Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Osborn Manor

38 Osborn Road, Fareham, PO16 7DS

Tel: 01329823216

Date of Inspection: 26 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs J A Allen & Mr David Smith & Ms Margaret Josephs
Registered Manager	Mrs. Jean-Anne Allen
Overview of the service	Osborn Manor is a residential home that provides care for up to 14 older people with dementia. The home is situated in Fareham, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with four people who used the service, one relative, four members of staff and the registered manager. We spent time observing how staff interacted and supported people. We saw staff treating people with respect and involving them in activities throughout the time we spent at the service. People appeared relaxed and happy, talking with each other and staff.

Staff were praised by people using the service and their relatives. Comments included, "staff are always willing to listen", "I feel I can always ask questions if I am unsure. Nothing is too much trouble". "The staff here are kind and caring", "staff do anything we ask."

All the people we spoke to said they were happy living at the home. They told us the food was nice, that they had a choice of what to eat, and they had enough to eat and drink. They told us the quality of care was good.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit we observed staff providing support to people in a sensitive way that maintained their privacy and dignity. Staff were friendly and respectful in their conversations with people and offered choices of refreshments at different times. We noticed that staff were careful to knock on doors before entering people's rooms.

We saw that the home had involved people and their representatives when completing the assessment of their needs and developing care plans. People had been supported in completing their own family trees which were seen in the care plans.

People's care plans showed their different preferences with regard to personal care, such as the times they preferred to get up or go to bed. The manager told us that the ethos of the home was to support people in retaining their independence for as long as possible. They said that all staff were supported to understand the importance of this during their inductions.

We found from talking with staff that they understood the difficulties people with dementia may have and how they enabled people to make their own decisions where they were able, such as the food they wanted to eat or the clothes they wanted to wear.

We saw that people had been helped with their care needs. We saw one person who needed support with personal care and staff told us that sometimes people with dementia resisted having assistance with some aspects of personal care. The manager told us that they were currently working with the person, family members and care manager to ensure their care needs were met, with staff offering support on a regular basis.

Relatives told us that they had been given good information about the terms and conditions of the home as part of the admission processes.

We viewed three pre-admission assessments, and saw that they included assessments for

all aspects of people's daily living and health needs. This meant that the staff had sufficient information to provide effective care.

We saw that the staff addressed people by their name of choice. One person said "I have only been here a few months. They are looking after me very well". And another person commented: "I have been here five years. They treat me like a queen. Everyone is so friendly".

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that the care plans were discussed with people or their relatives, according to people's mental capacity. The care plans had been signed and dated by the person or their representative. We saw that consent was obtained from people for specific aspects of care, such as taking photographs for identification purposes.

We viewed three care plans. We found that the plans had detailed information, and followed all the activities of daily living such as communication needs, personal hygiene, nutrition, medication, social needs and relationships, community links and mobility. They were written individually for each person, which meant that they were specific to each person's own needs.

Care plans were accompanied by risk assessments. For example, people's mobility care plans included a moving and handling risk assessment. People who were at risk of falls had falls risk assessments. A falls diary was maintained for anyone who had a fall, and this information was audited to assess if there were additional preventive measures which could be put into place. The provider may like to note that one of the care plans we viewed had documentation that contradicted other parts of the plan.

Discussions had taken place between the GP, nursing staff, people living in the home, and relatives where applicable, in regards to end of life wishes and if resuscitation should be attempted if someone had a cardiac arrest. The form showed that appropriate discussions had taken place, and they were correctly signed and dated by different parties.

Staff told us about the different activities that were in place. Activities included going out for walks and shopping, musical events put on by entertainers and quizzes. Two people told us "the entertainment is very good here, it is really enjoyable". One person told us that staff support them daily to go out for a walk saying "I love being out in the fresh air". We saw photographs of people participating in various trips out and celebrations that the home had put on. During our visit we saw 10 of the 12 people using the service listening to entertainers singing and playing various musical instruments in the lounge.

People who use the service that we spoke with were all very positive about the care and support that they receive. One person told us "I would not want to live anywhere else, this is my home" and another said "staff go above and beyond for us".

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with said that they felt safe in the home and that they would speak to a member of staff if they felt concerned. People told us they felt safe and had no worries with living here.

We viewed staff training records. These showed that all staff had received training in safeguarding vulnerable adults and the prevention of abuse, and had regular updates.

We talked with four staff who demonstrated a clear understanding of different types of abuse and how to report any concerns or suspicions of abuse. Staff were familiar with the whistle blowing policy, and said they would go to the manager if they felt they needed to raise concerns.

Relatives and staff that we talked to during the visit said that the manager was "very approachable"; and that they had an open door policy. One relative told us "the door is always open for anything you want to ask".

The relative we spoke with during the visit said they felt people were safe in the home and were confident that any concerns would be addressed promptly.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we visited, four care staff were on duty, one had recently started and was "shadowing" staff, as well as the manager.

The manager said that staffing levels varied throughout the day, depending on the needs and planned activities of the residents. Staff told us that in their view, there were enough staff on duty to support people with their care and support needs.

Rotas we saw accurately reflected the staffing levels described by the manger. The manager told us that planned and unplanned absence such as training, annual leave or sickness was covered by asking staff to work additional hours to that of their normal contract. The manager said that the service did not use agency care workers.

We looked at training files of four staff members. Records showed that staff had attended training in both mandatory courses and specialised areas to reflect the needs of the people they supported. Training included an induction, safeguarding of vulnerable people, first aid, food hygiene, manual handling, health and safety, risk assessment awareness, person centred planning, safe handling of medication, Mental Capacity Act (2005) and equality and diversity. The deputy manager told that they had been supported to become a trainer in infection control and the Mental Capacity Act.

Staff commented that they felt supported by the management team and were very happy working here. Comments included "I am much happier here than I was in my previous job", "everyone has made me feel so welcome", "we have a really supportive team here" and "I love being here, it is a really nice home".

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

From talking with people and looking at resident meeting minutes we could see that people were given opportunities to raise any issues they may have with staff on a regular basis. We saw that where issues had been identified action had been taken.

We asked if views of people, staff and visitors were gathered to find out how well they thought the service was running. People who used the service told us they were. One person told us that staff "will do anything we ask". The service had sent out questionnaires to all people. Although response was limited, we saw that in general response had been very positive about the service and that they were happy with the care and support provided.

The manager told us that part of their internal monitoring of quality included regular observations of staff practices. This included how staff communicated with people, engaged with them and encouraged them to be independent and take part in activities.

The manager showed us an audit that had been undertaken by an external company. This audit highlighted actions needed to ensure that appropriate standards were achieved. It was noted that the manager had taken appropriate steps to address the actions raised.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk