

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Owls Care Home

168 St Annes Road, Blackpool, FY4 2BL

Tel: 01253402366

Date of Inspection: 18 March 2015

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records

✓ Met this standard

Details about this location

Registered Provider	Mrs Sandra Smith
Overview of the service	<p>The Owls Care Home provides personal care for a maximum of fifteen people living with dementia. The accommodation comprises of eleven single bedrooms and two double bedrooms, with some en-suite facilities, over two floors. There are two lounges and a dining area. A passenger lift provides access to the first floor. Rear gardens enable a safe outdoor area for residents in good weather. The home is located in a residential area of Blackpool.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Owls Care Home had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 March 2015, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We last inspected The Owls Care Home in September 2014. At that time, we found people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. During this inspection, we checked to see if systems and procedures had been put in place to address our concerns. We found the provider to be compliant. New procedures had been implemented to help ensure people who used the service were protected from this risk of inappropriate record keeping. Care plans had been updated and reviewed appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

On the day of our inspection, the deputy manager was on duty and told us she had applied for the registered manager's position at The Owls Care Home. The deputy manager was awaiting a date from the Care Quality Commission to attend a registration interview.

We were told by the deputy manager fourteen people lived at The Owls Care Home. During our inspection, we looked at five care plans for people who lived at the care home. Since the last inspection, keyworkers were responsible for reviewing and updating care plans on a monthly basis. Risk assessments related to mobility, falls, hygiene and skin integrity had been reviewed in the care plans we looked at. We did see several gaps related to personal care but the deputy manager told us she could not explain it but would find out immediately why they had not been completed as required. It was later explained to us that if a person had refused some form of personal care, for example a bath or a shower, some staff had left the care record blank. The deputy manager told us, "I will arrange a meeting as soon as possible and will tell staff records need to be completed to show if people received personal care or not." This would help ensure accurate records were kept at all times.

We looked at one care plan and saw the GP had reviewed the person's medication. The person's care plan had been updated appropriately. We also saw the daily report and medication administration records had been updated as required. The deputy manager told us staff had also been informed at the time of staff handovers. Another care plan contained information from the tissue viability nurse detailing the required procedure for caring for a person with a pressure sore. We saw the person's care plan had been updated and staff we spoke with were aware of the person's care requirements. One staff member told us, "We all know what needs to be done and the keyworkers or the manager will check to make sure the turning chart has been filled in." We went to the person's room and saw the turning chart record had been completed appropriately. We did not see any gaps in the recorded times.

During our last inspection, we had raised concerns related to the procedure for Deprivation

of Liberty Safeguards (DoLS) applications. Since the last inspection, the provider had contacted the local authority safeguarding team. Several discussions took place related to the living circumstances of people at the care home. Following recent changes in the criteria for DoLS, it was agreed applications should be submitted for all people who lived at The Owls Care Home. This was because, `People who used the service were not free to leave and were under continuous supervision and control.` We saw applications and authorisations for all people who lived at the care home. We looked at six of the applications and those we saw included mental health/capacity assessments and records for best interest meetings. All paperwork had been completed in line with requirements. The deputy manager was not aware the CQC were to be notified of any DoLS authorisations but told us they would be sent off immediately. The following week, we contacted the provider who confirmed the CQC had been notified as required of the DOLs authorisations.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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