guidance. Visitors were not restricted, and safety was promoted while on site. For example, personal protective equipment (PPE) was encouraged and provided to visitors. Visits took place in people's preferred location within the service and additional meeting areas were available in the event of a Covid-19 outbreak.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and preferences had been considered. Care plans were in place which helped guide staff on providing effective care. Work was currently underway to expand and improve the information available to ensure a more person-centred approach.
- Advice was sought from external professionals when needed and staff followed this effectively to improve people's care. For example, advice from dietitians had been sought for people at risk of weight loss. Staff then ensured supplementary foods and fortified snacks, were offered throughout the day.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Staff support: induction, training, skills and experience

- Staff had the appropriate training and skills to provide effective care. Individual training needs were identified and refresher training was planned to embed good practice.
- Staff felt supported in their roles and able to approach management for advice. One staff member said, "[The registered manager] is approachable and there are lots of positive things happening now."
- Staff completed a thorough induction process when joining the service. Regular opportunities for support were available by way of supervisions, appraisals and competency assessments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported appropriately to maintain a balanced diet. People had choice about what they ate and drank and feedback from people was positive. One person said, "The food is very, very good, and you get plenty of drinks."
- The menu choice was varied and took into consideration people's cultural and religious needs. Vegetarian options were offered, and people were asked to be involved in the development of the menus, sharing their preferences.
- People with more complex needs had been assessed and additional support was in place to help mitigate choking risks. A detailed diet plan was available to staff on each floor which indicated people's support needs, allergies and instructions around modified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide effective care. Appropriate referrals had been made to other medical professionals and advice was followed and detailed in the care records.
- People told us they had access to GP's when needed and relatives were happy that staff acted if more

support was needed. One relative told us, "[Person] gets to see the doctor if they need to." Another said, "[Person] hasn't been well these last two weeks, and they have dealt with that so well. The doctor visited and they were quite happy for me to be there. I was very comfortable with the whole process."

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met the needs of the people. Improvements were needed in places, such as repairs to torn wallpaper and staining to some carpets however this was being addressed by the provider and did not affect the people in the service.
- Peoples bedrooms were personalised, and they had access to a variety of communal areas which included lounges and gardens. Efforts had been made to ensure the décor was appropriate for the people who lived on each floor, as their needs differed across the service. For example, it had been identified that the colour and pattern of the walls on the top floor could negatively impact a person living with dementia, so work had begun to redecorate this in a more appropriate colour palette.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the guidance of the MCA. Consent to care was recorded in care records and appropriate information was available for people who were deemed to lack capacity.
- Where people were seen to lack capacity, an assessment had been completed, along with best interest decisions and DoLS applications made when appropriate.
- Staff were trained in the principles of the MCA and appropriate policies were in place to help guide staff.

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 requires 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to establish and operate systems to ensure safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about their roles and understood their responsibilities and regulatory requirements. Regular meetings were held with the provider with action plans in place to improve the service. These considered people's views and staff were actively involved in implementing change.
- The systems in place to monitor the quality and safety of the service had been developed since the last inspection. Audits were robust and covered all expected areas. These were overseen by the provider to help ensure the quality and safety of the service.
- Changes in management had a positive impact on the service. An open culture had developed where staff, relatives and people did not hesitate to contact the registered manager to discuss concerns. They had confidence in the registered manager's ability to deal with any issues.
- Staff practice was regularly reviewed, and lessons learnt shared with the staff team to improve the quality of the service.

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 to be open, honest and to apologise if things went wrong. A system was in place to investigate and review any concerns raised, they took responsibility when shortfalls were found and acted to improve.

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

- People, relatives and staff were actively engaged and involved with the development of the service. People and relatives were asked to provide feedback about the care and invited to attend regular resident

meetings.

- Staff attended daily flash meetings which gave them the opportunity to raise any concerns or share ideas to promote a more person-centred approach to care. These meeting involved staff from all skill sets and roles helping to promote inclusivity. One staff member said, "I felt empowered and trusted when asked to be involved, there is no divide and we all work together."

Working in partnership with others

- The service worked well with other agencies and continued to build links within the local community. The registered manager was working on improving relationships with the local schools and religious groups.
- Positive working relationships had been established with external professionals, such as GP's and the local safeguarding team which provided greater support to the service.