

Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

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22 June 2016

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on 15, 16 and 22 June 2016 and was unannounced. At the previous inspection in May 2015 we found three breaches in regulations which related to management of medicines, staffing and safeguarding people from abuse. We rated the service as requires improvement. At this inspection we found the provider was still in breach of one of the same regulations and an additional five regulations.

Owlett Hall provides nursing and personal care for a maximum of 57 people. Care is provided in three units. One unit offers a rehabilitation service in conjunction with the NHS; the other two units provide mainly long term care but also offer some short term and respite care. The management team told us there were 54 people using the service when we inspected.

At the time of the inspection, the service did not have a registered manager. 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. A manager was appointed in February 2016 and had applied to be registered.

People who used the service, visiting relatives and staff told us there was not enough staff to meet people's needs. We observed sometimes there were no staff around and people did not receive care in a timely way. There was a lack of equipment that also caused delays in providing care. People could not have a bath because there were no working facilities.

Staff did not receive appropriate training and support although the manager had introduced more training opportunities recently. Staff did not understand what they must do to comply with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and did not act within the law. The provider did not have effective recruitment and selection procedures in place so appropriate checks were not carried out before staff started working at the service.

People were complimentary about the staff who supported them and told us they received appropriate care. There was a lack of consistency in how people's care was assessed, planned and delivered. There was not always enough information to guide staff on people's care and support. Some people had risks associated with their health and well-being but they did not always get appropriate support to make sure they were safe. People's care records showed they had accessed a range of health professionals but this did not include dental and chiropody services.

Information to help keep people informed was displayed; dignity, infection control and safeguarding were promoted. People were made aware about how they could make formal complaints.

People enjoyed the food and were offered a choice of meals. Drinks and snacks were offered to people throughout the day. Some people were offered a limited range of activities provided at the home and

enjoyed the company of those they lived with.

There was a very mixed response about the overall management and leadership. Some felt the service was well managed others felt it was not. The provider's systems to monitor and assess the quality of service provision were not effective. Actions that had been identified to improve the service were not always implemented. This were disorganised and it was difficult locating some information. The manager was introducing systems to help improve the quality and safety of the service; these were not embedded but improvements in some areas were evident.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found a number of breaches 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?

Inadequate ●

The service was not safe.

There was a lack of consistency in how risk was managed. Care was not always provided in a safe way for people who used the service.

There was not sufficient skilled and competent staff being deployed to meet people's needs. Recruitment processes were not robust.

Safeguarding incidents were reported to the relevant agencies.

Is the service effective?

Inadequate ●

The service was not effective.

Staff were not appropriately trained and supported so people may be cared for by staff who do not have the right skills and knowledge.

Staff were not making decisions in line with and did not understand key requirements of the Mental Capacity Act 2005.

People enjoyed the food and were offered a choice of meals.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were complimentary about the staff and told us they were satisfied with the care they received.

Staff knew the people they were supporting and could tell us about their likes and preferences.

People did not always make choices about the support they received.

Is the service responsive?

Requires Improvement ●

The service was not always responsive to people's needs.

There was a lack of consistency in how well people's needs were assessed and their care and support was planned.

A limited range of social activities was available. Not everyone felt they got opportunity to engage.

Information was displayed about how people could make complaints. A more robust process for investigating complaints had been introduced.

Is the service well-led?

The service was not well led.

There were divisions in the management and staff team which impacted on service delivery.

The systems in place to monitor the quality of service provision were not effective. Actions to improve the service were sometimes identified but then not followed up.□

People who used the service and staff had limited opportunities to share their views about how the service was running.

Inadequate ●

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 was unannounced and took place over three days on 15, 16 and 22 June 2016. Two adult social care inspectors attended the inspection on all three days.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR), however this was not returned to us. 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.

We reviewed all the information we held about the service. This included statutory notifications that had been sent to us by the home, information that was shared by the local safeguarding authority and the local authority. We contacted Healthwatch who is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they did not hold any information about the service.

At the time of this inspection there were 54 people using the service. We spoke with 12 people who used the service, seven relatives, 20 staff, including care workers, ancillary workers, nurses, an activity worker, a quality assurance manager and the manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as rotas, staff recruitment and training records, policies and procedures, quality audits and medicines records. We looked at 12 people's care records.

Is the service safe?

Our findings

At the previous inspection in May 2015 we found a breach in regulation relating to safeguarding service users from abuse and improper treatment because the provider was not following safeguarding guidance and reporting safeguarding concerns to the local safeguarding authority. At this inspection we found the provider had introduced a system for reporting and monitoring safeguarding concerns. The local safeguarding authority told us they were undertaking a number of safeguarding enquiries. We also saw from notifications sent to us by the provider safeguarding procedures were being followed.

We looked at safeguarding records and saw the manager had referred safeguarding concerns to the local authority. At the time of the inspection there were five cases that were being reviewed; some were being reviewed by social workers and others were being investigated by management at Owlett Hall.

