

Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Owlett Hall is a purposed built nursing home providing personal and nursing care for up to 57 people aged 65 and over. Accommodation is provided across three floors, a residential floor, a general nursing floor and a nursing dementia floor. The service also provides 'discharge to assess' beds, which aim to free up hospital beds, by providing a place where people can be discharged to whilst their longer term care needs are determined, and a package of care put in place. At the time of inspection 49 people were living at the home.

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

We found improvements were required with the management of medicines, along with contemporaneous record keeping and the audit and governance process. People's medicines were not always managed safely. The provider's audit and governance process had not identified all the issues we found during inspection, for example with medicines. Action taken where issues had been identified through auditing was not always clear and improvements made had not always been sustained.

People told us they felt safe living at Owlett Hall. Risk assessments and care plans provided staff with information to enable them to care for people in line with their wishes and keep them safe. Staff knew how to identify and report safeguarding concerns, with training provided and refreshed. Accidents and incidents had been documented and reviewed to identify trends and help prevent reoccurrence. Enough staff were deployed to keep people safe, although a high use of agency staff had been needed due to staff shortage and absences linked with the COVID-19 pandemic. The necessary employment checks had been completed, to ensure staff were suitable to work with vulnerable people.

People, relative and staff's views were captured via meetings and questionnaires, with newsletters sent out to relatives each month to keep them informed on what was happening within the home. People, relatives and staff spoke positively about how the home was managed. Staff told us they enjoyed working at the home and felt supported in their roles.

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 28 June 2021). The service has been rated requires improvement or inadequate at the last five inspections.

Why we inspected

We carried out a focused inspection of this service in May 2021 when breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do to improve safety and governance within the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. The report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Owlett Hall on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the management of medicines, contemporaneous record keeping and the audit and governance process at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Owlett Hall

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 Care Act 2014.

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

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. 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

Owlett Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection due to the COVID -19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 13 December 2021 and finished on 30 December 2021, at which point we had received all the additional information and clarification we had requested from the provider. We visited Owlett Hall on 14 December 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people living at the home and three relatives about their experiences of the care and support provided. We asked a visiting professional for their views on the home and care provided. We also spoke with nine staff members, which included the registered manager, deputy manager, regional business manager, nursing and care staff.

We reviewed a range of records relating to the safe and well-led key questions. This included nine people's care records, risk assessments, safety records, audit and governance information. We also looked at medicines and associated records for eight people.

After the inspection

We requested additional evidence from the provider. This included care documentation, risk assessments, rota and staffing related documentation, audit, quality monitoring and governance information.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This means some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records were in place, however, we identified six cases where medicine counts did not correspond to records kept. Although a system was in place to check for balance discrepancies, concerns noted during checks had not always been escalated to management.
- Guidance was missing for some people who were prescribed 'when required' or variable dose medicines. Records of 'when required' medicine usage, did not always state why they had been given or if they had worked.
- The management of pain relief patches and topical medicines; such as creams and lotions required improvement. Guidance for staff did not state where creams should be applied, and we found were gaps in administration records. Patch application records did not evidence the site of application had been rotated in line with manufacturer's guidance.
- One person told us they self-administered some of their medicines, however this was not clearly documented in their care plan. There was no risk assessment to show this was safe.

We found no evidence people had been harmed, however, medicines were not being managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection staff were not deployed effectively and people had to wait for assistance, which impacted on their mood, dignity and welfare. This was a breach or regulation 18 (Staffing) 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 18.

- People and relatives we spoke with provided mixed views on staffing levels and waiting times. Comments included, "There seems to be plenty of helpers if I get stuck with anything" and "I've been waiting since 8am for help to shower and get dressed."
- Staff also provided varied feedback about staffing levels. Comments included, "I feel like we have enough", "No there isn't, but it's a problem with the whole care sector" and "Sometimes it's bad with the amount of agency staff, as you have to spend time explaining things to them, which takes you away from the residents."

- Enough staff had been deployed to meet people's needs. The home used a system to determine how many staff were required per day to support people safely, with rotas being completed based on this information. However, due to staffing challenges, largely linked to the COVID-19 pandemic, a high amount of agency staff was currently being used. As a result, on the day of inspection we found care was very much task orientated.
- Safe recruitment processes had been followed when new staff commenced employment. This included checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Preventing and controlling infection

At our last inspection we found safe isolation procedures were not being followed and some areas of the home were not sufficiently clean. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The home was clean with effective cleaning and infection control processes in place.
- Additional measures had been implemented due to the COVID-19 pandemic. Appropriate policies, procedures and cleaning schedules were in place and government guidance around visiting procedures had been followed.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Owlett Hall. Comments included, "I definitely feel safe", "I always feel completely safe" and "I don't worry about anything here, everyone is nice."
- Staff had received training in safeguarding and knew how to report concerns. Information about safeguarding was on display within the home.
- Safeguarding concerns had been reported in line with local authority guidance, with a log kept to detail what had occurred and actions taken.

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

- Care documentation contained a mix of individual and generic risk assessments, which provided staff with the necessary information to meet needs and keep people safe.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.
- Accidents and incidents had been recorded consistently and included on the key performance indicator document, which the registered manager submitted to the provider each month. For each accident and incident, action taken, outcomes and any learning had been documented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This means service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection robust governance arrangements were not in place to ensure regulatory requirements were met. This was a breach of regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were required with contemporaneous record keeping. We identified issues with the consistency with which supplementary charts had been completed. These included records of hourly checks, personal hygiene completion and repositioning.
- Where people received a modified diet, we found food charts did not always specify what the person had eaten and how this had been provided, to ensure food given was in line with guidance.
- Some electronic care files contained contradictory information or had not been amended fully to reflect current needs or changes in presentation. For example, one person's care summary stated they had active pressure areas, whereas their skin integrity care plan indicated these had healed.
- The provider and registered manager used a range of audits and monitoring processes to assess the quality and performance of the home and care provided. We noted these had identified some of the concerns noted on inspection, for example record keeping issues had been picked up during walk rounds conducted by management, with group supervisions completed with staff members to discuss expectations.
- The provider used a continuous improvement plan, to record actions or issues identified through audits or monitoring processes. Further work was needed to ensure all areas for improvement were included on the plan along with action taken to ensure improvements made were sustained. For example, the concerns noted with record keeping had not been added to the improvement plan and issues with the recording of dietary information had been picked up by auditing in May 2021, but were again identified as an issue at this inspection.

Systems and processes to monitor the safety and quality of service provision and ensure contemporaneous records are maintained were not robust. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the home to be an inclusive environment. People's views had been captured through meetings and annual surveys. A monthly newsletter was sent out to families to keep them updated on what was happening with and in the home.
- People, staff and relatives spoke positively about the home and support provided. Comments included, "If there is anything I need, [management] do it", "I like the new manager, since they have come in I can see improvements" and "[Management] are really supportive, such lovely people, I can't fault them."
- Feedback received during the inspection indicated the home had made improvements under the current management team. A visiting professional told us, "It's the sort of place if I still had parents, I'd be happy for them to come here." Whilst a staff member stated, "They are trying to improve things and make sure we have everything we need. Their focus is on making sure residents are happy."

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, phone calls and interactions with care staff.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, this included local health professionals and commissioners.
- Involvement with community based groups, such as schools and nurseries continued to be affected by restrictions in place as a result of the COVID-19 pandemic. However, safe to do so, the provider planned to reconnect with these groups and invite them back into the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed, however, medicines were not being managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the safety and quality of service provision and ensure contemporaneous records are maintained were not robust.</p>