Otterburn Health Care Limited

Otterburn

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Otterburn on 4 June 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our November 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At our inspection in November 2017 we identified that Otterburn was in breach of regulation in relation to medicines management and we asked the provider to take action to make improvements. This action has been completed. At this inspection we found that Otterburn had improved and was now meeting the regulation, but remained as requires improvement in the key area of safe.

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

Otterburn accommodates up to 30 people across three separate units, each supporting 10 people. These units are called Otter, Fox and Squirrel. The home provides care and support to people with complex health needs including rare forms of dementia, physical disabilities, mental health needs and brain injury and neurological disorders. At the time of our inspection there were 27 people living at the home.

The provider is required to have a registered manager at Otterburn. 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 the time of our inspection. Otterburn did not have a registered manager but we are aware the acting manager had applied to register with us.

People were not always safe at Otterburn. We found that in some cases staff were not following nationally recognised guidance in relation to how they monitored people's skin conditions or how they recorded the risks associated with weight loss.

Medicine management had improved but there remained some concerns relating to how 'as required' or PRN medicines were given and the information available to staff to give these medicines safely. We also found staff were not always following the manufacturer's guidelines in relation to how they applied

medicinal skin patches.

People were safeguarded from potential abuse, and staff knew what to do to report any concerns. Staff had received training and understood their role in relation to safeguarding people.

Staff were recruited safely and the acting manager had processes in place to support staff well. There were good infection control measures in place at Otterburn, and the management had systems in place that meant that they were able to learn from accidents and incidents to help make sure they did not happen again.

The acting manager understood their roles and responsibilities in relation to the law and was applying to become the registered manager. The quality of the care people received was monitored by the acting manager, and over seen by the provider to make sure there were on going improvements.

The co-ordination between staff and other agencies was effective. People had support from staff who communicated well.

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 consistently safe.
Risks to people were not consistently well managed.
Some medicines and some risks were not always managed in line with national guidance.
People were safeguarded from potential abuse.
People received support from staff that were recruited safely.
People were protected by appropriate infection control measures.

Is the service well-led?

Good

The service was well led.
People felt able to express their views, and felt listened to.
The acting manager understood their role and responsibilities.
The quality of the care people received was monitored and the acting manager had checks in place to ensure people were supported effectively.
The coordination between staff and other agencies was effective and communication was good.

Otterburn

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 checked 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.

The inspection team consisted of one inspector, one pharmacy inspector and a specialist advisor with detailed knowledge of nursing care.

Before the inspection the provider was asked to complete 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. We took this into account when we planned our inspection and when we made the judgements in this report.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. Healthwatch England is a national independent champion for consumers and users of health and social care in England. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The information from the SOFI was used to make the judgements in this report.

During our inspection we spoke with three people who lived at the home, one relative, the acting manager and nine care staff. We reviewed some aspects of the care records of 11 people who lived at the home and other documentation relating to the management of the service.

After the inspection the provider sent us some documents that we had asked for about the quality

assurance processes used at Otterburn.

Requires Improvement

Is the service safe?

Our findings

At the time of our last comprehensive inspection in November 2017 we rated this question as requires improvement. We identified a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in a Warning Notice being issued to the provider in January 2018. This was because systems were not in place to ensure that people received their medicines as prescribed. At this inspection this question continued to be rated as Requires Improvement due to some on-going concerns in relation to risk assessments and medicines, but the home was no longer in breach of the Regulation.

People were not always kept safe from some risks in relation to their care. We found that some staff were not following guidelines in relation to monitoring and managing risks around nutrition and skin care. For example, two people with complex health care needs had incorrect monitoring in relation to their weight gain and loss. This monitoring uses a scoring system, some of which had been wrongly calculated and were not added up correctly. This meant that people were at risk of becoming ill as staff were not aware their changing needs. We also found people were not having small injuries recorded appropriately on body charts, and staff were not clear about what actions should be taken to keep people safe in these circumstances. Staff told us they were applying people's body creams, but we found the guidance for staff as to where and how to apply medicinal creams for each person was unclear. Recording of when these creams had been applied was also inconsistent. We bought these concerns to the attention to the acting manager who had begun to develop processes to address these concerns.

We found where people needed to have their medicines administered directly into their stomach through a tube (peg feed) the provider had not ensured necessary information was in place to ensure that these medicines were prepared and administered safely. We spoke with one of the agency nurses about how they had carried out this procedure and found they were not following best practice.

We looked at how one person's pain relieving skin patches were being managed. We found the patches were being changed after the prescribed time interval however the patch application records showed that the patches were not being rotated correctly around the body so there was a risk that this person could experience unnecessary side effects.

The last inspection found that the Medicine Administration Record (MAR) charts were not able to demonstrate people were receiving their medicines as prescribed by their doctor. During this inspection we looked at the MAR charts and found these records were accurate, and were able to demonstrate people were getting their medicines as prescribed.

All Medicines were being stored securely and at the correct temperature. We also looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found the Controlled Drugs were stored correctly with their administration recorded accurately. This showed these medicines were being administered as prescribed.

Some people were prescribed medicines that were to be taken as needed and are known as 'as required' medicines. We found plans to describe the use of these medicines had been included with people's MAR charts. We reviewed some of these 'as required' plans and found they did not all have the necessary information to ensure staff knew how these medicines should be safely administered. For example, the information available to staff directed them to administer anti-anxiety medicines to people when they were anxious and agitated. There was no description of how the person would present as anxious, and when it was appropriate for staff to intervene for the protection of that person.