The manager had set up safeguarding files to help increase staff awareness and had put a file in each of the units. Staff we spoke with told us they would report any concerns to a member of the management team, who consisted of the manager, deputy manager and nurses. We got a mixed response when we asked staff about safeguarding training. Some told us they had received safeguarding training and understood whistleblowing procedures. One member of staff told us they had recently attended a two day training session for managers. However, others said they had not received safeguarding training and this included two nurses who had responsibility for managing individual units. One member of staff told us, "I need to check about any allegations of abuse, I don't know who to talk to and I don't know how to report abuse. I've not done any training around abuse." The manager told us 63 staff were employed to work at Owlett hall. Training records showed 13 care workers or nurses had not received safeguarding training.

We concluded the provider had made sufficient improvement to meet the regulation in relation to safeguarding service users from abuse and improper treatment, however, we found staff were not receiving training that is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At the previous inspection in May 2015 we found a breach in regulation relating to the proper and safe management of medicines because appropriate arrangements for the safe handling of medicines were not in place and they were not being administered in line with good practice. At this inspection we found the provider had made improvement sufficient to meet regulation. We observed medicines being administered and saw good administration practice was followed, which included offering a drink, washing hands prior to and after administration. The nurse only signed medicines administration records (MAR) once they observed medicines were administered.

We found some people were prescribed fluid thickener to help with swallowing difficulties. During observations we saw people who were prescribed the thickener had this added to their drinks. The same tub of thickener was used for everyone but people should have been given the thickener from their prescribed container so the medicine stock could be checked. This helps ensure people are getting their medicines

correctly. The manager said they were not aware staff were administering the thickener from the same tub and gave assurance this practice would stop straightaway.

People told us they received good support with their medicines. One person said, "I give my own injection, the nurses get it prepared and I inject it, they are good with my medications, excellent." Another person said, "I get my meds on time they are wonderful and they remember even when I forget." Staff who were responsible for administering medicines had completed training and a competency assessment. Staff we spoke with knew what to do if an administration error was made.

We looked at a selection of MARs on all three units and found generally these were well completed although we did note occasional gaps. Some people had medication sheets in their room which should have been completed when topical creams and lotions were applied. However, these were not consistently completed so we could not be sure these were being applied correctly. We discussed the quality of recording charts in people's room with the manager who said they were aware the current system was not working effectively and were reviewing this.

People had medication assessments that determined the level of support they needed with their medicines. These had been regularly updated. Some people were prescribed medicines to be taken only 'as required' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. We saw written guidance to help staff understand why the person required the medicine or when to administer was available for some people but not others. For example, one person was prescribed paracetamol and another person was prescribed an inhaler. Neither had protocols to help ensure their treatment was given with a view to achieving their preferences and ensuring their needs are met.

Although the provider had made sufficient improvement to meet the regulation in relation to the safe management of medicines, we found care was not designed with a view to achieving people's preferences and ensuring their needs were met in relation to medicines taken 'as required'. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

At the last inspection we received a mixed response when we asked people who used the service and staff about staffing levels. Some people told us they were short of staff whereas others said they had enough. At this inspection we had an overwhelming response where we told there was not enough staff.

On the second day of the inspection we observed staff were still assisting people with their morning personal care at 12.20. Later in the day, a member of staff told us, "Today we didn't finish getting people sorted until 12.45 and we should be finishing at 11.00am." As we were leaving at 19.00, we observed nearly everyone was in bed with their curtains closed and lights off. A member of staff told us people went to bed early on an evening because there was not enough night staff. Another member of staff said, "We start getting people ready for bed at 17.30." One person who used the service said, "They want me to go to bed at tea time, I can't sleep at that time."

Other comments from people who used the service and visiting relatives included; "This morning I had to wait, breakfast was late and I didn't get a spoon to eat it or a straw. I couldn't find my buzzer as it was in the bed clothes so I had to shout out. I only had yoghurt. I felt they were really nasty because I had to shout, they dressed me and that was it", "A few weeks ago [name of relative] needed two people to walk to the toilet and only one came and allowed mum to walk alone. We spoke to staff and they said but you were there. We know 2:1 does not always happen", "Staff chat if they have time. Sometimes I have to wait because others need more", "When they have a handover you don't ring because they are too busy".

Other comments from staff included, "Personal care is not done enough, we should take time but it's rushed. Men don't get a daily shave", "It's frustrating when there isn't time; if they sort staffing levels it will make a difference".

At the last inspection we were told the registered provider was looking at introducing a dependency tool to help ensure appropriate staffing levels were provided. We found at this inspection a dependency tool was still not being used to determine staffing levels. People had dependency assessments in their care files but these were not used to help calculate the overall staffing levels.

At the last inspection we were told the provider would maintain ten care staff between the hours of 08.00 and 14.00. However, we found these levels had not been maintained and often only eight care workers worked during these hours. On the second day of the inspection only seven care staff worked between 08.00 and 12.00 because a member of staff did not turn up for work.

