Otterburn Health Care Limited

Otterburn

Inspection report

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Date of inspection visit:
28 March 2019
29 March 2019

Date of publication:
25 April 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Otterburn is residential care home that is purpose built and, provides personal care and nursing for up to 30 people across three separate units, each supporting 10 people. These units are called Otter, Fox and Squirrel. Care and support is provided 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 the inspection 29 people were living at the home.

People's experience of using this service:
● People received safe care. Medicines were managed safely; infection control arrangements were effective in reducing cross infections and there were enough staff to support people and keep them safe.
● People were supported by skilled staff with the right knowledge and training. This was important as people had complex and multiple needs.
● Staff involved people in decisions about their care and obtained the necessary consent for the care and support provided.
● Staff ensured people had access to healthcare services by making appropriate and timely referrals and following their recommendations and advice.
● Staff had respectful, caring relationships with people they supported. They respected people's dignity and privacy and promoted their independence.
● People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
● People were involved when their care plans were reviewed and were actively involved in decision making in relation to their care and support.
● People felt supported and it was apparent from our discussions with staff and what we saw throughout the inspection, that staff cared about people and their well-being.
● Effective quality assurance processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection: The rating at the comprehensive last inspection undertaken on 23 and 24 November 2017 was Requires Improvement and the report was published on 22 February 2018. After this inspection we undertook a focused inspection on 20 June 2018 and the report was published on 10 August 2018. At the focused inspection we looked at how the provider had progressed areas of improvement to meet legal requirements.

Why we inspected: This was a planned inspection based on the ratings at the last comprehensive and focused inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Otterburn

Detailed findings

Background to this inspection

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

Inspection team:
On 28 March 2019 this inspection was carried out by one inspector, one specialist professional (nurse) advisor (SPA) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 29 March 2019 one inspector returned to complete the inspection.

Service and service type: Otterburn is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
We looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and health professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. 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.

We spoke with seven people who lived at the home and three relatives to find out their views of the quality of the care provided. We spoke with the management team including a registered manager from one of the provider's other services and regional director of operations. In addition, we spoke with the administrator, two nurses [one nurse was a unit manager] and seven members of staff including, team leaders, care staff, a member of the housekeeping team and the catering manager.

We looked at a range of records. This included sampling four people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for staff recruitment, managing incidents, and the checks undertaken by the registered manager and the provider's senior management team on the quality of care provided.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our focused inspection on 4 June 2018, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure staff were always recording and monitoring people's identified risks and medicines were managed safely. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'.

Systems and processes to safeguard people from the risk of abuse:

- People consistently told us they felt safe at the home. A person said, "Yes, I feel safe. There are more staff around. If there is an emergency someone here 24/7."
- Staff were aware of the signs of abuse and the action to take if they had any concerns. They were aware of the role of the local authority safeguarding team and how to contact them if necessary.
- The management team were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed in line with the provider's procedures.

Assessing risk, safety monitoring and management:

- Staff completed assessments to provide staff with guidance about people's risks related to their health and safety and took action to reduce these. This included the monitoring of people's skin conditions and identified weight loss.
- People were supported to have independence, choice and control of their lives and positive risk taking was encouraged and lifestyle choices were respected. For example, it was important for a person to do something they liked to do, as this made them feel safe and comfortable. We saw staff supported the person with this while ensuring risks of avoidable harm were reduced.
- The management team and staff showed how through their training and their knowledge of people they were able to reduce anxiety, agitation and stress to improve people's sense of wellbeing. We saw examples of how staff supported people when they declined care or their anxieties were raised. Staff showed empathy and knew how to distract people using safe management strategies.
- Checks to the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People told us they received their medicines when they should and staff took steps to ensure they did not run out.

● Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.
● A personalised approach was taken by a nurse when assisting people to take their medicines. For example, the nurse knew people's preferred communication methods and utilised these, while also taking care to make people feel at ease. This was important as some people had a lot of medicines and required individualised support to take these, so their needs were met such as, a person receiving their medicines through a percutaneous endoscopic gastrostomy [PEG]. This is a tube passed into a person's stomach.

