

# Care Worldwide (Bradford) Limited

## Owlett Hall

### Inspection report

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29 September 2022  
11 October 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Owlett Hall is a care home that can accommodate up to 57 people who require support with nursing or personal care needs, some of whom are living with dementia. At the time of our first visit, 44 people were living at the service. On our second visit, there were 46 people living at the home.

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

People and relatives shared mixed feedback about the quality of the care provided. During this inspection, we were not assured the service provided was always safe and we found widespread shortfalls in the way the service was managed.

The provider failed to implement processes to effectively monitor the quality of the service and to identify the issues found during our inspection. There was a lack of sustained improvement. During this inspection, we continued to identify some of the same issues found at the previous inspections, and we found new concerns in relation to safety of people. Records were not always complete or contemporaneous.

During our first inspection visit, we found people did not always have their call bell in reach to call staff, if required. We found concerns in relation to fire safety and environmental risks were identified. The recording and management of some risks associated to people's care needed improvement. Equipment to manage skin integrity concerns was not always set at the correct setting and records did not always evidence people were receiving regular checks or supported with thickened drinks safely.

Most areas of medicine management had improved since our last inspection, however, during this inspection, we found medication and thickeners were not always stored safely. This was actioned immediately by the management.

We received mixed feedback about staff's approach and their responsiveness to people's needs. We made a recommendation for the provider to review this area. Records showed some activities were happening at the home, however, these were not frequent, particularly for people who were nursed in bed. We made a recommendation for the provider to review and implement good practice in relation to activities.

Staff had been trained to meet the needs of people. Staff told us they felt well supported by the registered manager and records of supervisions confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager collaborated with this inspection, was receptive to the inspection findings and acted on the issues found or told us the action they would take to address the issues identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was required improvement (published 19 January 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of medication and risks to people's care. This inspection examined those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below

**Inadequate** ●

# Owlett Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by 2 inspectors and an Expert by Experience on the first day, and 1 inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 7 people using the service and 7 relatives or friends about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people.

We gathered information from 10 members of staff including the registered manager, deputy manager, nurse, nurse assistants, care staff, activity coordinator, business development manager and compliance manager.

We reviewed a range of records. This included 4 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 2 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

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

- We found people did not always have their call bells available to call staff if they required. One person told us, "Staff don't give it [call bell] to me and I can't keep standing up to go to the bed to use it." We raised this issue with the registered manager, and we did not identify concerns during our second visit.
- The emergency evacuation file containing personal emergency evacuation plans (PEEPs) to be used in case of emergency was not up to date. We discussed this with the registered manager, and they took immediate action.
- There were environmental risks that had not been identified or addressed before our inspection. For example, cleaning products and razors were accessible to people who lived with dementia and walked independently in the home.
- Risks to people's care were assessed and measures put in place to manage those risks. However, improvements were required to make sure these were always monitored in line with people's needs and records were up to date. For example, people's air flow mattresses were not always on the correct setting, some areas of moving and handling risk assessments required further information and there were gaps in some hourly checks put in place to manage specific risks to people's care.
- Information about incidents was not always being recorded or used to manage known risks and take action to prevent reoccurrence. There had been incidents of people going into other people's bedrooms which had resulted in serious injuries and belongings going missing. This was mentioned by people, relatives and staff but was not recorded in the accidents and incidents log. One relative told us, "People come in the room and take it but they [staff] won't look so we have to, and we keep finding [person's] stuff in other rooms."

Systems in place did not always ensure people received safe care. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection, the provider failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines management.

- Prescribed supplements used to thicken the drinks for people at risk of choking were not stored securely. We raised this with the provider who acted immediately to make sure medicines were kept safely at all

times.

- The medicines room was secure and medicine cupboards and fridges were clean and tidy. Medicines were kept at the right temperatures.
- Records of receipt and administration were kept so medicines could be accounted for.
- The application of people's emollient creams by carers was recorded properly.

#### Staffing and recruitment

- People and relatives shared concerns about staffing levels and staff deployment. One person said, "They make you wait and wait for everything as they never seem to be around, and I sit watching to grab their attention". One relative said, "There aren't enough [staff] and sometimes, they [people using the service] are left for long periods."
- Although there was a dependency tool in place and rota were in line what dependency tool indicated, other information about accidents happening at the home and the layout of the building was not being used to make considerations about staffing levels.