We noted there was not only insufficient staff but at times staff were not deployed appropriately. Care workers often went for their breaks together which left people without support and supervision. On a number of occasions we looked around the units and were unable to locate staff. On one occasion a nurse was the only member of staff in the unit; they were overseeing the care of 16 people and at the same time administering medication.

We concluded there were not sufficient numbers of staff deployed throughout the home. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We looked at the provider's recruitment policy which outlined the procedure that should be followed. However, we found it was not. Appropriate checks were not carried out and the provider did not ensure workers employed had the skills, competence and experience which were necessary to carry out their role.

We looked at five members of staff recruitment files and found only one had all the required information. The provider's policy stated two written references should be obtained but we saw that in three of the files only one reference was available and two of these only had a character reference. We saw there were gaps in employment which had not been explored and dates of employment and qualifications were not always recorded. Disclosure and Barring Service (DBS) checks had been completed. The DBS is a national agency that holds information about criminal records.

We looked at one member of staff's recruitment records and saw they were initially employed and paid as a care worker, however, when we looked at the staff rota they had been working as a nurse. We asked to look at the member of staff's contract of employment but were told this had not been completed.

We saw two members of staff had recently been interviewed and appointed by the home's administrator. There was no evidence that a member of the management team had been involved in the recruitment and selection. When we discussed this with the quality assurance manager they told us a member of the management team should be involved in every member of staff's recruitment. We concluded recruitment procedures were not operated effectively. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person's employed.

We looked at how the provider was assessing and managing risk, and found there was a lack of consistency in how this was done. Some systems were in place to help keep people safe; however, other systems were not effective so people were not protected from avoidable harm.

People had assessments and care plans that should identify areas of risk and action to help keep them safe; we found these were not always effective. For example, one person had a history of falls. We saw they had a fall at the beginning of May 2016 but an accident form had not been completed. They did not have a falls assessment to identify the level of risk and inform the care planning. Another person's care plan stated they 'communicate basic needs well despite irrational behaviour'. However there was no description of these behaviours or how to support the person when these were displayed.

One person had bedrails but their assessment had not been reviewed since September 2012. The manager had a bedrail log but this incorrectly stated they were not in use for this person. Another person had a care plan review on 10 June 2016 where staff had noted there was a risk of entrapment between the bedrail and base of bed. We saw this hazard had not been addressed. We brought it to the attention of the manager who dealt with this immediately. We saw some examples where risk was managed effectively. One person had a care plan which showed they had a pressure sore which was being monitored. Another person had an effective moving and handling assessment.

People told us they lived in a clean environment. We saw protective equipment such as gloves and aprons were available throughout the service. There were no unpleasant odours and information around infection control was displayed.

Staff told us the service was well maintained, however, several raised concerns about the lack of equipment such as hoists, which sometimes resulted in a delay in providing care. People on the first floor told us they were only ever offered a shower. On the two units where people received long term and respite care, we checked each bath and found these did not work so people could not be offered the option of a bath. One member of staff said they had just had to go to another floor to 'borrow' a shower chair.

We looked at some service records and certificates to find out if the premises and equipment were checked to make sure they were safe. We found checks had been carried out although actions relating to gas safety had not been followed up. The service record for gas safety from May 2016 stated two warning notices had been issued. The manager was unaware of this and followed it up with the gas safety company who confirmed that work was required; they also told the manager one of the issues had been identified at a previous gas safety check in 2015. On the day of the inspection the manager arranged for the work to be completed. We saw fire equipment, the passenger lift and hoisting equipment had been serviced. Weekly in-house fire checks were carried out. The manager had introduced a schedule to make sure checks were kept up to date.

Staff had recorded temperatures in medicine storage rooms which showed these had exceeded the safe range for storage of medicines. These should have 25C or below and a temperature of 26C and 28C had been recorded. People had individual medicine storage cabinets in their room, however, there was no system in place to check these were being stored at the correct temperature. A senior member of staff said no action had been taken to address this.

We concluded care and treatment was not provided in a safe way for service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Is the service effective?

Our findings

At the previous inspection in May 2015 we found a breach in regulation relating to staffing because staff did not receive appropriate support to enable them to carry out their duties they were employed to perform. The provider sent us an action plan and told us they would improve staffing support by September 2015. At this inspection we found they had not made the improvements.

We got a mixed response when we asked staff about their training. Some told us they had received enough training to help them with their role but others told us they had not. Training records we reviewed indicated some staff had not received the appropriate training. A training matrix had several gaps. For example, only 12 staff had completed food hygiene. Some staff had no training listed. The manager told us at the time of the inspection 63 staff were employed.

We asked the manager about the frequency of refresher training and which modules were considered as mandatory. They were unable to confirm this. There was no information on the training matrix to indicate essential training or the frequency. We looked at the provider's training policy which stated the regional manager was responsible for ensuring the company training strategy was implemented according to the requirements of the care centre. It was evident this had not happened.

