Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

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Date of inspection visit:
08 March 2017

Date of publication:
28 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 March 2017, and was unannounced. At the last inspection we rated the service as inadequate. The provider was in breach of six regulations which related to assessing risk, planning care, ensuring people consented to care, staffing, recruitment of workers and assessing and monitoring the quality and safety of service. At this inspection we found they had made improvements in five areas although some improvements were recent and required time to embed. They had not improved their recruitment procedures.

Owlett Hall is registered to accommodate up to 57 older people and provides residential and respite care, and intermediate care for people following hospital stays. The service did not have a registered manager at this inspection or the previous inspection in June 2016. An application to register a manager had been received in May 2016, however, this was terminated in December 2016 because the manager ended their employment at Owlett Hall. Another manager commenced at the beginning of February 2017; they told us they were submitting an application to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the registered provider did not always take appropriate action to keep people safe because they did not carry out appropriate checks before employing workers. There were enough staff employed to keep people safe. Deployment of staff was being further developed to make sure people's needs were met in a timely way at all times. Risks to people were assessed and managed, and checks were carried out to make sure the premises and equipment were safe.
We have made a recommendation about installing a new call bell system. Medicines were managed safely.

Staff we spoke with said they felt supported in their role and received training to help them understand how to do their job well, however, we saw systems for ensuring staff received regular supervision needed further development. The manager was introducing new supervision arrangements although this was not operational at the time of the inspection. Training records showed staff sometimes completed a lot of training in one day so the manager was going to monitor this closely and introduce a better system for checking staff knowledge. The provider had improved arrangements for making decisions in line with the requirements of the Mental Capacity Act 2005; people were encouraged to make decisions and when they required assistance they received support. People had good meal experiences and enjoyed the food. Systems were in place that ensured people accessed appropriate healthcare services.

People told us they received a good standard of care and felt respected. They also said their independence was promoted. People who used the service looked well cared for; their personal appearance was well maintained, for example, people's hair was brushed, and their clothing and glasses were clean. Staff knew people and their needs well, and treated people with respect and dignity. When we looked around the service we saw there was information available to help keep people informed about their rights and what to

expect when they experienced care at Owlett Hall.

People who used the service and their relatives told us they felt involved in planning their care. Care plans identified how to support people with washing and dressing, rights and consents, medication, continence and communication. People were encouraged to engage in different group and individual activity sessions. The manager held a weekly surgery to encourage and promote feedback. A procedure was in place to respond to concerns and complaints although this had not always been appropriately implemented. Several written compliments had been received.

During the inspection we received very positive feedback about the manager and were told they were making definite improvements to the service. Regular meetings were held, and in the last few weeks the frequency of meetings had increased which ensured communication within the service was effective. The provider had improved quality management systems but some were only in the very early stages so we could not review their effectiveness over a prolonged period of time.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not improved recruitment procedures and was not carrying out appropriate checks before staff were employed. The provider had improved staffing arrangements and how risks to people were managed.

People felt safe and staff understood how to safeguard people from abuse.

Staff managed medicines consistently and safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had made some improvements to the way they supported staff, however, supervision of staff and training arrangements needed to be developed further. The provider had improved their systems for assisting people to make decisions in line with the requirements of the MCA.

People had plenty to eat and drink, and enjoyed the meals and choice of menu.

People received appropriate support to make sure their health needs were met.

Is the service caring?

Good

The service was caring.

People who used the service, visiting relatives and staff told us a good standard of care was provided.

During the inspection we saw people who used the service were relaxed and comfortable with staff. The atmosphere throughout the day was calm.

Information was displayed around the home to help keep people informed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The provider had improved how they assessed and planned care and they continued to develop and further improve the care planning process.

People were encouraged to engage in different group and individual activity sessions.

The manager held a weekly surgery to encourage and promote feedback. A procedure was in place to respond to concerns and complaints although this had not always been appropriately implemented.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had improved quality management systems but some were only in the very early stages so we could not review their effectiveness over a prolonged period of time.

People were complimentary about the manager and told us they were driving improvement.

Regular meetings were held to keep people informed and give opportunities to share views and put forward ideas of how the service could improve.

