

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Osborne House
<b>Address:</b>	Osborne House 245 The Ridge Hastings East Sussex TN34 2AE

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Caroline Johnson	1   9   0   5   2   0   1   0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Osborne House
Address:	Osborne House 245 The Ridge Hastings East Sussex TN34 2AE
Telephone number:	01424423253
Fax number:	01424461712
Email address:	
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Gillian Concannon	
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	19	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 19		
The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability - LD		

Date of last inspection	0	6	1	1	2	0	0	9
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Brief description of the care home

MCCH became the registered providers of Osborne House in May 2009.

On site at Osborne House there are four properties providing accommodation for people with learning disabilities. Two of these properties are used by tenants of a supported living scheme and these properties are not currently registered with the Care Quality Commission (CQC). The remaining two properties are registered as residential accommodation and are therefore required to be inspected by CQC. In one

### Brief description of the care home

of these properties there are two units known as Flat One (accommodating 5 people) and Maple View (accommodating 8 people). The second residential property is known as Holly Cottage (accommodating 6 people).

Within the residential units the overall registration number is nineteen and at the time of this inspection there were eighteen residents. There are plans in place for the people who currently live at Osborne House to move to alternative supported living or registered care services, as appropriate within the next two years.

Osborne House is situated on the Ridge in Hastings and the properties are set within eight acres of land. The gardens are attractive and secure.

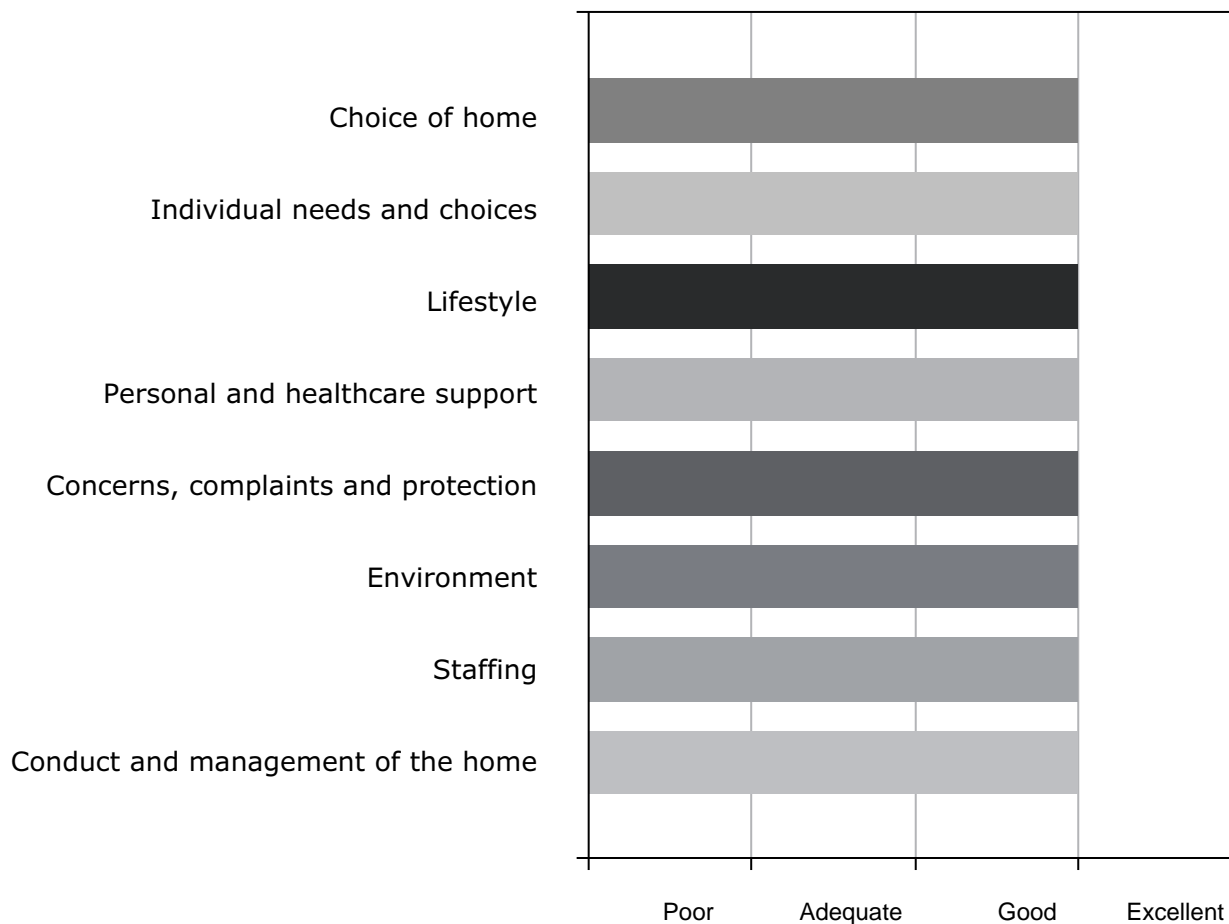
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