The manager told us they had identified they could not evidence previous training that staff had completed so had recently introduced ten on-line mandatory training modules that all staff had to complete. These included fire safety; health and safety; safe manual handling; infection control; safeguarding- protecting against abuse and safe food handling. We saw staff had been instructed to complete the training sessions through group supervision. One group supervision record dated 3 March 2016 stated 'to do mandatory training and issued staff handbook'. The electronic training system showed only seven staff had completed all the required sessions.

Records to show nursing staff were competent to carry out specific clinical duties such as PEG (Percutaneous Endoscopic Gastrostomy), syringe driver and wound management were not available. The manager said a member of staff had completed wound care training in May 2016 which equipped them to cascade the training, and syringe driver training was booked for the end of June 2016. The manager agreed to include clinical competencies in the training programme.

One person who used the service told us they were happy with all aspects of the care they had received apart from how staff had changed their conven (external catheter). They told us, "They are not trained to do it properly, they attempt but then it comes off." We looked at training records but there was no information about care or nursing staff having done any relevant training. One care worker told us they had done this training during previous employment.

We found newly appointed care staff had not received a comprehensive induction. The provider did not have an induction programme that followed good practice guidance outlined by Skills for Care. We looked at three staff files who had started working at Owlett Hall since October 2015; these showed they had

completed some handwritten assessments such as safeguarding; protecting against abuse, fire safety and safe manual handling. None of the assessments contained any evidence to show these had been returned to the assessor or assessed by a competent person. A member of staff who was working as a nurse had only completed an end of life training session.

The provider had a staff supervision and performance appraisal policy. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well. The policy stated each care worker would receive a formal supervision meeting at least six times a year and a formal appraisal meeting at least once a year. The policy said the appraisal form would be retained in the staff member's individual development pathway file for future reference. We found the policy was not being adhered to.

We got a mixed response when we asked staff about supervision; some felt they had been well supported but others did not. One member of staff said, "I've had regular supervision." Another member of staff said, "Supervision is not very often." A supervisor said, "We don't have time to supervise staff and don't have supernumerary time." The manager said they had not been able to evidence the frequency of previous supervision sessions so had introduced a new staff supervision matrix which commenced in February 2016.

We looked at appraisal forms and saw 22 had been completed with staff. These covered overall achievements such as attendance, appearance, work ethic and standards, relationships and record keeping. For each section a score was awarded then an overall score was given. At the end of the appraisal form there was a statement which made reference to the individual development pathway and 'guidance given by my line manager to aim for full achievement within the specified timescales'. However there was no guidance or individual development pathways. We concluded that staff were not receiving appropriate support, training, supervision and appraisal as was necessary to enable them perform their job safely and appropriately. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The Mental Capacity Act 2005 (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 the Deprivation of Liberty Safeguards (DoLS). It was evident from discussions with staff and management, and reviewing documentation there was a lack of understanding of the legislation.

We looked at statutory notifications that were sent to us by the provider and saw they had informed us between December 2015 and February 2016 that seven DoLS applications were submitted to the local authority. At the inspection we asked for an update and received different information and it was evident staff and management did not know who had an authorised DoLS. A nurse in charge named two people on one unit; the manager named one person and said they were unaware of any others. Other staff said they did not know. We looked at a 'DoLS' file which had a front sheet with names where DoLS applications had been submitted and approved. This stated there was only one authorised DoLS, however, when we asked to look at the authorisation document no-one could locate this.

We looked at people's care records and found that some information was available which related to consent and capacity, however, there was a lack of consistency. For example, mental capacity assessments and best

interest decisions had been completed around personal care for one person but not for another person who was being restrained by staff during personal care. We looked at their care file and there was no related assessment or best interest decision. Another person had bed rails which were being used as a form of restraint. We looked at their care plan and no formal assessment of capacity had been made or best interest decision documented.

In one unit a nurse told us they had not done MCA training and said, "We work day to day with consent but it's a muddy minefield. No assessments are getting done; nobody wants to do them. It's not my role to do mental capacity assessments." In another unit a nurse told us, "I'm not sure who is subject to DoLS. The assessor visited last week. An assessment has been sent for everyone I think but not sure. I have not completed any mental capacity assessments."

We concluded that staff were not acting in accordance with the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need to consent.

We saw drinks and snacks were offered to people throughout the day. We received very positive feedback about the quality of meals. People told us they enjoyed the food, had plenty to eat and drink, and were happy with the choice of meals. Comments included; "It's nice food and healthy", "We get different things and get choice of two", "I have fresh water and enjoy a coffee on a morning", "The food is excellent, we get a good choice", "The food is lovely and we get lots". The menus we reviewed showed people received a varied diet. A member of the catering staff told us provisions were sourced locally and this included fresh vegetables which were served daily.