Owlett Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2017 and was unannounced. Four adult social care inspectors, an inspection manager and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service including statutory notifications, and contacted Healthwatch, the local authority and local clinical commissioning group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 36 people using the service. During our visit we spoke with 14 people who used the service, five visiting relatives, seven members of staff, the manager and a regional manager. During the inspection we observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the provider was not deploying sufficient numbers of competent staff in order to meet people's needs in a timely way, there was a lack of consistency in how the provider was assessing and managing risk to people who used the service and recruitment procedures were not operated effectively. At this inspection we checked and found improvements had been made around the staffing arrangements and how risks to people who used the service were assessed and managed. However, recruitment of new members of staff was still not done robustly.

We looked at the recruitment records for three members of staff who were recruited in the last three months, and found the provider's recruitment procedure was not followed every time. With one staff recruitment there were discrepancies with dates of employment and a reference was not obtained from the last employer even though the provider's recruitment policy stated one referee must be the employer's current or most recent employer. With another recruitment file we reviewed we found the employment history was incomplete and again a reference was not obtained from the last employer. During interview the applicant stated they had not previously worked in 'care' and had not detailed any previous employment in the health and social care field in their application form, however, a reference from a nurse stated they knew the applicant as a 'work colleague'. The third file we reviewed had conflicting information about the most recent employer. The applicant's form provided different employment detailed to those provided by the referee. We concluded recruitment procedures were not operated effectively and the provider was still in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person's employed.

The manager said they would be taking over responsibility for all future recruitment and were also in the process of appointing an administrator who had previous human resource's experience, which included recruitment procedures.

People who used the service and their relatives told us they felt safe living at Owlett Hall. Comments included, "When I was living in my flat, I had some nasty falls. In this home there is always someone to help you. That's how I know I am safe and if I wasn't I would have a word with staff or the manager", "The doors are secured. They change the codes often so no stranger could come in" and "The home now has good systems, doors are locked".

Visiting relatives and friends told us people were safe. Comments included, "I feel the home is safer than before, with the new management, it is settling down. Months ago I was concerned about my mum, always in bed and not being sat up, now it has been resolved, she is feeling better and eating better" and "I like the home, it is safe enough".

Staff told us they had received safeguarding training and training records we reviewed confirmed this. Staff said people who used the service were safe. They said untoward practices would not be tolerated and any concerns would be reported straight away. Staff were familiar with the whistleblowing procedure, which is when an employee raises a concern about a wrong doing within an organisation. One member of staff said,

they had reservations about whistleblowing because when they had done this previously it had been a negative experience. The manager said they would ensure all staff were reassured about their protection and rights if they instigated the whistleblowing procedure.

Care plans we looked at contained a range of risk assessments relating to people's care and support needs. These included assessments relating to falls, nutrition and hydration, skin integrity, choking, contractures, pressure sores and risks associated with the use of bed rails. There was guidance for staff around how care should be provided in ways which minimised these risks. For example, one person who was at risk of falls had their bed repositioned and a sensor mat in place. Another person had moved to Owlett Hall with a high level of nutritional risk and weight loss. Their nutritional intake and weight was being closely monitored and they had started to gain weight. Risk assessments were updated at least monthly to ensure they reflected people's current needs.

Each care plan contained a personal evacuation plan that showed how people would be kept safe in the event of a fire. We saw fire safety checks were carried out and drills were practiced so everyone understood fire procedures. Other environmental checks were completed such as gas safety and portable electrical appliances. Actions had been addressed from a fire risk assessment dated November 2016.

We completed a tour of the premises as part of our inspection which included some bedrooms, bathrooms, toilets and communal living spaces. The service looked well maintained and clean. We saw personal protective equipment such as gloves and aprons, alcohol hand rub and liquid soap was readily available and staff used these at appropriate times.

The service had a call bell system which could be activated when people wanted assistance. We asked how response times were monitored but were informed the system is old and does not have this facility. In one communal area we noted the call bell cord was situated in the middle of the room and a potential trip hazard. The manager explained that the call bell had been moved to make it more accessible but said people should have portable call bells to ensure they could request assistance when they needed it. The regional manager said the provider was looking at purchasing a new call bell system although they were unable to confirm when this would be installed. We recommend the service is fitted with a call bell system that is accessible to people who use the service.