We saw there were sufficient numbers of staff on duty to support people. We noted on the day of the inspection however, that there were a high number of agency staff on duty. The acting manager told us many permanent staff were on training in the day of the inspection, which staff confirmed. The acting manager showed us the system they used to identify how many staff were needed to support people at any one time. We looked at staffing rotas; these showed agency staff were not used in large numbers. People we spoke with expressed their unhappiness with the numbers of agency staff used at Otterburn. One person told us, "I need someone who knows my routine, it makes me angry and distressed." Another person told us, "There's not enough permanent night staff." One person raised their concerns at a recent resident's meeting and said they were unhappy because there were too many agency staff and they don't do anything all day. The acting manager told us of the on-going recruitment process that was in place to address these concerns.

People had comprehensive risk assessments in place that had been reviewed and updated as required. We also found some people had positive risk assessments in place, which supported them to maintain their independence; such as how to make a hot drink safely. We noted the risks assessments to support people who had behaviours that might be considered challenging were not consistently of a robust standard. For example, one person had a risk assessment that listed what the person did when they became upset but it did not give clear instruction to staff about how to support that person in that situation. A member of staff told us, "The records are not very good, they don't tell us what to do." This indicated that people may not have been consistently supported in the safest manner possible.

We spoke with staff who provided us with an overview of the type of support people needed to remain safe and free from the risks of potential harm. For example using a hoist or assisting a person with their meals. Staff knew people well, and were caring and concerned about peoples' safety and wellbeing. A relative said, "They know what they are doing and I think (the person) is safe here." A member of staff said, "I think the people are all safe."

Staff we spoke with were able to tell us their understanding of how to keep people safe and how they would report concerns to the acting manager or other professionals. For example, the local authority if they suspected or saw something of concern. We found staff had a clear understanding of safeguarding issues. When we spoke with the acting manager they had a good understanding of the processes and procedures needed to ensure people were kept safe.

We reviewed two staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

We found people were protected from the spread of infections, and staff ensured that the home was clean

and hygienic at all times. One relative said, "They look after [my relative] well, (they) is nice and clean and his room is always clean and tidy." All areas of the home were clean and smelt fresh. We saw that cleaning audits were in place with a list of actions to be taken were there any concerns. We saw chemicals and cleaning materials were kept safely locked away and did not present a danger to people. There was good hand washing facilities in people's rooms, and communal areas with each room having an individual soap and paper towel dispenser. Staff who helped with meals were seen to observe good food hygiene and staff were seen to use personal protective items such as gloves and aprons.

There was also evidence that the equipment people used to assist them move such as slings, were for one persons' use only, and therefore reduced the risk of any cross infections. The acting manager carried out audits of infection control and we saw these were effective in keeping the home clean. People could therefore be confident that practices were in that place would reduce the risk of infection.

We noted that the provider recorded all accidents and incidents. All information relating to an accident or incident was recorded on an electronic system with details of the person, details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons learnt. The acting manager reviewed all accidents and incidents and these were shared with the provider. The reports were used to review all accidents and incidents for trends and patterns to implement improvements and prevent re-occurrences where possible. This system was replicated for other areas of learning such as falls, infections, and safeguarding concerns. These examples showed that the acting manager had processes in place to make improvements based on learning from when things went wrong.

Good

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in November 2017, we rated this question as requires improvement. At this inspection we rated this key area as Good.

At the time of our inspection there was a acting manager in place, who had applied to register with us. The previous registered manager had recently left the service. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The acting manager and provider had notified us about incidents and events as required by law.

Peoples' relatives spoke highly of the acting manager. One relative said told us, "The managers are good, they know what they are doing." Staff were enthusiastic about their role in supporting people and spoke positively about the home, the acting manager and the provider. One staff member told us, "We get good management support." A health professional said, "Staff are professional and friendly and understand their residents well. Referrals are made promptly to my service and staff
always contact us if they have any concerns."

We saw people had been involved in the running of the service and one person had been appointed as the homes 'ambassador' whose role was to take part in the 'service user council' and represent all the people at Otterburn. People were involved in their home by attending resident's meetings. We saw easy to read notes of these and how issues had been discussed and raised with the acting manager for action. The acting manager confirmed that they had begun to implement changes to meet people's wishes and concerns.

We found that Otterburn had a comprehensive quality assurance programme that was mostly effective with some exceptions around records. We noted some risk assessments had been incorrectly completed, were not sufficiently detailed or available to staff so they had clear guidance as to how to keep people safe. This area of concern had not been effectively addressed through the audit process. We spoke to the manager who assured us that this issue was being addressed and plans we saw showed that the issue had been identified and was being rectified.

Other areas of the quality assurance process were effective. The acting manager and senior staff conducted regular audits and checks to ensure effective governance of the service. This included monitoring of DoLS authorisations, fire systems, accident and incident monitoring for patterns and trends, infection control audits, care plan reviews and health and safety audits of the building and equipment. Information was then collated and reviewed so any patterns and trends could be identified and action taken where areas for improvement were identified. Incident forms included a review by the acting manager and any follow up actions were recorded. The provider also conducted regular visits, to check the quality of care provided. These visits were recorded and an action plan was completed with timescales to ensure any concerns were addressed.

The manger showed us examples of how any serious incidents in the home resulted in external resources

being brought into the home to support the management team to take appropriate actions. In one example this had resulted in a significant increase in funding for one person that allowed them to have more staff support, and therefore remain safe.

The acting manager worked in partnership with other agencies to better meet the needs of people living at the home. For example, they worked with other services that provided similar care to gain knowledge and skills and used the resources of an external consultant. The acting manager also used resources and kept up to date from national sector specific organisations. For example, information provided by the Care Quality Commission. We noted that the ratings form the last inspection were in the entrance hall at Otterburn and also displayed appropriately on the website.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.