We observed three meal times and saw in the main, people who sat in the dining areas had a good experience. Tables were set with serviettes and condiments. The manager said they were purchasing tablecloths. Several people had meals in their rooms; we observed staff were organised and made sure everyone received assistance with their meals.

On the second day of the inspection, a new member of staff, who had only started working that same day, assisted two people to eat their meals whilst in bed but had not been equipped to do this safely. The member of staff told us they had looked around the service, had a brief introduction from the nurse and shadowed other care workers but had not read any care files. We looked at the care plans and assessments for both people who had been assisted and saw one person was assessed as a 'choke risk' and had swallowing difficulties, and the other person had a note that a speech and language therapist (SALT) referral was made; the nurse in charge said the person had swallowing difficulties and they believed this was why the SALT referral was submitted.

Some people received nutrition and hydration via PEG. On the third day of the inspection we looked at the records and saw these indicated people were not always receiving their recommended amount of fluid and nutrition. For example, one person should have received 2900mls of fluid and nutrition per day but records showed on the day before the inspection they had only received 1800mls in total and there was no evidence 500mls of the nutritional intake was given. Stock records were not maintained for the prescribed nutrition so we could not check if the balance was correct. Another person should have received 1975mls per day and had only received 1510mls the day before. Stock records were not maintained so we could not check if the balance was correct.

One person's assessment stated they should be trialling taster spoons which included tea or coffee. Their care plan stated they could have five teaspoons of taster fluids otherwise nil by mouth. (The fluid was to be given as a thickened fluid.) We saw from the person's communication notes there was only one reference to

the person receiving the taster spoons. The nurse in charge said they did not know if the taster fluids had been given but it would be recorded in a file in the person's room. We looked at the relevant file but this did not include any information about giving the person taster spoons.

One person who had lost weight was referred to a dietician. This is good practice because it ensures the person receives specialist advice and support. However, we saw from their records they were weighed in December 2015, February 2016 and April 2016, and each time they had lost weight but because they were only weighed every two months the referral was not submitted until April 2016. The person had a malnutrition universal assessment tool (MUST) which indicated they were at high risk of malnutrition. The identified actions included weigh weekly and refer to dietician. We saw that staff had made the referral but had not been monitoring weekly.

We concluded care and treatment was not provided in a safe way for service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw from people's care records they had accessed a range of health professionals which included GPs, opticians, SALT and dietician. A member of staff told us dentists and chiropodists organised the frequency of their visits and were carried out regularly, however there was no records to evidence this. There was no information in people's care records about using dental services and a member of staff told us the service had difficulty accessing dentists. They said an oral hygiene champion was being introduced. The manager told us, "We are currently encouraging staff to refer to other professionals such as occupational therapy, community physio and the falls team. This has not always happened in the past."

Is the service caring?

Our findings

We received mainly positive feedback from people who used the service about the care they received. People we spoke with were complimentary about the staff. Comments included, "The nurses check I'm ok", "Staff are friendly", "They are smashing lasses", "I have had a good experience", "Staff are very nice and respectful and provide me with dignity", "My room is nice and warm", "There is lots of sense of humour here and we all get on ok", "Staff are good and staff are kind".

A visiting relative told us, "[Name of person] always looks clean and has clean clothes and clean bedding." Another relative told us about a recent experience where they felt staff had not responded well to a request from a person who used the service. The relative said it was only when they challenged staff that the person's request was met.

During the inspection we observed people enjoyed the company of staff and others they lived with. In one unit, two people who used the service, a visiting relative and a member of staff were laughing together and chatting about some recent television programmes they watched. A group of people who used the service were chatting together in another unit.

Staff were friendly and we saw they were kind and caring in their approach. We saw they handled some sensitive situations well. For example, one person made a comment to a member of staff that was inappropriate; the member of staff responded professionally and ensured the person knew they could offend people with their comments. The situation was well handled and dealt with promptly to prevent it from escalating.

At the last inspection we reported that 'before and after lunch people were observed queuing for the lift. Staff had taken people near to the lift so there was a line of wheelchairs and some people had to wait quite a long time before they could access the lift. This situation could have been better managed and the registered manager agreed to review this'. At this inspection we observed it was still happening. On the first day of the inspection, after lunch, people were assisted from the dining room to the top floor via the lift. We observed four people in wheelchairs were lined up in the corridor. The manager said they had already identified with the staff team that it was unacceptable and poor care practice but did not realise this was still happening.

On the second day of the inspection, the lounge carpet had been cleaned and doors were closed which prevented people from accessing the lounge throughout the day. It was evident arrangements to accommodate people were not well planned. One person who was spending time in one of the other unit's lounge told us, "I was just told you can't use the lounge it's being cleaned but they said I can go to another lounge or stay in my room." We asked staff on duty what consultation was held but they said they were unsure.