We recommend the provider reviews their staff deployment practices and takes action to update their practice accordingly.

- Recruitment was conducted safely and the relevant checks carried out as required.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

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

- The management team and staff were aware of their safeguarding responsibilities.
- Staff had received appropriate training in this area, knew how to identify signs of abuse and told us they were confident if they shared any safeguarding concerns with the management team, the concerns would be acted upon.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People shared mixed feedback about the food offered. Comments included, "They ask me each morning what I want for breakfast and so today I had a bacon sandwich"; "It's alright here, they try their best but the food's not up to much" and "I don't like the food as there is nothing I like, and I don't get a choice really so eat what they give me". We shared this feedback with the registered manager.
- People's nutritional and hydration needs were well managed. People's particular needs and preferences around their nutritional and hydration requirements were assessed and known by staff.
- People's weight was being monitored when required, to manage any risks to their health. The registered manager showed us examples of how they had supported some people gain weight to improve their health, with the support from relevant healthcare professionals.

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

- Some areas of the service required redecoration. The registered manager told us about the ongoing plans to decorate and renovate people's bedrooms and communal areas; including their plans to ensure the service was dementia friendly.

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

- People's needs were assessed prior to people coming to live at the home. People's needs, and choices were assessed, and their care plans reflected the care and support needed to meet their needs. People's preferences, choices and individual needs were considered and recorded in the home's electronic care system.
- Care and support respected people's individual diverse needs. People's communication needs and preferences were recorded in their care plan; having this information available ensured staff were able to better support and communicate with people. People's medical conditions were described in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training, supervision and had periodic assessment of their competencies in key areas of care.
- Staff told us they felt supported in their roles. Staff members told us how they felt the registered manager was proactive in offering support and guidance.

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

- The provider kept in contact with relevant healthcare professionals involved in people's care. For example, social workers or mental health professionals. Records were made of appointments and guidance given by professionals.
- Staff knew how to identify specific concerns around people's needs and how to escalate these to ensure people received timely care when required.

#### 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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- DoLS authorisations were applied for when required. We reviewed the conditions on some people's DoLS and these were being complied with by the provider.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy had not always been considered. We observed staff did not always knock on people's doors before entering their bedrooms. On 2 occasions, we had to ask staff to take action to protect their dignity.
- Relatives shared mixed views about staff respecting people's dignity and their belongings. One relative told us how staff had not been proactive in supporting a person who had been incontinence and another relative said, "Stuff goes missing, they [staff] have lost [person's] glasses, teeth and they are not bothered."
- On our first inspection visit, we saw the nurse's office was left open when staff were not present; this office had personal information about people. We shared these concerns with the registered manager and asked them to take action. On our second visit, we found this area was always locked when unattended.

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

- People and relatives shared mixed feedback about staff. People's comments included, "It's not perfect but nowhere is; but the girls try their best to look after us" and "They're slack. Look at the bed how they throw it together any old way and no iron or care". Relatives told us, "I am very pleased with care and staff" and "They don't seem to care then there are some that don't care at all."
- During this inspection, we observed positive interactions between people and staff. However, we also saw examples of staff not being responsive to people's needs and mainly focusing on the task they had to complete.

We recommend the provider reviews and monitors staff's practice and approach to ensure people's diverse needs are responded to appropriately.

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

- We reviewed people's care plans and reviews of care and there was no evidence of people and relatives' views being recorded.
- The registered manager gave us examples of how they facilitated relatives to be involved in people's care. and also about their plans to hold meetings with relatives and gather their feedback about care and the management of the service. Care records and reviews of care did not record how people and relatives had been involved.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us there were not many activities happening at the service. Comments included, "There is never any entertainment so they are just left alone in the room" and "No, there is nothing organised, you don't do any activities, I would like that."
- We reviewed records of activities and confirmed that, although some activities were taking place, people were not regularly offered regular opportunities to be involved in activities, in particular people who were nursed in bed. This was an area that had already been identified by the provider as requiring improvement.