For the purpose of this report the people living at the Osborne House will be referred to as 'residents'. As part of the inspection process a site visit was carried out on 19 May 2010 and it lasted from 09.10am until 16.45pm. The registered manager facilitated the inspection. Over the course of the inspection there was an opportunity to spend time in two of the residential care units, Flat One and Mapleview. Time was spent with one resident in one home and there was an opportunity to observe residents in their surroundings in another home. In addition time was spent talking with three staff members in private. Three care plans were examined in detail. A wide range of records were also seen including - staff rotas, staff training, medication, menus, health and safety documentation, quality assurance and leisure activities.

In advance of the inspection the home submitted an AQAA (annual quality assurance assessment) which contained detailed information about the home and how it is run. Information from this document was used in the writing of this report.

This inspection report needs to be read in conjunction with the inspection report carried out on 6 November 2009. Not all standards have been covered at this inspection.

## What the care home does well:

Care plans contain a wealth of information to ensure that staff are aware of the abilities and needs of the residents and how they are to be met.

Emphasis is placed on ensuring that residents have regular opportunities to participate in a variety of activities. Residents' meetings are held regularly and residents are kept up to date with planned changes to the running of their home and with plans for the future.

Staff feel well supported and everyone spoken with stated that they find their managers 'very approachable'. A high number of the staff team have completed a National Vocational Qualification (NVQ) at level two or above and all team leaders have completed level four.

A number of surveys were sent to the home in advance of the inspection for completion by residents and staff. Three surveys were received from residents and three from staff. Comments from residents included:- The home 'provides me with nice food'. In relation to what the home could do better one comment was, 'train', 'to go out more with more staff available'. Another resident stated that the home 'gives me cigarettes, takes me to the cinema. Good dinners'. In relation to what they could do better 'more holidays'. Another stated 'I enjoy living with the other clients here. I like having my favourite meals'.

From staff: - 'Provides a warm, safe secure environment. Promoting opportunities for friendship and development of each, through life planning meetings and personalised assessment, encompassing needs and designs'. In relation to a question about what the home could do better, the response was 'offer more individualised choice of lifestyle by matching needs/wants to better managed staff resources'.

## What has improved since the last inspection?

The home's statement of purpose has recently been updated and all current residents have also been provided with the updated copy.

Extensive training opportunities are now being made available to staff ensuring that the staff team will be well equipped to meet the needs of the residents. Staff are now receiving regular supervision and staff stated that they value this.

The home has introduced a monitored dosage system for the storage of medication. Staff have received training on the system and new storage facilities have been fitted.

A large number of new staff have been employed and are completing their induction to the service. The home has introduced a new system whereby residents are encouraged to state which staff members they would like to work with them and as far as possible the home tries to ensure that this happens.