People told us they could make some choices about the support they received such as where to spend their time. One person said, "I usually choose what to wear and am asked if I want a shower." Another person

said, "Staff always ask what I want to eat or drink." Another person said, "I always ask for coffee on a morning and that's what I get." One person told us, "I have a shower in my en-suite once per week. I sit on the toilet to have a shower most of the time, there is only two staff who get the shower chair out. I would prefer more showers." We shared these concerns with the manager who agreed to make sure people's showering and bathing preferences were identified and met.

Within people's care plans there was a 'my life document', which contained important information about their history. One person's document had details about their favourite pet's name, family and hobbies, which informed us they had enjoyed dancing. Staff were able to tell us about people's likes, preferences and history which included their family background.

Staff told us people were well cared for. One member of staff said, "We understand people's needs, know people well. Care wise it is good." Staff told us they promoted choice, privacy and independence, and gave examples of how they did this. One member of staff said, "When people need the toilet we leave them in privacy and we make sure windows and doors are shut." Some staff felt a lack of staffing and a lack of equipment sometimes impacted on care delivery. One member of staff said, "We have no kitchen for people to get involved in making their own drinks, one person gets involved sweeping rooms and making their own beds though."

We saw people looked well dressed and cared for. For example, we saw people were wearing clean clothes, jewellery and some people had their nails painted. Staff told us sometimes they did not always have time to carry out daily shaves and planned baths.

Visiting relatives told us they were free to make visits at any time, and we saw visitors were made welcome when they came into Owlett Hall.

We noted information was displayed in the home to help people understand their care. This included information about the home, what people should expect and what they should do if they were unhappy about their care. We saw a poem in the entrance about dignity and 'how we don't do it here'. There were details of staff who were appointed as dignity champions. The previous inspection report was available.

We noted that office doors were wedged open on all floors. Care plans, medication records, diaries and notes which are confidential were kept in the offices. Doors were left open even when staff were not present, which therefore left people's records accessible to anyone in the unit. The manager agreed to address the areas we raised at the inspection.

Is the service responsive?

Our findings

We looked at how people's care needs were assessed and planned in all three units. The rehabilitation unit had different arrangements because the NHS therapists were responsible for completing the assessment and care planning process, and used their own documentation. Staff from Owlett Hall were then responsible for delivering the care and updating the care plan when required. We saw these care plans were pre-printed and not person centred. This meant people who used the service did not have a robust person centred care plan and people's needs were not always assessed and planned. For example, one person had a pre-printed diabetes care plan which stated 'agree with GP frequency and timing of blood glucose monitoring.' However there was no information about the frequency and timing. We saw there were three recordings in the person's care record which showed their blood glucose was monitored but because there was no specific care plan we could not establish the level of monitoring was appropriate to meet their individual needs. Although we saw care plans were not person centred one person told us, "I know my plan for going home and what we are waiting for."

People who stayed in the other two units had their care needs assessed and planned by nursing staff employed by Owlett Hall. We looked at care plans and saw there was little evidence to show how people had been involved in developing their care plan. One person said, "I have not seen or signed my care plan." A member of staff said, "We should review with the family every three months but it's not done I don't think." They told us, "One family signed a person's plan so they could help deliver the person's care when out in the community."

We saw evidence of pre-assessments which were completed before people moved into the home. Assessments and care plans were then developed from the pre-admission documents and covered areas such as nutrition, moving and handling, communication, continence, pain and personal care. We saw there was a lack of consistency in how assessments and care plans were completed. Some were informative and described what staff must do to meet the person's needs; others did not contain enough information.

One person had Parkinson's disease and their care plan explained their symptoms. They had a communication plan which outlined how they communicate and stated staff had to wait for them to 'formulate a response' and 'facial expression' was important to them. We saw their care plan had been reviewed recently. Another person's dietary likes and dislikes were clear and assessments identified where they were at risk, for example, falls and nutrition. However, when we looked at their care plan there was no reference to the level of risk in their eating and drinking care plan or how care should be delivered to meet their needs. Their personal care plan stated they were fully independent but the review stated they were variable.

Care staff told us nurses completed the care plans so their involvement was limited and they did not really have time to read them. Staff said they did not write up communication notes but passed on information to the nurses, although they did complete charts in people's rooms. They said they usually got updates about changes in people's care needs through handovers. Some staff said they were concerned because they felt the quality of handovers and information shared was inconsistent. They said sometimes these were detailed

and lasted 30 minutes but at other times only a 'couple of minutes'. They told us one reason was because the person leading the handover could speak very little English so there was a language barrier. At times, during the inspection, we had difficulty finding out about some people's care needs when we asked questions because the member of staff whose first language was not English did not understand what we were asking. They told us they did not have a problem with written English but struggled with spoken English. We discussed these concerns with the manager who agreed to look at how they could help develop communication to ensure important information was shared so people's care needs were not overlooked.

We looked at some of the charts that were kept in people's rooms which were used to monitor their health and well-being. We saw these were not consistently completed so it was not possible to get a clear overview of the care people were receiving.