Staffing and recruitment:

● Sufficient staff were rostered on duty to meet people's needs. People told us there were enough staff to provide them with the care and support they needed, and staff also confirmed they felt staffing levels were sufficient.
● The management team adjusted staffing arrangements to better meet people's needs. When people were allocated one to one time, an additional member of staff was rostered to provide that care.
● Safe recruitment practices were followed to ensure staff were suitable to work with people who lived at the home with complex needs. Staff confirmed the required checks were completed prior to them commencing work at the home.

Preventing and controlling infection:

● The service was well-maintained, clean and tidy throughout.
● Staff were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong:

● Staff reported incidents and accidents when they occurred, and the management team reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection on 23 and 24 November 2017, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure staff had received specific training to meet the individual needs of people they supported. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'.

Staff support: induction, training, skills and experience:

● Positively, following our last inspection the management team had worked hard to support staff in receiving training to meet the individual needs of people who lived at the home. We saw how this benefitted people as staff had the skills and knowledge to perform their roles and responsibilities effectively. On this subject a person who lived at the home told us, "They [staff] have the skills and knowledge to look after me." A relative also said, "They [staff] understand him very well."
● Induction processes had been examined by the management team, so staff had a good insight into their roles, responsibilities and how the staff team all worked together to meet aspects of people's needs. New staff were also supported by 'buddies' so they had a direct peer who they could ask questions and share any issues. On this subject a staff member said, "We pride ourselves in ensuring new care staff embrace our values.''
● Staff received appropriate support which promoted their professional development and assessed their competencies. They told us they were given the opportunity to identify any additional training they needed during supervision [one to one meetings with their line manager] and they could discuss any issues and concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

● People's individual needs including their preferences were assessed before they moved into the home which included the full involvement of staff who would be supporting the person. This way of working supported people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
● Policies and procedures were based on national guidance and were readily available for staff.
● Staff applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet:

● People told us they enjoyed the food provided. A person who lived at the home said the meals were, "The

food is not bad. I get a choice" and a relative commented, "They [person] are given a choice and they [meals] do look appetising."
● People were supported to maintain a healthy diet. At lunchtime staff were permanently on hand to support people if needed. However, they allowed people to eat undisturbed and unaided unless the person indicated they needed assistance.
● The catering manager described how they had reviewed menus along with the registered manager and was keen to introduce new menus. The catering manager also explained a range of fresh food was purchased and prepared to provide a variety of choices for people's meals.
● Staff across all departments worked together to effectively meet people's food choices, specific dietary needs and any food allergies. For example, the catering manager was passionate about meeting the dietary needs of people with diabetes, so people were offered with variety of food and were not discriminated.
● Throughout the days of our inspection staff encouraged and provided people with continuous drinks.
● People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as speech and language therapists [SaLT].

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

● People told us staff supported them to attend routine health appointments, opticians and dental appointments, so they would remain well. A person told us, "I see chiropodists and a GP comes in to see me."
● Where people required support from health and social care professionals this was arranged and staff followed guidance provided by such professionals. For example, staff worked in collaboration with the community mental health team to support a person with their behaviour as they could be physically aggressive. The person had responded to the staff teams support which had been effective in assisting the person with their feelings. Information was shared with other agencies if people needed to access other services such as hospitals.
● A person was accompanied by staff to a hospital appointment during our inspection to support the person to feel comfortable and less anxious.
● Throughout our inspection we saw staff responded to people's needs in a timely way and shared relevant information to keep up to date with people's current needs. This was achieved by various communication methods including the daily head of department meetings and 'service user of the day.'

Adapting service, design, decoration to meet people's needs:

● The provider was continuing with their programme of redecoration and replacing furniture while ensuring people's needs were met.
● People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. For example, people were involved in the chosen décor for their personal rooms and by people's room doors pictures were displayed which showed something the person liked such as, the football club people followed. These were displayed in a subtle way and was one method to sensitively assist people to locate their rooms.
● People could enjoy stimulation and enjoyment in a room which held sensory equipment, such as lights and a diffuser which emitted different smells.
● Risks in relation to premises and equipment were identified, assessed and well managed.