The organisation is ensuring that a representative visits the service once a month unannounced to report on the conduct of the home and a report is drawn up detailing the outcome. Action points raised as part of this process are addressed in a timely



manner.

**What they could do better:**

Overall the home has made significant progress since the last inspection and work needs to continue to build on the progress made and to enhance it even further. Particular emphasis should be made in relation to updating care plans as and when changes occur, in relation to auditing medication procedures in relation to providing feedback to residents and staff on quality assurance surveys carried out.

Only one requirement was made as a result of this inspection. The practice of wedging fire doors open in some areas must stop and the home must adhere to fire safety regulations in relation to this.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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Requirements and recommendations from this inspection

## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are provided with detailed information about their home and the services provided.

Evidence:

Each resident has a copy of the updated statement of purpose in their care plan. There have been no new admissions to the home since the last inspection. Work is due to commence shortly on the building of new accommodation for the residents at Osborne House to be built on site at Osborne House and at two locations in the Hastings and St Leonards area.

The home's advocate is continuing to support residents in making choices and decisions regarding their future living arrangements. All of the residents have a contract in place.

## Individual needs and choices

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans provide detailed information about the needs of the residents but attention must be given to ensuring that they are updated as and when needs change to ensure that everyone is kept up to date and individual needs can continue to be met.

Evidence:

In Maplevue one care plan was seen and it was evident talking with the resident concerned that he had been involved in the care planning process and was fully aware of the contents of his care plan. Guidelines in place were detailed and had all been updated recently.

In Flat One, two care plans were seen and in each cases both were due to be reviewed imminently. In relation to one of the residents it was noted that there had been a number of health care changes in the past few months. The resident had spent some time in hospital and as there had been significant changes to their needs it would have been better to have completed a fresh assessment of needs prior to the resident coming out of hospital. There was evidence that advice and support has been sought

Evidence:

from a range of professionals. Risk assessments were also in place. Due to the resident's changes in health some of the documentation is conflicting and needs to be removed from the care plan.

It was noted that where a resident has a particular condition for example epilepsy or thyroid problems, then there is detailed information in the care plan about this condition and how it could affect the resident.

Detailed notes of residents' meetings show that residents are informed of events that are coming up in the next week such as appointments and activities and that menus are discussed. One resident is going to be involved in staff interviews. In one of the houses meetings are currently every two weeks but it was reported that they will be changed to weekly so that the views of residents can be sought on a more regular basis. It was noted that residents who choose to are involved in staff recruitment.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are offered opportunities to participate in a number of varied and interesting activities. The home should continue to build upon the progress made in this area.

Evidence:

In Mapleview it was noted that there is a strong emphasis on having a good balance between residents using community facilities and developing new household skills at home. Residents attend college, clubs, farms, shopping trips and social outings. At home time is spent developing skills in laundry, cooking and cleaning their bedrooms.

In Flat One there was one resident on his annual holiday at the time of inspection. Some of the residents living here are more dependent so use of the community is available but not as frequently as for others. Some attend clubs, art groups, music gym and make use of the community for shopping trips and meals out. One resident

Evidence:

has a lady who comes in twice a week to do an activity session with her. In addition to structured activities a range of activities are provided with residents throughout the day. These activities are not so well recorded. On the day of inspection a number of residents and staff had gone to a 'Festival of Togetherness' that was being held in the Hastings area.

A number of residents are supported to attend Church every other Sunday. In one resident's notes it was noted that they stated that they would like to be able to go to Church every week.

Menus were seen at Mapleview. It was noted that there is a four-week menu in place that is then changed at the end of each four weeks period. Menus are discussed at residents' meetings and any daily changes are then recored in residents' diaries. Two of the residents spoken with did not appear to know what was on the menu for the evening meal. It was acknowledged that some residents are told and then forget but it was also acknowledged that perhaps routinely telling residents in the morning would be a good idea so that if anyone didn't want what was on the menu they would then be able to choose an alternative and staff would have time to ensure that they have the correct ingredients in place.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good procedures are now in place for the management of medication and further auditing in this area would ensure consistent practice.