Care plan audits were being carried out and identified omissions in the process but these were not always followed up. One care plan audit identified that a referral to community physiotherapy was still outstanding, the person was not being weighed weekly and a review with the family was overdue. We saw none of the points had been actioned. We concluded the care and treatment of people who used the service was not always assessed and planned in a way that ensured their needs were met. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

We saw there was a scheduled programme of social activities, which was displayed near the entrance. This included pamper day, reminiscing, out for lunch, gentle chair exercise, quiz, hand care, bun decorating, hairdresser. The home employed an activity worker who told us they often did small group or individual activities; they said large group sessions did not generally work although once a month they had an entertainer, a music for health session and a church service. They told us people enjoyed reminiscence sessions.

We got a mixed response when we asked about the activity programme. One person who used the service said, "We get some activity but not plenty, we do music with movement, and a young man does one. They don't tell you about things, I have missed two things lately." Another person said, "I don't join the communal activity, I have my kindle and television, my sister visits and I use a wheelchair to go out with family." A visiting relative said, "[Name of person] needs more stimulation, she gets fed up sometimes, we call to check she has her television on."

People were observed discussing football which had recently been on television and said they were pleased to have their own television to watch in their room as well as the communal one in the lounge.

Staff generally felt there was not enough stimulation. One member of staff said, "There could be more activities. They have started taking people out for lunch and to the shop so it's improving. There's only one activity co-ordinator for three floors." Another member of staff said, "They don't have entertainment or stimulus, they keep encroaching on the activities worker to do other jobs."

We asked to look at records of activities to find out what had been offered in the last few weeks but were told there was an activity file but the records had not been updated. On the second day of the inspection people were told there would be bun decorating in the lounge on the top floor, however, we observed this did not happen. The manager was asked later about the activity and informed us the activity was held downstairs because the activity worker was asked to answer the telephone because the administrator had been asked to attend a meeting. We observed on all three days of the inspection that the activity worker helped out with other tasks, and assisted at meal times and with drinks. Some people commented on the garden which we observed was overgrown and not a pleasant area to sit. One person said, "The garden is

shocking." Another person said, "The garden is not good to look at. It would be nice to sit outside." The manager said they were looking at the activity programme and organising for the garden area to be better maintained.

The complaints procedure was displayed in the entrance and had contact details for the regional manager, the local authority and Care Quality Commission. We asked to look at complaints received for the last 12 months but were told by the manager they were unable to locate any complaints prior to February 2016. Therefore we were unable to establish how many complaints were received in the last 12 months.

The manager said they had introduced a complaints file and robust system since February 2016. We looked at this complaint's record and saw any complaints received were logged and acknowledged, and then reviewed and investigated by the manager. Where possible they were resolved to the person's satisfaction. The operations director sent an email which stated they had no records of other complaints since they had been involved with the home (October 2015). They said previously complaints were probably dealt with verbally by the registered manager but now they had a system in place to manage formally and record outcomes.

We saw people had sent compliment cards which were displayed in the home. Comments included, 'Thank you. We have really enjoyed the experience', 'A big thank you to you all who looked after [name of person] and made his time at Owlett Hall enjoyable and comfortable to the end', 'Many thanks for all the care and attention you showed [name of person], making his final hours so peaceful', 'Thanks you for looking after me in April', 'Thank you for the wonderful care', 'Thank you for your kindness'.

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of the inspection. The manager started working at Owlett Hall in February 2016 and had submitted an application to be the 'registered manager' in May 2016. This was being processed by the CQC registration team. The manager was supported by an administrator, a deputy manager and a team of nurses who worked at Owlett Hall.

We got a very mixed response when we asked staff about management and leadership. Some felt the service was well managed whereas others did not. During the inspection it was evident there was a clear division around the management arrangements and this was impacting on service delivery. Some members of staff said the manager was approachable whereas others said the manager was not visible and spent too much time in the office. One member of staff said, "[Name of manager] is very understanding. I have a problem she understands and helps so she is supportive. She is teaching me the systems needed. Change has happened and we are getting there. Better for the good." Another member of staff said, "[Name of manager] is changing it for the better. It's slowly changing, it's cleaner and people are getting out. It's changing the culture and it was really needed. Positive changes are making a difference but not everyone likes it. We're going through transition." Another member of staff said, "I'm not happy here because the focus of care has changed and I've struggled with this. I've noticed a difference with residents; they are making complaints. They don't know the manager; she's not visible. The nurses are not supported and she has no idea of what is going on. Families are concerned the manager is not on the floor."

A number of concerns were raised by people who used the service and relatives about the management of the service; this related to the accessibility of the manager. One person said, "I have met the manager but I don't know her name. I have told her these staff should get more pay." Another person said, "The new manager we have never met her. She has never said hello I don't think she has ever been on this floor." A relative who visited most days said, "I don't know the manager. I've passed her in the doorway but have never seen her up in the unit." Another relative said, "I have not met the new manager, I know my dad is not keen as she never comes out of her office. You get the impression as she didn't introduce herself to families and was more office based." A professional who responded to our request for information told us, "There would appear to be some tension between some of the old staff and the manager."

