



Osborne House

Selby, Vale of York, North Yorkshire

Sept. 2018

Contents

Contents.....	2
1 Introduction	3
1.1 Details of visit	3
1.2 Acknowledgements	3
1.3 Disclaimer	3
2 What is Enter and View?	4
2.1 Purpose of Visit	4
2.2 Methodology	4
2.3 Summary of Findings	5
3 Results of visit.....	5
3.1 Property	5
3.2 Caring.....	6
3.3 Meals.....	8
3.4 Residents.....	8
3.5 Staff.....	8
3.6 Relatives	9
4 Additional findings.....	10
4.1 Technology.....	10
4.2 Feedback through Healthwatch North Yorkshire’s online form	10
5 Recommendations	11
6 Service provider response	12



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Union Lane, Selby, North Yorkshire, YO8 4AU
Service Provider	Crown Care II LLP
Date and Time	27/09/2018
Authorised Representatives	Diane Martin, Richard Cyster, Gill Stone
Contact details	(01757) 212217

1.2 Acknowledgements

Healthwatch North Yorkshire would like to thank the service providers, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only a snapshot of what was observed and contributed during the visit.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to observe how they are being run and make recommendations. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To visit and gather the views of residents, relatives and staff to their experiences and views of the services being provided to them.
- To identify the good working practice
- To observe the ongoing care being provided to the residents and their interaction with the staff and their surroundings.

2.2 Methodology

- Formal notification was sent to the Service Provider
- The Visit Lead conducted a pre-visit questionnaire in person and provided information on the Enter & View process.
- The Service Provider was given the opportunity to raise any questions or comments prior to the Visit taking place.
- The Service Provider was notified of any key areas of the services that the team were planning on visiting.
- The Visit Team consisted of three authorised representatives.
- The visit consisted of short interviews with staff, conversations with any available residents and relatives, and observations.



- In total the team spoke to:
 - 7 Staff (including the Deputy Manager and Acting Manager)
 - 4 Residents
 - 6 Relatives/Friends
- At the end of the visit, the Visit Team communicated key findings with the acting manager, Mrs. Claire Erskine.
- The management were given the opportunity to respond immediately to the findings detailed at the time of the visit.
- The Service Provider was allowed to provide their response for inclusion within the final report, which can be found below.

2.3 Summary of Findings

- Osborne House is a very welcoming, beautifully appointed home which has been open for four years.
- Since it opened there has been a considerable amount of turnover in staff, including the manager.
- Osborne House works in partnership with GPs, dentists, podiatrists and pharmacies to ensure healthcare needs are met. It supports people with residential, nursing, dementia and end of life needs
- There are steps required to ensure that the Butterfly Wing is more dementia friendly in terms of signage, stimulation and activity

3 Results of visit

3.1 Property

Osborne House was built in 2014 and is a large, welcoming, three-storey building set in well-maintained grounds. There is a secure and attractive garden to the rear of the Home with varied seating for residents. A railway runs immediately behind this garden, but the noise does not appear to be intrusive and we were told that some residents enjoy watching the trains.

There is adequate parking to the front and side of the building which stands in substantial grounds with flower and shrub borders. Access to the building had recently been changed from a key-coded door, used by some residents and staff, to a doorbell that must be rung to gain entry from a member of staff.



The entrance area was very welcoming - bright, large, and comfortable, with no malodours either here or elsewhere in the building. There were various notice boards and leaflets with information for relatives and residents in this area.

There was a list of activities posted in this area and photos of previous activities displayed on the walls.

The Home is split into three wings:

Ladybird Wing: On the ground floor and providing residential care with a capacity for 26 residents and 23 in residence at the time of our visit.

Nightingale Wing: On the first floor and providing nursing care with a capacity for 24 residents and 21 in residence at the time of our visit. The Abbey Wing is also on this floor, but it is not in use and its future is undecided.

Butterfly Wing: On the second floor and catering for those with dementia. This has capacity for 14 residents and 11 in residence at the time of our visit.

Access between the floors is by means of two key-coded lifts. Each floor has its own lounge/dining room with some smaller lounges. The corridors are wide and the generously proportioned building gives a feel of airiness and space. Lighting is consistent with no dark corners or shadows being created. There were various pictures on the walls along some of the corridors.

All rooms are large, single and en-suite including shower, toilet and washbasin. Every room has an emergency call system. There are separate bathrooms with hoist facilities.

The Butterfly Wing had several features that could be changed to make it more dementia-friendly. The doors for shower, bathroom and toilet facilities were not individually coloured to identify use for residents, nor were they labelled with both words and pictures. There was no corridor signage at right angles to indicate location. The height of signage was inconsistent. One room at the end of the corridor was labelled as a shower room but was actually being used as a storage room.

There were limited sensory and reminiscence items available on Butterfly Wing: scarves, bags and hats positioned on handrails along the corridor, as well as a bench for the residents to use. Bedroom doors were in distinctive colours and some, but not all, had the residents name and picture attached to the door. We did not see any memory boxes.