Ensuring consent to care and treatment in line with law and guidance:

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as a hug or hand holding, when they needed such.
- When we asked people if staff supported them and treated them well, we received positive responses. One person told us about the support provided by a hostess staff member, "I like them [hostess staff member]; we enjoy some laughs and they help me to have drinks I like."
- Relatives we spoke with said they were happy with the support their family member received. One relative commented, "[Staff] always treat them [family member] with dignity and respect, a good bunch of people [staff]."
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- People who lived at the home, relatives and staff spoke positively about the caring approaches of the registered manager. A person told us the registered manager was always available and confirmed, "I talk to her [registered manager] and tell her all my problems." A relative also described to us how the registered manager had gone to their home to deliver a card from their family member for their 50th wedding anniversary.

Supporting people to express their views and be involved in making decisions about their care:

- People told us staff listened to them and encouraged them to express their views.
- Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating. Staff observed people's body language, gestures and eye contact to understand their views and wishes.
- Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence:

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. We saw staff communicating respectfully with people and promoting their sense of wellbeing and inclusion.
- People were encouraged to be as independent as possible. A person told us, "I put my washing in the

wash basket. I try to keep my room tidy myself."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

● People told us they felt involved in how they liked and wanted to receive care and support. One person told us, "They [staff] ask questions when completing my care plan and I signed it." One relative said, "I am involved, very much so. He [person] had a review recently, they are constantly reviewing his care. They are open to suggestions from me. We have conversations regarding his care."
● People were supported to be involved in planning their care such as providing information in different reading formats, pictorial aids and a computer in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.

● In the provider information request [PIR], the registered manager confirmed, 'Care planning is individually tailored for the people we care for, based on their preferences or information gathered from people close to the person if they are unable to verbalise their preferences or wishes. Care planning is holistic and person centred.' We found this was the case as care records contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. For example, a person was at times in low mood due to their complex needs and equipment they required. The person's care plan was sensitively written to provide guidance on how to support the person's needs. We saw staff had evaluated the person's needs and any changes were noted with the reasons stated.
● Staff showed through their practices they supported people in line with their care plans. For example, a person had times when their mood was low and we saw staff were sensitive to this when supporting the person to feel better. Another example was of how a person's skin condition had improved due to staff's responsive monitoring.
● There were arrangements in place to ensure people's needs were consistently planned for and met. For instance, the 'take 20' meetings which happened daily. Staff told us this was a valuable method in identifying and sharing any changes in people's care needs which required immediate responses amongst other things.
● In the PIR the registered manager told us, 'We have service user engagement forums and have an appointed service user ambassador who is the voice of our people to help influence any changes in the home that impact on the care they receive.' We found the management and staff team were eager to hear people's views about the responsiveness of their care experiences. Records of residents' meetings and the provider's scheme, 'You said' and 'We did' showed staff sought people's views and made changes based on preferences people expressed.
● People could access things to do for fun and interest. The provider and management team had supported staff to drive through improvements in recreational activities to offer people. The provider employed three activity co-ordinators who supported people alongside care staff in participating in fun and stimulating things to do.

● People were supported to follow their own interests. One person told us, "I like music and boxing. I watch boxing and I go to boxing matches." Another person said, "I like bowling and McDonalds. They [staff] support me to carry them on." A relative also commented, "They have brought in a new activities organiser. She is going to plant some flowers. I am going to get some as my wife used to love her garden."
● Visitors were welcome, we saw when visitors arrived they were greeted by their name and showed empathy and concern about the family member.

Improving care quality in response to complaints or concerns:

● People we spoke with knew how to complain and would raise any concerns.
Systems were in place to promote, manage and respond to complaints or any concerns raised. The registered manager and provider had followed these systems to investigate and consider if any changes were required to drive through improvements. On this subject a relative commented when they had raised an issue with the registered manager about meals this was rectified.

