

Arc Community Care Ltd

# The Owls Care Home

## Inspection report

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### 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

This inspection took place on 22 March 2017 and was an unannounced inspection.

The Owls Care Home provides personal care for a maximum of 15 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.

At the time of the inspection visit 14 people lived at the home.

This is The Owls first inspection since the change of provider and the new provider's registration with the Care Quality Commission (CQC) on 2 June 2016.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with other people about their experience of the home and any improvements they would like.

We spoke with five people who lived at the home and a relative. People told us they felt safe and well looked after at The Owls. The registered provider had procedures to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. They told us they would take prompt action to ensure people's safety where they became aware of or suspected a safeguarding concern.

People we spoke with said staff were kind and caring and assisted them promptly. They said staff were polite and respectful and supported them to remain as independent as they could be.

Staff knew the care people needed, which showed us they were familiar with people's care needs, and preferences. People said their health needs were met promptly.

We looked at how the home was staffed. We saw there were enough staff to provide safe care and social and leisure activities.

Staff recognised the importance of social contact, companionship and activities. They engaged in frequent conversations with people and encouraged them to get involved in activities.

Staff managed medicines safely. People told us staff gave them their medicines when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

The environment was maintained, clean and hygienic when we visited.

The new provider had renovated the home externally and refurbished most of the inside of the home. It made the home bright and cheerful.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people. Staff had been trained in care and had the skills and knowledge to provide support to the people they cared for.

People told us they were offered a varied choice of meals which were tasty and plentiful. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to. People told us staff encouraged them to make suggestions and express any ideas or concerns.

There were procedures to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

## 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.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.  
Recruitment procedures were safe.

### Is the service effective?

Good ●

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

### Is the service caring?

Good ●

The service was caring.

People we spoke with told us staff were kind and patient. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

### Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

### **Is the service well-led?**

The service was well led.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

The management team were in the home daily. They carried out a mix of formal and informal checks to monitor the health, safety and welfare of people who lived at the home. Any issues found were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

**Good** ●

# The Owls Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service. They included five people who lived at the home, one relative, the registered manager, care manager and three members of staff on duty. We also observed care throughout the home.

We looked around the building to check it was clean, hygienic and a safe place for people to live. We checked three people's care and medicine records. We also looked at the previous four weeks of staff rotas, recruitment, staff training records and records relating to the management of the home. We also spoke with two care professionals. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People told us they felt safe at The Owls and were pleased with the care they received. They said staff were available to assist them whenever they wanted them to and they responded to requests for assistance promptly. One person told us, "The staff look after me well. I always feel safe and cared for." A relative said, "It is hard but [family member] is safe here and I can get some rest."

There were procedures to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They were clear about procedures related to safeguarding and whistleblowing. From this we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people.

Risk assessments were in place to assist people to remain as independent as possible while reducing and risks to safety. The assessments provided instructions and guidance for staff who told us the risk assessments were clear and informative. We looked at records of any accidents and incidents that had occurred. Staff had recorded information about these and checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be reduced while still supporting people to be as independent as possible.

We looked how recruitment and selection was carried out. We looked at the staff files of two recently employed staff. The application forms were completed with any gaps and discrepancies in employment histories followed up. This provided the management team with information about the employment backgrounds and likely skills of each prospective member of staff. They checked potential staff references and disclosure and barring service (DBS) checks before they were allowed to start work in the home. This allowed the employer to check how potential employees had worked in previous jobs and if they had criminal records or were barred from working with vulnerable people. These measures helped to assess the suitability of potential staff to work in the home.

We looked at how the home was staffed to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at The Owls, relatives and staff, checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient numbers of competent and experienced staff to provide people with personal care and social and leisure activities. We looked at how annual leave or sickness were managed to maintain people's continuity of care. Staff told us no agency staff were used and the staff team covered any additional hours needed. Staff rotas reflected this.

People said they were satisfied with staffing levels. Relatives said there were enough staff to look after their family members promptly and safely without undue delays. We saw call bells were regularly checked to make sure they were working correctly. They were placed close to people so they were able to call for help when they needed to and people said they never had to wait long if they called for assistance.

A new computerised medicines system was in place which limited any mistakes staff could make. Each

medicine given was checked by the system as well as the staff who was administering this. All staff involved in medicines had received training on the new system and assistance was available if required from the medicines company. There had been no medicines errors in the time the system had been in place. People told us staff gave them their medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, checked on receipt into the home, administered as prescribed and stored and disposed of correctly. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected. Medicines audits were automatically carried out through the new system and the management team alerted to results. This helped to monitor medicine procedures quickly and to check people had received their medicines as prescribed. Any errors or omissions would be acted upon promptly.