The manager told us, "Things have been rocky. Some staff are disgruntled. The majority of staff are accepting change. We are trying to instil change and explaining why."

At the last inspection we found the service was breaching three regulations which related to staffing, management of medicines and safeguarding people from abuse. We found the registered provider had failed to take appropriate action and were still in breach of the regulation relating to staffing. They had taken action sufficient to meet the other two regulations although there were still minor areas that needed addressing. We found they were also in breach of additional regulations.

At this inspection we found they had not responded to other reports and audits which had identified concerns about the service, For example, a health and safety report had been completed in October 2015.

This had been completed by an independent company. They had identified some areas which required immediate action. For example, they had found there was no testing and servicing of the slings, hoists and bath lifts; bedrails were not inspected; food hygiene training was only 7%; some external areas did not appear to be safe for use by people who used the service. We saw an action plan had been drawn up in response to the health and safety report but the first actions were not completed until February 2016, four months after the report was written. This had included servicing of the slings and hoists, and inspecting bedrails. Some actions had still not been addressed, which included food hygiene training and the external areas.

A fire risk assessment was completed in October 2015 and had been completed by an independent company. They had identified hazards and recommendations. We saw an action plan had been drawn up in response to the fire risk assessment but actions were not completed until April and May 2016, six months after the assessment was written. Some actions had still not been addressed, which included displaying some fire action notices, fitting emergency lighting along escape route, and fitting suitable fire resistant self-closers on some doors.

The manager showed us a number of audits that had been introduced since they had started in February 2016. For example, an audit and action plan for medication management identified areas such as missing signatures on medication administration records. An infection control identified areas such as bath/shower equipment were not all clean and mattresses were not being cleaned regularly with soap and water. In all audits we reviewed there was a lead person with responsibilities and review dates.

We saw records which showed data was being collated which related to complaints, accidents, safeguarding and people's weight. This enabled the manager to monitor these areas.

It was difficult locating some information and establishing what systems were in place for gathering, recording and evaluating information about the quality and safety of the service. For example, when we asked to look at some of the premises records we found these were held in three different places. We received different information from members of staff. We were shown different records which provided conflicting information. There was a lack of organisation and systems were not operated effectively. The manager acknowledged things were disorganised and said there was a lot of work in progress and a great deal still to address.

Staff told us regular team meetings were not held. One member of staff said, "I've never been to a staff meeting." Another member of staff said, "I've not attended a staff meeting in three years and never discussed things as a team." The manager said they had identified this as an area that needed developing but so far only one meeting had been held for nurses. They told us two staff meetings were planned for the week after the inspection and we saw notices were displayed confirming this. We saw the nurse meeting minutes, which showed topics such as medication, safeguarding, staffing, care planning and training were discussed.

The activity worker said monthly resident meetings were held although some people said they were unaware of these. One person said, "I didn't know they had resident meetings. I've never known them and not seen them up here." We looked at the meeting minutes file but only one from March 2016 was minuted. This showed eight people had attended and had discussed activities but it was difficult to establish what had been discussed because the notes were very brief; there were no action points.

A quality assurance survey was carried out in one unit in April 2016; 13 people who used the survey took part. The manager had analysed the results and concluded on the whole staffing on the unit was low,

people provided positive feedback about food and overall they were satisfied with their care. The manager had recorded that they were going to liaise with the unit manager and funders about staffing.

The manager said senior managers were available when they wanted advice and also visited the service. We looked at two quality assurance reports which were completed by the quality assurance manager. One was dated February 2016 and the other dated May 2016. These both rated the service as amber and awarded a score of 63%. Amber indicates an intermediate risk. We saw the reports were detailed and identified areas of concern, however there was little evidence of progress. Some areas identified in the February 2016 report were still outstanding in the May 2016 report, and had still not been addressed when we visited in June 2016.

Although we found the manager had introduced a number of quality assurance processes and was evidencing that audits had commenced, we concluded the provider's systems and processes were not operated effectively. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR), however this was not returned to us. The PIR is to assist in inspection planning and to help identify areas to explore in more detail on a site visit. The provider told us they did not receive the request for the PIR. We checked our records which confirmed the request was sent but not responded to. We therefore had to carry out our inspection planning without the PIR to assist.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care and treatment of people who used the service was not always assessed and planned in a way that ensured their needs were met.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Recruitment procedures were not operated effectively.
Treatment of disease, disorder or injury	

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Staff were not acting in accordance with the MCA.
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person did not assess the risks to the health and safety of service users and did not do all that was reasonable to mitigate risk.
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Sufficient numbers of competent staff were not deployed in order to meet people's needs in a timely way.
Treatment of disease, disorder or injury	Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.

The enforcement action we took:

Warning notice