People who used the service said there were enough staff available to them. One person told us," "If I press the call bell they come pretty quick." Another person said, "There is always somebody around, day or night. When I need help I just press the buzzer and it doesn't take long for staff to respond." Another person told us, "If I'm uncomfortable I call them to come and move me during the night, I sometimes have to wait but not too long." A visiting relative said, "Staffing has improved a lot, we're seeing familiar faces often. It is better for the residents." Another relative said, "Staffing is better, the use of agency has slowed down, there is new permanent staff."

During the inspection we saw there were enough staff and people did not have to wait to receive support; call bells were responded to promptly. However, during lunch we observed staff were not deployed effectively because sometimes there were up to seven staff in the dining room and at other times there were only two. The manager said they were developing staffing routines especially during peak times to make sure staffing was well organised and met people's needs at all times. The manager said they had also identified that nurses were stretched at times and were looking at the option of training some care workers to assist nursing staff.

People told us they received appropriate support with their medicines. Comments included; "I am being

treated very well by staff, all my needs are met, I know that I get my tablets twice a day, staff never fail to give it me", "I am on antibiotics because of my legs, staff give them to me on a regular basis", "I get my medication from staff right on time. I've got no issues" and "I've got Asthma and get my medication on time, when I need it".

Medicines were stored securely and safely. Storage temperatures were checked daily and staff told us they would report any issues. Records were kept for the fridge temperatures, and only medicines which required refrigerated storage were kept in the fridges.

We observed medicines rounds and saw staff practice was good. They knew the person's needs, for example, how they preferred to take their medicines.

We saw medication administration records (MAR) contained a picture and information about each person, including any known allergies and any conditions such as difficulty swallowing. One person had their medicines in liquid form to enable them to take their medicines safely. Staff were patient and did not rush people, they offered an explanation, and observed the person taking their medicines before signing the MAR. We saw examples where people asked what their medicines were for and the member of staff quoted the name of the medicine and pointed out the benefits of taking them.

We saw MARs were usually completed correctly although an occasional gap was noted. Some people had medicines to be taken 'as required'. We saw there was written guidance to help staff understand the dosage and how a person communicated they may need the medicine, including non-verbal indicators such as changes in body language or position. We checked stocks of these medicines and found they were correct.

Some people received their medicines covertly. In one person's care plan we saw a GP had been involved in the decision and had given specific instructions; these had been transferred accurately into the care plan and hospital passport.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. There were records to show where on the body this should be applied and how often. Unused medicines were returned to the pharmacy. This medication was recorded in a specific book for this purpose.

Medication audits were carried out by the management team and covered areas such as storage, disposal of medicines and 'as required' medicines. A pharmacist advice visit was completed in March 2017 and they stated there were no major issues.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found the provider did not have arrangements in place to make sure staff were making decisions in line with the requirements of the Mental Capacity Act 2005 (MCA) and they were not supporting staff appropriately. At this inspection we checked and found improvements had been made around the arrangements in place to make sure staff were making decisions in line with the requirements of the MCA, however support for staff required further improvement.

Staff we spoke with said they felt support to do their job had improved. Staff said they had received appropriate training. Two staff who started within the last year said they had received an effective induction, including classroom learning and time shadowing more experienced staff. They told us they were asked if they felt confident before being asked to work as a full member of staff. One staff member said, "They gave me lots of training. I shadowed for weeks."

Staff told us they felt adequately supported in their roles through supervision and appraisal meetings, however, we received inconsistent feedback about how often these meetings took place. For example, one staff member said, "I have supervision every four months." Another staff member told us, "I think it's every six months." Staff we spoke with said the meetings were useful, two-way discussions where they felt able to speak openly and ask for any additional support or training they needed.

The provider's supervision policy stated staff would receive supervision at least four times a year, however, staff records and the supervision matrix indicated, some staff had not received the agreed number of sessions within the last 12 months. We looked at five staff files and saw four staff had only received two sessions and one member of staff had only received one. The manager had just introduced a new supervision format where responsibility for supervising staff was being shared with other team members. Prior to this the manager said they were responsible for supervising all nursing and care staff so the frequency of four sessions per year was not achievable. We saw the new arrangements had been clearly identified and were displayed in the manager's office although were not operational at the time of the inspection. The manager said with the new arrangements staff would receive supervision on a much more regular basis.