We recommend the provider reviews their activity provision, in particular for people living with dementia and for those who are nursed in bed and implements best practice guidance in this area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although, people's care plans had personalised information about them and their health conditions, we found examples of care not always being delivered in a person-centred way.
- For example, the bathrooms in one of the units was not in use and was being used as storage; people had access to showers or bed baths. We discussed this with the registered manager, and they told us they had identified this as an issue and had plans to put the bathroom in use. One person on this unit told us, "I would like a bath as all I get are bed baths".
- In our conversations with the registered manager and nurses, they told us people could choose when to get up and get dressed, and there were no routines set by staff. However, in our observations, conversations with staff and people, and review of records it was not always clear how people were making day to day choices. For example, during our initial visit around mid-morning, we asked a person who was still in her nightwear, when would she be supported to get dressed; they told us "I don't know what time they [staff] will come but I just wait". We asked one staff member who was supporting a person in their bedroom, how the person had made a choice around this support, staff said, "[Person] gets up when its [their] turn to have cares done".

End of life care and support

- There were people living at the home who required palliative (end of life) care. Their end of life care plans had personalised information about people's end of live wishes and how their relatives had been involved in these plans.
- Staff had received additional training in this area by external professionals and further training had been arranged.

#### Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would discuss them with care staff or management and were confident their concerns would be acted on. One relative said, "[Care] it's OK and if there are any issues then the manager sorts it out and they are good with [visiting relative] who comes every day."
- The provider had policies and procedures in place to manage complaints. We reviewed how this was being managed and found it to be appropriate.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and plans put in place to support people with this area of their care.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, we found quality assurance processes were not effective, and records were not always complete and contemporaneous. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During this inspection, we found widespread failings in the management and oversight of the service, which meant people did not always receive safe and person-centred care.
- We found the management oversight of essential areas of delivery of care was not always robust or effective. Governance systems in place had either not identified or addressed concerns found during this inspection. For example, checks and audits were being completed in documentation related to people's care, however these did not cover or identify that emergency evacuation folder did not have all the PEEPs up to date. We reviewed evidence which showed that there had been a 1 month gap in checking that equipment staff used to support people with their moving and handling requirements had passed a recent Lifting Operations and Lifting Equipment regulations check; the provider's maintenance person had completed visual checks on equipment. During our first visit, we identified air flow mattresses were not always in the correct setting and the COSHH cupboard was accessible to people; we discussed this issue with the registered manager, and they told us they would take action. On our second visit, we continued to find issues in both these areas.
- Quality assurance processes were not effective in identifying issues found at this inspection and in driving improvements in areas such as calls bells not being accessible to people or some aspects of medication and supplements not being stored securely. The provider had a service development plan, but the issues found at this inspection had not been previously identified for action.
- Care plans and records of care were not always complete, accurate and contemporaneous.
- In our previous five inspections, the service was rated either Inadequate or Requires Improvement and found to be in breach of regulations. At this inspection, the provider continued to be in breach of regulations.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and responsive in acting on the issues found at this inspection. Staff told us the registered manager was extremely supportive. Staff told us they were confident with the changes the registered manager had implemented in the six months they had been in post and with plans they had to improve the service.
- Some areas that had been identified as a concern at the previous inspection had improved, such as the management of 'as and when' required medicines, pain patches and topical medicines.
- The registered manager was passionate about dementia care and told us about their plans to improve the environment and provide additional training to staff, to ensure people received high quality dementia care.
- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at the service.

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

- Although the registered manager had an open-door policy, the service was not consistently gathering feedback from relevant people in relation to the management of the service. Residents and relatives' meetings were not taking place. The service did not have a structured way to gather feedback from people, relatives and healthcare professionals, for example through surveys and questionnaires. The registered manager told meetings were scheduled and surveys were going to be distributed soon.
- Staff told us they felt well supported by the service's management team and the team worked well together under the leadership of the current management team.

Working in partnership with others

- The home maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as social workers and matrons.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's care were not always well managed.



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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Processes to monitor the quality of the service had not been effective in identifying and addressing the issues found during our inspection. The systems in place to ensure management oversight were not always effective.

### **The enforcement action we took:**

We issued a Warning Notice.