We observed the home was clean, tidy and maintained. We saw the new provider had renovated the home since taking it over. The décor and environment had been refurbished internally and externally with new flooring throughout the home and had been decorated and provided new furniture and furnishings as they refurbished each bedroom. Each bedroom had 'a front door' in a colour of their choosing. We saw one lounge had been decorated in a seaside theme with models and murals on the walls and around the room. People told us they were pleased with this. One person said, "I love the changes in the home. It is so bright and cheery."

We saw any maintenance and repairs were carried out promptly. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked hot, running water was available throughout the home. This delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had been carried out to ensure the water was safe.

There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans in place to describe the help each person would need in case of fire. There were contingency plans in place in case of emergency, such as flooding or other issues affecting the environment.

## Is the service effective?

### Our findings

People told us their needs were met by the staff team and they were confident staff were well trained and knew what they were doing. They said staff knew how each person wanted to be cared for. One person said, "The staff know what they are doing and the best way to help us."

People told us their specialist dietary, mobility and equipment needs had been discussed with them. We saw these were recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and they saw health professionals where needed. We saw in care records people had visits from or visited GP's, district nurses, chiropodists, optician's, clinics and hospital appointments. We saw staff supported people on appointments when needed. We spoke with health and social care professionals who told us they had no concerns with the care being provided at The Owls.

People told us meals were of a high standard and tasty. People said they enjoyed the food. They told us there was a good variety of food and drinks. One person told us, "The food is lovely, really good."

When we inspected The Owls, new flooring was being laid in the dining room. Staff assisted people to have their meal in one of the lounges with only minor disruption. The flooring was completed and dining room back in operation before the evening meal was served. We discretely observed the staff interaction and support given to people during the lunchtime meal. Staff supported people to eat their meal in an unhurried way and made the mealtime a social occasion. We saw it was well presented with alternatives available. We saw drinks and snacks were offered to people at regular intervals, throughout the day and their dietary and fluid intake was sufficient for good nutrition.

The management team ensured the environment changed and developed to meet people's individual needs. They had systematically replaced older furniture and furnishings with dementia friendly, contrasting, furniture and fittings which were easy to open and had no sharp edges. Rooms and corridors included dementia friendly design features, such as neutral wall colours, plain carpets, and brightly coloured objects to aid orientation and participation within the environment.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. The Owls had been awarded a rating of five the top rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' at meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Staff who prepared food had completed food hygiene training to assist them to maintain food safety standards.

We found good systems to provide for people who required special diets and those with allergies, and records of people's likes and dislikes. This assisted staff to meet people's needs and preferences. People's weights were monitored frequently and action taken to assist them to maintain a healthy weight.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We talked with people and sampled care records to check people had consented to care and mental capacity assessments had been completed. People told us they were able to make decisions and choices they wanted to make and do whatever they felt able to. We spoke with staff to check their understanding of the Mental Capacity Act. They told us they determined people's capacity to make particular decisions.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They knew what they needed to do to make sure decisions were in people's best interests. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People who lived at The Owls told us they felt staff were trained and able to do their jobs. One person told us, "The staff are skilful and professional. I am very pleased with them." Staff told us they had received induction training when they were employed to develop basic skills and knowledge of the home. They said they continued to receive frequent training and records seen confirmed this. Most care staff had completed or were working towards national qualifications in care. Staff had also completed other training which included: The Care Certificate, dementia care, safeguarding vulnerable adults, fire safety, first aid, dignity and respect, moving and handling and the Mental Capacity Act and Deprivation of Liberty.

Staff told us they received regular formal supervision. Staff files contained supervision records which showed this was provided regularly. Supervision is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the management team and were able to make suggestions during supervision, staff meetings or informally day to day.

## Is the service caring?

### Our findings

People who spoke with us and their relatives told us staff were caring and considerate. They told us they were comfortable and enjoyed living at The Owls care home. One person said, "The staff are fantastic. They couldn't be better." Another person said, "This is an excellent place. The staff here are all fabulous." A relative said, "[Family member] is looking so much better since they moved here. It is a nice place and [they] are happy."

We saw good interactions and communication between staff and people who lived at the home. Staff were polite, supportive and quick to respond to people who required their assistance. They assisted people carefully and explained what they were doing before they gave any care. The atmosphere was relaxed and friendly. People told us staff were patient and attentive. One person said, "It is such a lovely place, the staff are kind and there is a nice and friendly atmosphere."

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of address, life history, likes, dislikes, care and support and needs and wishes.

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. They understood that people could not be discriminated against for their gender, sexuality, age, nationality or religion. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered upheld. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. People looked cared for, dressed appropriately and well groomed. Information was available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where there was no family involved.

During our inspection visit we saw staff were caring and treated people in a respectful way. They respected each person's diverse cultural, gender and spiritual needs. They supported people with personal care discretely and sensitively. We saw they knocked before entering bedrooms and bathrooms. They shut bedroom and bathroom doors when involved in personal care or conversations and made sure people's privacy and dignity was maintained. One person told us, "All the staff are friendly and respectful."