We reviewed the training matrix which showed training covered areas such as fire safety, food hygiene, moving and handling, infection control, equality and diversity, safeguarding vulnerable adults, nutrition and hydration, challenging behaviour, end of life care and mental capacity. The matrix indicated that staff training was up to date, which was highlighted as green. However, when we reviewed this in more detail we saw that some staff had completed a lot of training sessions on the same date. For example, a new member of staff who had not previously work in health and social care had completed 17 training sessions, which included six dementia modules on the same day. Another member of staff had completed 10 training sessions including six dementia modules on the same day.

The training matrix indicated that new members of staff had completed the 'Care Certificate' once they commenced employment. However, when we asked to look at certificates that evidenced the training had

been completed we were told these were not available.

After the inspection the manager wrote to us following a review of the training arrangements. They told us certificates should be printed following training but this had not happened. They also said as part of the online training all staff have to pass a knowledge test, which ensured staff had understood each session. The manager said in addition to online training, staff had attended sessions with a trainer who had visited monthly and covered dementia, manual handling- theory and practical, safeguarding of vulnerable adults, MCA, Deprivation of Liberty Safeguards (DoLS) and First Aid. The manager said she had received confirmation that staff sometimes completed their on line training at home, which could account for some staff having completed a lot of training sessions in one day. However, they said they would be closely monitoring staff training and to ensure staff had relevant knowledge and understanding to do their job well they would be discussing, during staff supervision, topics such as such as safeguarding of vulnerable adults, MCA and DoLS.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS.

People we spoke with told us they could make decisions about their care and support; visiting relatives confirmed this. We received the following comments: "Staff always ask me how I like things and what I want to eat", "You can have a laugh and a joke with staff, there is always something to do. Staff ask you what you think. I tell them if I want a shower or a wash", "You get to know staff and they get to know you very well. They know I like to choose what I am wearing", "I am well informed about my care" and "Most staff have known my mum for years, if she does not want to get up they are very understanding".

Staff we spoke with told us they had received training around the MCA and understood what was meant by capacity. Staff explained when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One staff member said, "It's about people's ability to make certain decisions. Even if they can't just make a decision we offer choice, for example, of what to eat or what to wear."

Care plans contained documents which showed how consent had been recorded and included consent to management of medicines, care and photography. We saw there was a range of capacity assessments including those for decisions such as consenting to 24 hour care and deprivations of liberty. Where people lacked capacity to make these decisions we saw best interests decisions had been made on their behalf, which involved people who knew them well such as family members.

Where people lacked capacity to consent to agree to restrictions such as use of bedrails, locked doors, DoLS had been applied for. Some applications had been made several months before the inspection although these had not been authorised. The manager said they would chase up the applications with the local authority.

People told us they got a choice of a cooked breakfast and a hot meal for lunch and tea; alternatives were available if people did not like what was on the menu. The chef spoken with said people were asked individually about their choice of meal for the day and people who used the service confirmed this. One

person said, "The chef comes around to offer you a choice of lunch, tea and dessert. There is plenty of food and they do offer you lots of juice."

We saw there were cold drinks, fruit and snacks available in communal areas and hot drinks were served throughout the day. The kitchen areas on each floor had a range of snacks, which included biscuits, crisps, bread and cereals. A visiting relative said, "We now have a snack and hot drinks trolley, which relatives and residents can just go and make themselves something."

People told us they were given plenty to eat and drink. Comments included , "Food is really good", "If I don't like it they will give me something else", "You can have whatever you want for breakfast; I sometimes have bacon and cereal", "The menu is good." and "There is too much; it's very good." A visiting relative told us, "My dad is always offered choice of meals. Staff came to ask if he fancied mashed banana or ice cream and my dad chose both, staff brought both in." Another relative said, "The food is good, mum always has something to drink nearby."

We saw the dining tables had tablecloths, place settings, water glasses and napkins. We saw at meal times the atmosphere was relaxed as people chatted with each other and members of staff. The food looked and smelled appetising, and people enjoyed their meal. Lunch was a positive experience for people. We saw records in the kitchen for managing special dietary requirements; likes, dislikes and allergies had been completed for everyone living in the home.

People told us they received appropriate support with their health care needs and were confident they would get help if ever they were feeling unwell. One person said, "I've got a very nice GP. They know me very well and staff get them to see me regularly." Another person told us they had a cold recently and the GP had visited. A visiting relative said, "My mum was seen by her GP three weeks ago. She had a chest infection and staff let me know straight away." Another visiting relative said, "My mum saw the GP a week ago. I always get told."