3.2 Caring

We spoke to acting manager and deputy manager, who had just taken up post. Both are from a nursing background. We understand a permanent manager has been appointed and will take up post in two weeks' time. We were informed that there have been five managers in the last four years.



There are some relatively long-standing staff members, but we got the impression that there have been a lot of staff changes since the Home opened.

Staff work 12 hour shifts as shown below:

Ladybird	Day: 1 senior lead + 3 care assistants Night: 2 care assistants
Nightingale	Day: 1 nurse + 5 care assistants including 1-2 senior leads Night: 1 nurse + 2 care assistants + 1 floater*
Butterfly	Day: 2 care assistants including 1 senior Night: 1 care assistant + 1 floater*

(*The night floater works between Nightingale and Butterfly wings.)

We were informed that agency staff are used when required. The District Nursing team supports residents in the Ladybird and Butterfly Wings. The home uses the three GP practices in Selby. Only one practice has an identified GP who has built up a relationship with the home. A hairdresser visits twice a week, a podiatrist once every six weeks, and dental care is provided by Concept Clinics in residents' own rooms.

Potential residents and/or relatives are welcome to visit at any time except mealtimes. An assessment is carried out in their own home or in hospital prior to them being accepted. The home cannot take those with more challenging behaviour as they need to be aware of the needs and vulnerabilities of current residents.

Each resident has their own Care Plan which is reviewed and updated regularly.

We were informed that the Group has a Compliance Officer who initiates many audits and that there are regular Key Performance Indicator audits. Risk assessments are carried out regularly.

Telemedicine is not carried out although an introduction may be considered. Hospital admissions are avoided whenever possible, particularly with dementia residents. Some problems have been encountered with residents being discharged at inappropriate hours.

Couples can be accommodated if required and relatives can stay in an end of life situation. Staff are encouraged to have advanced Care Plans in place detailing residents' and relatives' wishes concerning end of life care. The Home is proposing to apply for, and then train, staff for adoption of the Gold Standard Framework.

Activities are provided by 1 full time and 1 part time activities coordinator and one weekend per month is covered as well as weekdays. The home does not have its own transport so visits out are mainly confined to the local area. A bi-monthly newsletter, available in reception, details past and future events and activities (e.g., recent



summer fair) which they hold on a regular basis. The summer fair resulted in creating several pen pals for residents with some of the children in local schools.

There are visits to the home by Pets as Therapy dogs and also from other animals, including miniature ponies. The activities coordinators are looking at other ways to improve links with the local community.

3.3 Meals

All food is prepared in-house. There are 2 chefs and 2 kitchen assistants at present, but we were told there are plans to recruit a further kitchen assistant. Menus are circulated the previous day for choices to be made, but these can be changed. Special diets and preferences are catered for. Menus were displayed outside each dining room. There is a choice of cooked or cold options for breakfast. The main meal is now served at lunchtime and consists of soup, a choice of two main courses and a sweet. A lighter meal is served at teatime.

We observed lunchtime service in the dining room in each unit. The tables were laid with table linen and drinks were provided. Staff were assisting residents with eating where required. We noted that there were only 14 of the 23 residents of Ladybird Wing eating in their dining room, and although we had been told that meal times are a social occasion, there was little conversation between residents. On Nightingale Wing 7 of the 21 residents were using the dining room and 10 of the 11 residents were present from the Butterfly Wing.

3.4 Residents

We spoke to 4 residents during our visit.

The 2 we spoke to on Ladybird Wing appeared clean and well-groomed and appeared to be happy and relaxed with all aspects of the home. It was difficult to obtain much information from them perhaps due to early dementia.

We also spoke to 2 residents on the Nightingale Wing. They both thought that more staff are required on this wing. One lady who required help to go to the toilet said that she had to wait a long time for help at night as the available staff were always busy with residents who require turning every 2 hours. We did notice that call bells were ringing for long periods of time before being answered at the time of our visit. One lady said that she had difficulty having a bath when she wanted one as they needed to be booked the day before. They were both happy with all other aspects including food and said that the home was very caring. They said they knew who to go to if they had any problems.

3.5 Staff

We spoke to 7 staff members including the Acting Manager and new Deputy Manager.



The senior lead on the Butterfly Wing said she had worked at the home for 20 months and was happy there. She feels that she is listened to by management. She takes some of her residents to take part in activities on the Ladybird Wing.

The Activities Coordinator said she loves her work and also assists at meal times doing 1:1 care with some residents. Most of her training has been done in-house including e-learning. She was aware of the procedure if she had any concerns and said she had had a few minor niggles which had been dealt with immediately. She thought conditions for residents could be improved if there was more spontaneity and some transport. She thought the care that residents received was brilliant.

We spoke to a care assistant and senior care assistant who had been in post 2 years and 18 months respectively. They were both key workers (as are all care assistants) and knew the procedures should they have any problems. One thought the service provided for residents was very good and the other said it was okay. One of them did indicate that she thought more regular activities would improve things for residents and both would recommend the Home to family and friends.