People's end of life wishes were recorded so staff were aware of these. Staff told us people were supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority and healthwatch Lancashire. Neither organisation contacted us to say they were concerned about the service.

## Is the service responsive?

### Our findings

People told us staff supported them to enjoy a good quality of life. They said they received care that was focussed on them and responsive to their care needs. They felt staff were proactive in how they supported them and encouraged them to remain as independent as they were able. People said they were able to choose when to get up and go to bed, what to do and whether to get involved in activities in the home and the local area.

People told us staff assisted them in the way they wanted at a time they wanted. They told us they were not rushed by staff and able to take their time with personal care. One person said "Any request for help and the staff are here to help us. No hanging about."

Staff recognised the importance of social contact, companionship and activities. Staff encouraged people to get involved in activities such as singing together, pamper sessions, board games, reminiscence and watching DVD's. People told us they enjoyed walks with staff in good weather and trips out and entertainers visited regularly. We saw the provider was leading a 'sing song' during the inspection of 40's, 50's and 60's songs. Everyone in the room was involved and joining in. People told us they did this at least twice a week.

We saw care plans and risk assessments were completed with and updated with each person and if appropriate, their relative. The care records had been transferred from paper to computer based records. These could be updated from anywhere in the home and recorded directly onto the system. All staff had access to these.

We looked at the care records of three people with different care needs. We saw from the care records and talking with people, they and their relatives were involved in care planning where they wanted to be. They were regularly reviewed and amended as people's needs changed. and as well as being involved in reviews, people could see and chat about their care plans when they wanted. New records could be completed outside the home on one of the iPad's and uploaded onto the system on their return. Staff had all been trained on how to use the system. We saw people had their needs assessed before admission which the management team then developed into a care plan and risk assessments. People said they were involved in deciding about their care with staff, unless they refused which was recorded on care plans.

A relative said, "The staff keep me up to date on how [family member] is." Care records were informative and personalised. Risk assessments were in place. These included the person's level of dependency, mental and physical abilities and needs, mobility, risk of falls, nutrition and pressure area management and assisted staff to reduce risks to people.

People told us their relatives were made welcome and there were no restrictions to visiting. Relatives' comments reflected this. One relative said; "The staff have been so kind and supportive and I can visit whenever I want."

People told us they knew how to complain if they were not satisfied with their care or had concerns. We

looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. They said staff listened to them and responded quickly. One person said, "No complaints. None whatsoever."

The management team said there had not been any complaints since they had taken over the home. They said they spoke with people most days and their relatives regularly so that any minor irritations were dealt with promptly and appropriate action taken to their satisfaction. There had been written compliments from people who lived at the home and their relatives in the same period. These included, 'The carers have always been good but their performance has improved because of the change made by the new provider. And 'The changes in the home are good and we are grateful for the care and support given.'

## Is the service well-led?

### Our findings

People who lived at The Owls and their relatives told us the home was well led and the registered provider, registered manager and staff team were always helpful and approachable. People said they were pleased and impressed with the improvements being made to the home.

People we spoke with and their relatives told us the registered provider and registered manager had an 'open door' policy and always willing to listen to their views. They said the management team were in the home daily and routinely had informal 'chats' with them. The atmosphere was calm and people approached the registered manager in a relaxed manner.

A 'resident's' meeting had been arranged for the week after the inspection. A suggestion box had been introduced in the home so people could have their say about the changes in the home or any home related matter. There had also been recent surveys about people's experience of the home and in particular any changes they would like. These were very positive about the care and support provided. They included 'Since [registered provider] has taken over the home it has improved immensely. The cosmetic features have been updated and improved. The staff continue to be good.'

The home had a clear management structure in place. The registered provider, registered manager and staff team, demonstrated they understood their roles and responsibilities and showed good leadership. The registered provider and registered manager were 'hands on' and were involved in care or activities on a regular basis. We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. This motivated them to support people in the way each person wanted.

There were informal discussions and staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. There were handovers at the change of each shift to discuss any changes to people's support needs so they were clear about the care they gave. Staff commented positively about the changes made in the home by the new provider. One member of staff told us, "There have been massive changes which have made the care better."

The management team had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included monitoring the care provided, environment and equipment, maintenance of the building, reviewing care plan records and medicines procedures. The management team observed the care and support given by staff and talked with people who lived at The Owls. They checked the cleanliness of the home daily and observed if staff were using carried out good infection control. Any issues found or they were informed of were quickly acted upon. This helped them check people were satisfied with the care they received.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There was a business continuity plan that identified how the management team would respond to different types of emergencies. We saw any accidents and incidents

were thoroughly investigated and action taken where needed to prevent any recurrence. This reduced risks to people.