#### Evidence:

Since the last inspection the home has completely reorganised the way in which they manage medication. A monitored dosage system is now used and each resident has their own medication cabinet in their bedroom. The home's local pharmacy has provided training on the use of the system. In each of the units the team leader has responsibility for ordering the medication on a regular basis.

Record keeping and storage of medication in Mapleview was in order. In Flat one it was noted that the date a prescribed ointment was opened was not written on the box and as the ointment was meant to be discarded after twenty eight days this had just been missed. It was also noted that there were gaps in the recording of medication. In one case there was a reason why the medication had not been administered but the code system was not used and the reason was not recorded on the rear of the chart. In another case the medication that was part of the monitored dosage system was signed for but the liquid medication was not signed for so it was not possible to



Evidence:

determine if it had been administered. Regular auditing would ensure that these sorts of issues are picked up and addressed quickly.

The home's policy on the use of homely remedies has been agreed with and signed by the gp. However it was noted whilst looking through a resident's financial records that a resident had purchased a cream that was not included on the homely remedies list. A list of all the staff trained to administer medication is kept in each bedroom. All other procedures seen in relation to medication were in order.

As required at the last inspection there are now detailed guidelines in place in relation to the management of epilepsy along with specific instructions that have been agreed with residents' GPs around the administration of medication in an emergency situation. It was noted that staff are not yet trained to administer medication in an emergency situation. The home are in the process of arranging this training and staff have been advised that should an emergency situation occur emergency services should be called to assist.

The home seeks advice and support from specialists as required to meet the needs of the service users and any guidelines obtained are incorporated into care plans. Regular healthcare appointments are arranged and outcomes are recorded in care plans.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are procedures in place to ensure that anyone wishing to make a complaint can do so.

Evidence:

There is a detailed procedure in place for ensuring that anyone who wishes to make a complaint can do so. It was noted in Mapleview that when residents indicated that they were unhappy in some way by displaying some behaviour that was unusual for them this was recorded as a form of complaint and staff were asked to observe for any further signs of unhappiness. Complaints were stored securely.

In Flat One it was noted that there were no complaints and that the complaint book was stored on the desk in office. It was recommended that the book be stored securely.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Accommodation provided is homely, comfortable and has been decorated to a good standard.

Evidence:

This area was not inspected thoroughly on this occasion. However, communal areas were seen in Maplevue along with a couple of the bedrooms. It was noted that door stoppers were used to keep two bedrooms and the dining room wedged open. The deputy team leader was advised that this practice must cease and that if there is a reason why the doors need to be kept open then self closing devices linked to the fire system would need to be installed as a matter of urgency. The deputy advised that in order to meet one of the resident's needs their bedroom and the dining room would need to be kept open so arrangements to have the self closing devices fitted will be made.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Arrangements are now in place to ensure that staff receive mandatory and specialist training to equip them to meet the needs of the residents.

Evidence:

Since the last inspection it was reported that thirteen staff members have been employed to work across the service. In addition to a small core staff team in each of the units, there is now a team known as the Willow team that consists of a number of contracted full time staff and a number of relief staff that work flexibly across the service. In practise each team leader draws up a rota for the core staff and advises the manager of the Willow team of the hours needed to ensure that there are sufficient staff on duty. In addition to this they will advise of any appointments or any activities where individuals need staff support. Each of the residents have already identified which staff members they would like to support them and where possible these wishes are met. The Willow team has only been operating a short time and staff and residents are still getting used to how the system works. Staff views were mixed but most agreed that with time the new system will be beneficial for the residents. The rotas seen in flat one showed that there were sufficient staff on duty at all times.

Agreement has been reached with the provider that on site training could be provided for all staff so over the next three months a wide range of both mandatory and

## Evidence:

specialist training has been planned and staff have signed up to attend. Staff were very pleased with this new arrangement and were all very pleased with the wide range of training available to them. A large number of the staff team have completed National Vocational Qualifications (NVQ) at level two and above. Four staff are about to enrol on a level three course. All the team leaders and deputies have completed NVQ level 4.

It was reported that as part of the home's induction all new staff work two shifts in each of the units alongside an experienced staff member. In addition they complete an induction checklist. Currently staff do not complete an induction that is linked to meeting the skills for care standards and the home was advised to look into this in more detail. This is particularly important for new staff who have not previously worked in care.

All staff now have their own supervision folder in place. The managers of the relief team supervise the relief staff and the managers in each home supervises the core staff. All staff spoken with stated that they value the supervision provided and staff stated that they find their managers very approachable.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good progress has been made in terms of introducing a quality assurance system and the home should continue to develop this further. The home needs to develop further their system for seeking the views of residents, staff, relatives and visiting professionals and demonstrate that they have listened to and where appropriate taken action to address matters raised.

Evidence:

The manager advised that she is well supported in her role and receives regular supervision. A representative of the organisation visits the home on a monthly basis and reports the outcome of their findings to the organisation and to the manager. The manager then meets with the representative to discuss any action points raised and how they have been addressed.

During the visits the home is assessed against a number of the national minimum standards. There was also evidence that the views of the residents and staff have been sought and that some other general issues are looked at.

## Evidence:

In December and January the organisation carried out a detailed audit of the service and a number of actions points were drawn up and addressed. The manager advised that the teams leaders in each of the houses write weekly reports that are sent to her and she in turn sends a report to her line manager showing statistical information such as information about support hours and staff supervision.

Staff team away days are to be organised twice yearly and in Flat One an away day had been booked to be held a few days after the inspection. Staff meetings are held regularly and minutes seen should that a wide range of issues are discussed. Whilst staff views are not currently recorded staff spoken with stated that they are encouraged to share their views.

As part of the home's quality assurance system surveys were sent to residents and to staff to seek their views. Surveys were sent to the residents in October 2009. Only one survey was seen. There was no evidence that the information had been collated and the manager advised that the outcome has yet to be fed back to the residents.

The staff survey was sent out via head office and included staff from both Kent and Sussex. The results were collated and provided statistical information only. There was no reference to any action being taken to improve on areas where shortfalls had been identified.

It was reported that surveys are not sent to relatives or visiting professionals although the manager advised that in terms of relatives a lot of letters have gone to them regarding the proposed buildings for the future and views have been sought in relation to this.

Arrangements were seen in relation to the management of two residents' finances. It was noted that in each case there was a risk assessment in place. In both cases the administration and storage arrangements were in order. However in one case it was noted that a resident had purchased a cream that perhaps should have been prescribed or at least discussed with the GP.

In advance of the inspection process a range of surveys were sent to the home for them to distribute to residents and staff. Three responses were received from residents and three from staff.

From residents:- The home 'provides me with nice food'. In relation to what the home could do better one comment was, 'train', 'to go out more with more staff available'. Another resident stated that the home 'gives me cigarettes, takes me to the cinema.

Evidence:

Good dinners'. In relation to what they could do better 'more holidays'. Another stated 'I enjoy living with the other clients here. I like having my favourite meals'.

From staff: - 'Provides a warm, safe secure environment. Promoting opportunities for friendship and development of each, through life planning meetings and personalised assessment, encompassing needs and designs'. In relation to a question about what the home could do better, the response was 'offer more individualised choice of lifestyle by matching needs/wants to better managed staff resources'.

'Osborne House is a lovely place, with beautiful views and lovely gardens. All the clients seem very content and settled here'.



Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	24	13	<p>The registered person must ensure that they adhere to Fire Safety procedures and guidance and refrain from propping fire doors open.</p> <p>To ensure that service users are kept safe/protected from fire.</p>	30/06/2010

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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