One of the nurses on the Nightingale wing stated that he knew all his residents very well. Many were bed bound having been discharged to the Home from hospital. A few had dementia, but he could manage them. Since being at the home he had undergone manager training, e-learning and revalidation. He said that over the years there had been many changes due to constantly changing leadership, and this had proved disruptive. Things were slowly changing, but there is still room for improvement. He feels that general care is good. His pathway for concerns is to the manager and then regional manager. He sometimes feels they don't listen, but things do change eventually. He indicated that he sometimes had problems with prescriptions received from the GP practices not being correct and that he has to check them all carefully before they go to Kexbrough pharmacy, which is used for all regular medication.

3.6 Relatives

Some relatives had arranged to visit the Home specifically to talk to us after seeing the posters put up about our planned visit. We spoke to 6 relatives. The general opinion seemed to be that staff seem caring, but overworked. One relative stated that sometimes she comes in to visit her father and finds that he has not been shaved or dressed properly. There was a general feeling that residents spend too much time in their rooms and should be encouraged to interact more. One resident's ensuite, which we were invited to visit was not as well cared for as expected, looking rather shabby and not very clean. There was a complaint that dining tables were not always cleaned after breakfast and sometimes still had crumbs on at lunchtime. A family member informed us that on one occasion a resident, given lunch in her room, was left with an uneaten meal for an hour and not given pudding.



All relatives commented on the level of staff and management turnover as being unsettling and working against the maintenance of continuity and delivery of consistently high care. Management turnover also seemed to have an effect on staff morale. Some relatives indicated that communication about their relatives was good, although an occasion was reported when they had not been informed about a major health issue for over a week. They felt that poor communication related to a change in management at the Home at that time.

2 relatives raised concerns about specifics of care for an individual who was a resident of the Nightingale Ward.¹ They felt that communication with relatives was quite poor and infrequent. The removal of the key coding to access the main entrance door meant longer waiting times and response times from staff.

4 Additional findings

4.1 Technology

E-learning is often used for delivering staff training in-house. The Home does not currently have access to telemedicine. The wifi is not presently used by any of the residents.

4.2 Feedback through Healthwatch North Yorkshire's online form

The following reviews for Osborne House were left on Healthwatch North Yorkshire's online feedback centre within a one-month window of the Enter and View session being completed (provided verbatim):

- *“Mum has been in Osborne House for 18 months and now regards it as home. The staff have, with their empathy, care, respect, compassion and humour ensured Mum has overcome all her initial reservations. We as a family now know we made the correct choice in choosing Osborne House where Mum is safe, happy and so well cared for. All the staff are fully supportive of us as a family.”*
- *“I have had my mum in respite at Osborne House several times over the last 3 years. I cannot fault anything. The staff are so warm and*

¹ These concerns were relayed to the manager, and we were reassured that Safeguarding and DOL teams were closely involved in the situation and monitoring it as an ongoing issue. Some details have been omitted to protect the anonymity of residents and members of the public.



welcoming and always go above and beyond for visitors and residents. The residents have access to some amazing facilities all of which ive seen encouraged. The activities schedule is detailed and pinned to a board in the front entrance. All residents are asked to take part but some (like my mum) prefer their own company, however did enjoy some activities. I would not hesistate to recommend the care home to friends and family”

- “My 94 year old mother is a resident and I have had a constant battle to get the staff to clean her teeth or even to give her regular access to the garden. Activities are few and far between .The top floor is over crowded with 14 residents one day/dining room with nine easy chairs and twelve chairs at table. Thus relying on residents staying in their rooms sitting in their wheel chairs or hard back dinning chairs all day for this they have the nerve to charge £100 00 per week top up fees for “enhanced accommodation””

5 Recommendations

This report highlights the good practice that we observed. Our recommendations center on the potential for upheaval that results from staff changes, as well as making the Home more accessible for residents with dementia. As a result of our observations, we make the following recommendations:

- Continue to maintain the attractive, welcoming appearance of the Home and facilities.
- Create a policy for changes in management and staff that addresses and mitigates the potential for inconsistencies in care.
- Review staffing levels to ensure that standards can be improved.
- Enhance the “dementia-friendliness” of the Butterfly Wing. In particular, we recommend improving internal signage and labelling (e.g., use of words and images/symbols, consistent colour coding) and providing more sensory objects for the residents.



6 Service provider response

The new Manager Mrs. Judith Cumiskey is now settled into the post of Home Manager. Judith qualified as a Nurse in 1982 and has experience as a Home manager since 1998.

Judith was specifically selected Crowncare's Managing director, due to her proven track record and consistency in previous roles, as a Home Manager who stays in post for substantial lengths of time as well as excellent management skills. Judith has demonstrated in her previous roles sound leadership, and a commitment to staff development. Judith has respect for her staff and in return expects her high standards to be replicated by the staff. Judith is an approachable leader, who welcomes input into the running of the home from staff, residents and relatives alike.

Judith is well aware of the issues in the Home, and feels these can soon be overcome, by empowering the staff. Judith is currently assessing staffing versus dependency levels within the home, using recognized dependency tools, and these will be re-evaluated on a regular basis.