People's care records showed other health and social care professionals had been involved in their care and included GPs, dieticians, speech and language therapists, occupational therapists, chiropodists and opticians. We saw that advice from health professionals was being followed. For example, one person's diet had changed following advice from a dietician. Everyone had a detailed hospital passport that accurately reflected their up to date needs and would provide useful information in the event of a person being admitted to hospital.

Good

Is the service caring?

Our findings

People told us they received a good standard of care and felt respected. Comments included; "Staff treat you very well", "Staff always speak to you", "You often hear staff knocking at your doors and speaking nicely to you", "Staff are doing a great job when communicating with those residents who can't speak very well" and "In here you meet people, I can say they respect you for who you are."

People told us their independence was promoted and provided examples of this. One person said, "Staff always ask if you want to do things yourself or want help." Another person said, "I like cleaning, I like to keep my room spotless, staff have provided me with a sweeping brush, it is right there next to my bed, I can use it anytime I want." A visiting relative said, "Staff always involve my mum about what to wear and they provide her with appropriate cups so she can drink herself."

Visiting relatives and friends told us people were well cared for. Comments included: "Staff are very accepting, very supportive and caring. Three months ago, I came in and wondered what and why but now staff are always upfront with you. I sleep better knowing my Mum is in good hands", "Everybody knows me and [name of relative]. We get on well with each other. They always keep me informed about what goes on with my mum. They are just excellent", "Staff are very friendly, caring, everybody is always smiling; laundry, cleaning and the administrator", "My [name of relative] can't use the buzzer, as a result, staff are regularly checking up on her, day or night" and "All care my mum receives is perfect, you never have to press". One visiting relative discussed how their relative's religious views and wishes were respected. They described staff as "sensitive". Another visiting relative said, "Dad is respected as a senior citizen and always treated with compassion."

Staff we spoke with said people received good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves or if they were treating their family. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names. We observed these practices during the inspection.

People who used the service looked well cared for; their personal appearance was well maintained, for example, people's hair was brushed, and their clothing and glasses were clean.
During the inspection we saw people who used the service were relaxed and comfortable with staff. The atmosphere throughout the day was calm. Staff knew people and their needs well, and treated people with respect and dignity. We saw staff explained to people what was happening. Although we saw examples of good care practice, we also saw two occasions where people who used the service were not at the centre of the care provided. On one occasion, a member of staff left a person waiting to eat because they were carrying out a non-urgent task with a colleague. And on another occasion, we saw three members of staff talking between themselves when they were assisting a person to transfer. The manager said they continued to work with the staff team to ensure they fully understood the principles of person centred care.

When we looked around the service we saw there was information available to help keep people informed about their rights and what to expect when they experienced care at Owlett Hall. There were leaflets and notices displayed near the entrance of the home around safeguarding, dignity, how to make a complaint and requests for suggestions and ideas. The manager advertised weekly surgeries where people were invited to discuss topics such as care planning.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found the provider did not assess and plan care in a way that ensured people's needs were met. At this inspection we checked and found improvements had been made. The provider had written new care plans for everyone: this was completed in September 2016. The manager said they continued to develop and further improve the care planning process.

People who used the service and their relatives told us they felt involved in planning care and support. Comments included, "Staff always talk to me about my care, my daughter is in charge of everything", "Staff discuss things with you, no problem at all, if something changes they let you know", "I can read what staff have written about me at any time. My daughter reads it all and has her say in my care", "Mum and I have just being involved in signing her care plans after meeting with staff, I am fully involved in her care planning process, I can look at her files anytime", "The nurse, my dad and I reviewed care plans including the one on end of life to ensure dad's last wishes are known and respected".

Care plans contained a detailed assessment of people's care and support needs which was carried out before they began to use the service at Owlett Hall. This showed the provider checked they could meet the person's needs. A pre-admission care plan was written based on the pre assessment. This meant staff had access to guidance to ensure people's needs were understood and met prior to a full care plan being written.

Care plans were developed in response to the pre-assessment. These included plans for washing and dressing, rights and consents, medication, continence and communication. Although care plans covered people's needs, we saw one person's assessment stated they had mental health listed as a pre-existing condition. There was no care plan to help staff understand how the person's health changed and how staff should support them. Staff we spoke with said the person had not experienced any deterioration in mental health since admission but would ensure this was included when the care plan was reviewed.

