

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

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 8 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, talked with commissioners of services and talked with local groups of people in the community or voluntary sector.

What people told us and what we found

The inspection was led by one inspector. Information we gathered during the inspection helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

People told us that the staff were patient and helpful. They said they responded quickly to any requests for help and supported them as they wanted. One person said, "Everyone one of these girls look after us well. They do a marvellous job and are so patient."

We saw that people were treated with respect and dignity with staff assisting people in a sensitive manner. Care and support was provided in a way that was intended to ensure people's safety and welfare. People had the choice of spending time on their own or in the communal areas. When we inspected here were enough staff on duty to support people as they needed.

The home had policies and procedures in relation to the Mental Capacity Act. Staff were aware of Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made but there had been errors with submissions. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to submitting applications.

Systems were in place to make sure that provider and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. Service contracts were in place. Maintenance records we looked at showed that regular safety checks were carried out. Any repairs were completed quickly and safely. These measures ensured the home was maintained.

Is the service effective?

People confirmed and records showed that people were able to see their visitors in private and that friends and relatives could visit whenever they wished.

People's health and care needs were assessed and reviewed with them. We saw that most care plans were up to date and reflected people's current individual, dietary, cultural and religious needs. However some records had information missing to assist with managing behaviour that challenged. This meant that staff did not always have the up to date information they needed. We have asked the provider to tell us what they are going to do to meet the requirements of the law in relation to meeting their care needs.

The individual needs of people were taken into account with the layout of the home enabling people to move around freely and safely. The premises were suitable to meet the needs of people with physical impairments.

Is the service caring?

People told us that they enjoyed living at The Owls care home and were comfortable there. One person told us, "They pop in to check I am alright and to see if I need anything. Sometimes I think I could manage at home but to be honest I know I am better off here being looked after and having my meals made for me. A relative said about the care of their family member, "The staff are so good to her and look after her so well."

We saw the main meal being served at lunchtime. The mealtime was relaxed and unhurried with music playing in the background. Staff were attentive and supported people appropriately as they assisted them with their meals.

Most care plans were being maintained, and regularly updated, recording the care and support people were receiving.

People said they could make their views, ideas or concerns known to the provider and staff. One person said, "The staff here are so good. They will do anything for us and try to do everything we ask." Relatives were also complimentary about the provider and staff team. A relative commented about the care given to their family member, "The staff here are always so kind and look after her so well. I have no complaints at all

Is the service responsive?

Staff assisted people with personal care discretely and sensitively and in a timely manner. Religious and cultural needs were taken into account and these were being met as people wanted. We observed people involved in daily living activities, social and leisure activities or chatting with staff. People said that they enjoyed the activities.

People said they had no complaints and were happy in the home. One person told us about the staff, "I only have to say I want something or don't want something and they deal with it. They are good 'girls' here." A relative told us, "I have no qualms about the home or the staff. I can't fault them. I have no problems with any of them."

Is the service well-led?

The service had a quality assurance system in place. Records showed that any identified problems were addressed.

Staff had a good understanding of their roles and responsibilities and of the ethos of the home. They felt that they worked together effectively. Staff had regular meetings so were involved in decisions about the home. We were notified of any incidents or issues relating to the home in a timely manner.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We talked with people who lived at The Owls care home. We also spoke with relatives and staff. People told us that the staff were patient and helpful. They said they responded quickly to any requests for help and supported them as they wanted. One person said, "Everyone one of these girls look after us well. They do a marvellous job and are so patient." Another person told us, "They pop in to check I am alright and to see if I need anything. Sometimes I think I could manage at home but to be honest I know I am better off here being looked after and having my meals made for me. A relative said about the care of their family member, "The staff are so good to her and look after her so well."

We observed how staff interacted with people who lived at The Owls care home. We saw that people were treated with respect and dignity care with staff assisting people in a sensitive manner. A visiting care professional said, "The staff treat everyone here as an individual, people are always treated with care and dignity." Care and support was provided in a way that was intended to ensure people's safety and welfare. People had the choice of spending time on their own or in the communal areas.

People were able to see their visitors in private and friends and relatives could visit whenever they wished. Relatives said they were made welcome when they visited their family member. A relative told us, "I visit every day and I am always made so welcome. Everyone is friendly and involves me." A care professional told us, "The care is absolutely spot on. The staff always ask for advice if they are not sure and they do exactly as we ask them. I have no concerns about the care here."

We saw there were enough staff on the inspection to support people as they needed. We observed staff interacting and engaging with people as they supported them. We saw staff distracting one person and redirecting them successfully as they began to get agitated. Staff told us that they had regular activities such as exercises, pamper sessions and films. They also involved people in activities of daily living such as helping to set the table for meals. One member of staff said they had been on an entertainment course which was

helping them in their work. They said they enjoyed putting on themed events such as Halloween and Christmas activities.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to understand when an application should be made. Senior staff had completed an application although they had not fully understood the process of submitting this. However this was submitted after the inspection.

The provider informed us that she had started the process to discuss individual DoLS applications as a result of the recent Supreme Court's judgement in relation to Deprivation of liberty. This meant that people would be safeguarded as required.

During our inspection we contacted the Blackpool contracts monitoring team. They told us they had no current concerns about the service. We also contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. They told us they had not received any information about the home.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People who used the service were provided with appropriate food and drink to meet their nutritional needs.

Reasons for our judgement

We saw the main meal being served at lunchtime. This consisted of a cooked main meal and a sweet. The mealtime was relaxed and unhurried with music playing in the background. Staff were attentive and supported people appropriately. They were chatting to people as they encouraged and assisted them with their meals.