End of life care and support:

● Staff were provided with training in end of life care and close links were maintained with the local palliative care team.
● When people reached the end of their lives, staff provided individualised care and support to help people remain comfortable and pain free.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● At the last inspection the provider did not have a registered manager. At this inspection the registered manager had completed the application process and their registration with the Care Quality Commission [CQC] had been approved. Although the registered manager was away from work on the days of our inspection another registered manager from one of the provider's other homes and senior managers fully supported the inspection.
● Staff were clear about their roles and responsibilities and told us the team working was very good. Staff working across the home in various departments met as the daily 'take 20' meetings. Relevant information was shared such as new admissions and maintenance works. Staff were clear about what was expected of them and communicated with each other effectively. This helped ensure all staff were informed about daily changes in the home so they could provide safe, effective care for people.
● Staff consistently told us they worked as a team. On this subject, one staff member said, "There is no hierarchy divide between the staff in this home. we all have the same goal, to achieve the very best lives possible for our residents.'' Another staff member told us, "[We] are a good strong team with a common goal.''
● Effective systems were in place to assess and improve quality and safety in the service.
● The registered manager was supported in their role by their staff team including a clinical nurse manager and the provider's senior managers. Everyone worked together to improve and further develop the service which included having a variety of quality systems and procedures to effectively maintain and improve quality and safety in the service.
● In the PIR the registered manager confirmed, 'A new governance framework has been introduced Exemplar Quality Assurance (EQA) that offers a framework to ensure good governance and compliance. This system comprises of daily, weekly and monthly audits. any actions identified are added to the homes action plan with clear timescales for completion. We saw the governance system provided a robust oversight so continual learning could be taken and where practices fell short these were identified with actions taken to continually drive through improvements.
● The regional director of operations showed passion and commitment in driving through improvements by continually developing robust governance systems and procedures. Some of the principles behind this was having management and staff checking each other's work. For example, nurses checked each other's management of medicines to ensure any mistakes could be rectified in a timely manner and to promote continuous improvements.
● The management team had a shared common goal to sustain the improvements made.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

● Since our last inspection improvements had been made in the oversight and governance of the service. This had been achieved by the registered manager leading their staff team by setting out their vision and values which reflected the principles of high-quality standards of living and care centred around each person.
● Staff consistently told us, the registered manager had developed an open culture within the home and promoted positive team working practices. People who lived at the home, relatives and staff told us they felt supported by the registered manager and could speak with her whenever they wished to. One relative told us, "She [registered manager] is approachable. [Registered manager] has empathy with relatives."
● The management team positively encouraged feedback and acted on it to continuously improve the service. This was shown in the range of activities people who lived at the home and staff were involved in and the changes made to the delivery of care in response to people's and staff's feedback and from previous inspections.
● We saw evidence of the application of the duty of candour responsibility when some concerns had been raised with the CQC. The regional director of operations responded in writing to the concerns and during our inspection they clearly showed how any learning which could be taken from the concerns was being put into action to further improve staff practices. In addition, one person's care documentation was required some organisation to ensure any discrepancies were corrected. We informed the regional director during our feedback and was assured this would be looked at. We also noted the person's care documentation had been audited with actions to drive through the improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● The registered manager, was involved in the day to day running of the service and we heard how they had made a positive contribution to the improvements made.
● People who lived at the home and relatives told us they could share their views about the home and express any ideas they had. They told us they could do this during care reviews and meetings, and during daily conversations. One person told us, "There are meetings where I can have my say. I'm quite happy with everything they [staff] support me with, I would say if not." A relative said, "We go and see her with any issues and to say good things as well."
● Staff told us that they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
● There were systems in place so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.
● The regional director of operations talked about making continual improvements to the home environment to meet people's needs such as, a small kitchen to support people in gaining and retaining their levels of independence.
● Another key area the management team wanted to develop further was to strengthen the links with the local community. We heard about the charity events which had taken place to raise money and give something back to the community.

Working in partnership with others:

● Staff worked effectively in partnership with agencies such as health and social care to ensure people's

needs were met. People's care plans contained records of meetings and discussions with GPs and social care professionals.

● Positively the provider promoted an ethos of ensuring staff had the knowledge and skills they required to meet the needs of people coming to live at the home. For example, staff members spent time in a hospital setting to meet and gain knowledge from external professionals so when the person moved to Otterburn their needs were met safely and effectively. This was achieved even though the hospital was some distance away.