Care plans were reviewed at least monthly to make sure they were up to date. Within the care plans we saw information informing people and others who were important to them that they would be invited to a six monthly review of the plan. We did not see evidence of any review meetings taking place but as care plans were all written in September 2016 the six month timescale was only just approaching.

Daily notes were kept to show how people spent their days. A series of prompts were in place to guide staff around what information should be included, for example; nutrition, elimination, washing and dressing, oral care, mobility, safety, socialisation, communication, resting and sleeping. Notes were personalised, however, they varied in the level of detail. The manager said as they further developed the care planning process consistency in the daily records would also improve.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well.

We received positive feedback when we asked people about activities and how they spent their day. We received the following comments from people who sued the service, "When you are old, there is only little you can do, but there is always a girl that comes around to do things and have a chat", "There's plenty of things to do with staff, I go shopping with staff, I like watching football", "I like parties, music and football. There is something nearly every day" and "I go to the pub with staff, there is entertainment once a month, a chaplain service every week, and singalongs featuring artists like Vera Lynn and Doris Day and many more". Visiting relative comments included, "My mum likes singalongs and entertainers", "There is not a lot staff can do with dad as he is in bed. The activity coordinator usually reads the newspaper or magazines for him. Last December I suggested they invite local school children to encourage intergeneration relations and they did; the local school kids came to sing just before Christmas", "Staff and I always take mum out. She has been to the pub for lunch, enjoyed exotic food tasting and [name of activity worker] does her best to keep her occupied" and "We've got an activity planner for the whole month, it is in mum's file they keep in her room. Every day, when I come in the first thing I do is to look at the file, it tells me exactly what mum's interaction with staff has been like and whether they went to the garden or church. There is always something going on. I only wish they would go out on trips more, the last meeting they were talking about getting a minibus". The activity programme and photographs of recent events were displayed on notice boards throughout the home. People also had copies of the activity programme in their room.

The service employed an activity worker who told us they developed the activity programme around suggestions from people who used the service and their relatives, and reviewed comments shared at resident meetings. The activity worker accessed people's care records which identified their likes and dislikes. They explained that in addition to group activities they provided one to one support and said, "I always try and spend time with those who stay in bed. I involve them in conversations, games or pampering. We are hoping to raise funds for a minibus for trips." They told us they felt increasingly supported by management and staff, and planned to develop the activity programme further by involving people in gardening and looking into having donkeys and chickens.

The manager held a weekly surgery to encourage and promote feedback. People told us they could raise concerns and were given opportunity to comment on the running of the service, through regular meetings, newsletters and feedback surveys. One person said, "You can talk to the manager." Another person said, "If I see anything I don't like I tell staff or the manager. She keeps her door open and if she is busy she will catch up with you later." A relative told us they had an issue a few months previous but added, "I am happy now because [name of manager] is sorting everything out. It's in the past and no need to bring it up." Another relative said, "I talk to staff if I have any issues, everybody is lovely and nice. There is a suggestion box near the reception."

We reviewed the 'concerns and complaint's' folder. Five complaints had been logged since the last inspection. We saw three complaints had been responded to and action was taken to resolve the issues in a timely way. Another complaint had been received and the provider wrote in their response letter that they would take action against a member of staff to prevent the risk of a repeat event. However, there was no evidence the action was completed. One complaint had been raised in September 2016 and closed in October 2016, but there was no evidence of the findings or action taken to resolve the case. The manager, who was not in post when the complaints were received or investigated, said in future they would ensure clear records were maintained for all complaints received.

The provider had received compliments from people about the care provided at Owlett Hall; several thank you cards were displayed. Comments included; 'Many thanks for all the care and attention you showed [name of person], making his final hours peaceful', 'Thanks to each and everyone one of you for the extremely caring and loving way you looked after [name of person], and us while she was in your care',

'Many thanks to all, chef and catering staff, housekeeping, nurses and assistants for all your care and attention. Very professional and caring' and 'Thank you so much. I'll miss you and wish I could stay'.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider did not have systems that were effective to assess, monitor and improve the quality and safety of services. At this inspection we checked and found improvements had been made. It was evident from reviewing documentation and discussions with staff and management that progress had been slow following the inspection in June 2016. Some quality monitoring systems were recent introductions so we could not review their effectiveness over a prolonged period of time. The manager said they would continue to develop and further improve quality management systems.