The food looked nutritious and people told us it tasted good. One person said "I get plenty to eat, almost too much sometimes, but I always enjoy it. I have put weight on since I moved here." Another person told us, "Anything we want we can have, the food is great." A relative said to us, "The meals always look excellent, well presented and appetising."

A cook is employed but was on their day off when we inspected. We spoke with staff involved in meal preparation and cooking. The staff we spoke with said they had received training to assist them in food handling and to prepare meals safely. They told us that food shopping was done regularly including fresh fruit and vegetables. Staff were knowledgeable about the foods and drinks people liked and disliked and their dietary needs. They said this was taken into consideration when food was bought.

There was a planned menu in place. Staff told us that most people preferred their main meal at lunchtime. There was only one set meal at lunchtime. However staff checked with people each day if they wanted this meal or an alternative. If they did not want this they were offered alternatives.

There were more choices with the evening meal which was a smaller meal plus a sweet. People were provided with drinks frequently to encourage fluid intake. We observed people being encouraged to have drinks and snacks on a regular basis.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The Owls care home is a large detached building situated in south Blackpool. On the ground floor there were two lounges and a separate dining room. The kitchen, laundry and office were also on the ground floor. Toilets and bathrooms were on the ground, and first floors. These had assisted facilities to help people retain their independence where possible.

Bedrooms were on both floors. Most bedrooms were single occupancy with two shared bedrooms. Access between floors was by stairs or using the passenger lift. Bedrooms were personalised according to the individual's choice. People said they had been encouraged to bring personal mementoes with them. They told us liked their bedrooms and enjoyed having their own things around them.

There was parking space and garden area to the front and a garden area to the rear of the property with seating provided. We sat outside talking with people who were enjoying the warm weather.

Appropriate checks had been carried out or arranged to ensure the building was safe and secure. Gas and electrical facilities complied with statutory requirements. Equipment in use by the home was being serviced and maintained as required. There was a rolling programme of redecoration in place. Any repairs were carried out quickly and safely.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider and senior staff showed us the systems that were in place for monitoring the quality of the service people received. Senior staff in the home carried out regular, internal audits of the home. These included medication, care, health and safety, equipment and environmental checks, cleanliness and infection control. As well as the formal checks, the provider lived on the premises and was able to check how the home was running anytime.

Systems were in place to make sure that provider and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. The provider notified the Care Quality Commission (CQC) of any reportable incidents about the home in a timely manner.

The provider and senior staff told us they talked with people in the home and their families regularly. They checked if they were satisfied with the care provided and if they had ideas for any changes. They also asked people who lived at The Owls care home, their relatives and professionals involved with the home to complete surveys about the home. These measures helped the provider to gain information about the views of those who lived in or had regular contact with the home.

People told us that the provider and senior staff talked with them regularly and asked their opinion on their care and support. Relatives said that the provider and senior staff made themselves available to talk with them. They said they were encouraged to tell the staff or provider if they had any ideas about the care of their family member.

Staff told us that they were well supported by the provider and senior staff and that they were caring and approachable. They said that most of the team had worked together for a long time and worked well together. They felt this helped them to care for people well.

The provider worked alongside the staff team on a daily basis and supported and monitored the staff team. As well as informal checks and support there were formal staff

meetings. Any changes in care, ideas or issues were discussed at these. This assisted staff in keeping up to date with any changes.

Service contracts were in place confirming the building and equipment used in the home were maintained so that people were safe.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system in place and people had access to the complaints procedure. The manager said that there had been one formal complaint in the last year. This was dealt with sensitively and according to the home's complaints procedure. Action was taken by the provider in response to the complaint.

People we spoke with told us that staff listened to them. They said the provider and staff team acted on any concerns and explained the reasons behind decisions. They said they were encouraged to discuss any minor niggles, so any minor concerns were quickly resolved.

People said they had no complaints and were happy in the home. They told us that staff were good, caring and kind. One person said, "The staff here are so good. They will do anything for us and try to do everything we ask." Another person told us about the staff, "I only have to say I want something or don't want something and they deal with it. They are good 'girls' here."

Relatives were also complimentary about the provider and staff team. A relative told us, "I have no qualms about the home or the staff. I can't fault them. I have no problems with any of them." Another relative commented about the care given to their family member, "The staff her are always so kind and look after her so well. I have no complaints at all."

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the care records for three people. Senior staff assessed people's needs before they moved into the home. Assessment information had been gathered involving people and their relatives. This meant that staff knew as a minimum, the basic needs of each person before admission.

Care plans were in place and two of the three care records checked had been updated recently. One care plan had not been updated for several months even though we were told there had been recent changes and deterioration in the person's behaviour. Although there was a behaviour monitoring diary in place, this did not always give enough information or use non subjective language. Risk assessments and written strategies for managing this person's behaviour were limited and did not give guidance on how to support the person and others during any incidents. Staff told us they had contacted the appropriate professionals to help them support the person. However the limited records meant that some information was not available and staff may not have been working in a consistent way.

Other care records seen were informative. Health needs, care and support needs and People's likes and dislikes were recorded. Risk assessments were in place showing whether there was a risk in relation to fall, nutrition or other areas. These had been regularly updated. Staff completed informative entries in the daily reports. We saw evidence that changes in health were noted and any concerns acted upon. This gave all involved information on any changes in people's health or support. These measures assisted staff in their understanding of the person.

Senior staff told us they had completed a DoLS application early in August 2014 regarding one individual but were concerned that they had been advised that this did not go anywhere but remained on the person's care notes. They did not think that this was correct but they had not identified what should happen with this and the application had remained in the home. Therefore this application to deprive the person of their liberty had not been authorised. DoLS applications should go to the supervisory body to decide

whether the person can be deprived of their liberty.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 October 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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