People told us the service had improved. When we asked if people would recommend the home to others they told us they would. Comments included, "I am as happy as I can be in this place, it is better than being on your own", "This is a great place, there is nothing much to improve", "It is nearly home. I've made friends with some people" and "The atmosphere in the home is like one big family. If something is going to happen the staff will let you know. I tell everyone that we are safe because the home has dignity champions and everyone knocks at your door, giving you the respect you deserve". Visiting relative comments included, "Yes, the home has new energy", "This is a good home, things are getting better. A good thing is that as a family member, you can come in anytime you want, you will always be welcome" and "Of course yes! Things are getting done. There are more familiar faces; that way it is easy for residents, families and staff to relate well with each other".

The manager started working at Owlett Hall at the beginning of February 2017. It was evident from discussions with the manager they had a clear vision of what they wanted to achieve at Owlett Hall and had plans of how they were going to do this. During the inspection we received very positive feedback about the manager and were told they were making definite improvements to the service. People who used the service and their relatives were familiar with the manager even though they had only worked at the service for five weeks. One person said, "Our home manager refers to us all by name, she's very impressive, one of my visitors once said 'I am going to come stay here when my time comes'." Another person said, "She is a very kind and promising lady. She comes around." A visiting relative said, "[Name of manager] is very helpful, she always there, her door is always open. Another relative said, "We like [name of manager], she is very engaging and seems to be on the ball."

Staff told us they felt listened to, valued and described the new manager as approachable. They said communication within the service was good. The provider carried out a staff survey in December 2016. Twenty two staff returned questionnaires: Eight rated the care as excellent; ten rated it as good; three as fair and one rated the care as poor. Some staff commented on tensions between staff and raised concerns about management. At the inspection discussions with staff confirmed issues raised in the survey had greatly improved.

People told us they had attended meetings, completed surveys and received newsletters. We saw the 'winter' newsletter highlighted home news, upcoming events, community news and dates for the diary. A visiting relative said, "I have been to meetings, I am in the process of completing a survey with my mum. In the meetings we discuss issues about the running of the home such as staffing, menus, activities and many

more things."

We saw following the last inspection regular meetings were held, and in the last few weeks the frequency of meetings had increased which ensured communication within the service was effective. We saw from the minutes of meetings people who used the service, visiting relatives, staff and other professionals were kept informed. For example, in January 2017 at a 'resident' meeting people were told about the new management arrangements, building maintenance, staffing documentation and plans for a minibus. They were also asked if they could make choices about their care including deciding when to get up and go to bed. At a professional meeting in December 2016 discussions were held around partnership working, quality assurance, leadership and staffing arrangements. And in February 2017 a staff meeting was held where care changes, documentation and care planning were discussed.

The regional manager was at the service during the inspection. Staff told us the regional manager visited very regularly and was accessible. They said they had opportunities to be able to discuss the service. We saw the senior manager team had systems for monitoring the service which included 'key performance indicators' which covered areas such as accidents and incidents, complaints, staff vacancies, absences and safeguarding.

We looked at audits which showed some aspects of the service were being monitored appropriately. For example, catering audits were completed monthly and covered areas such as such as use of personal protective equipment, food temperatures, and cleanliness. The chef explained they created an action plan and signed off actions once completed; this was then checked by the manager. We also saw medication, mattress, safeguarding and care plan audits, however, some of these were relatively new so we could not review their effectiveness over a prolonged period of time. Safeguarding audits had just commenced. These looked at times and types of abuse. The manager said they had started to look at patterns and trends. For example, in one unit they had noticed a pattern of insufficient information being provided when a person was admitted. Therefore they had started asking for more information before a person was transferred from another health or care service. An audit timetable was displayed in the office for 2017, which the manager said would ensure all key areas were checked.

Although we saw improvements were being made throughout the service, some systems and processes were planned but not been implemented. A staff support system had only been set up the day before the inspection and was not operational at the time of the inspection. We also found some systems were not effective and needed to improve. Recruitment procedures were not robust and there was not a clear system for checking staff received an appropriate induction when they started working at the service. Training also needed to be developed to ensure staff understood the content and were equipped the knowledge to carry out their role and responsibilities.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not operating a robust recruitment procedure, including undertaking a relevant checks.

The enforcement action we took:

Served warning notice