

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: 08 May 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ 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

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 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke individually with the provider, deputy manager, staff and relatives of people receiving care at the home. We asked people to tell us about their experiences of living at The Owls. We reviewed care records, policies and procedures, audits and risk assessment documentation.

One relative told us, "I'm very happy my husband's here – I couldn't fault his care". However, one relative said, "I'm unhappy with mum's care and have tried to raise this". When we discussed this with the provider and checked audits of complaints, it was clear that complaints were taken seriously. We observed care being provided in a respectful way because the staff and manager worked as an organised team. People appeared happy throughout our inspection.

The service demonstrated good practice that ensured a safe, clean environment. Care practice and record-keeping was underpinned by clear, regular auditing procedures.

However, although The Owls provided regular supervision to its staff, training records were poor. The provision of training was unclear, which was hindered by a training matrix that was not up-to-date. This meant staff were not always appropriately supported in relation to their responsibilities.

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 18 June 2013, 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the care records that the service held. We found they had recorded information to ensure that people were receiving appropriate levels of care. People at The Owls were unable to formally give consent because of the effects of dementia. Additionally, some people did not have relatives to provide consent. A small number of care files where consent could not be obtained did not have records describing this. The provider might like to note that recording where consent cannot be obtained can be good practice.

Nevertheless, during our inspection we observed staff asking people how they wanted to be supported with every action undertaken. People were consistently offered choice about day-to-day tasks. This included where they wanted to sit, joining in with activities, and where and what they wanted to eat.

We observed staff engaging with people in a dignified and respectful manner. Support was provided in a way that matched people's care plans. It was clear that staff had gained an understanding of people and their individual preferences.

We spoke with relatives and staff to check about the home's practices with regard to consent. Staff had a depth of knowledge in this area. One carer told us, "Gaining consent can be difficult, but we'll use hand signals and always ask people". One relative told us, "The staff never force people to do anything. They encourage my husband to do the things he needs to".

Some staff had additionally received training around mental capacity, which underpins their knowledge about consent.

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 looked at the care records of three people who lived at The Owls. We also spoke with staff, the provider, deputy manager and people living at the service. The care records were consistent, in-depth and provided a good understanding of the individual's support needs.

Information obtained at assessment, where available, had been transferred to the home's care records. These records contained information such as personal care, psychological and emotional needs and people's interests. Entries were made when people had appointments with other providers, such as GPs. These included changes to medication or care as a result of an emerging health concern.

Behaviour diaries were introduced for new residents. These recorded observations of people's moods and actions. They helped staff to gain an understanding of individuals and what may help to better support them.

Risk assessments and care plans were current and reviewed on a regular basis. These documents related to potential risks of harm or injury and appropriate actions to manage risk. They covered areas such as mental health, nutrition, falls and fire evacuation.

However, a few risk assessments were brief and did not cover all areas. It was not always clear how some risks would be managed. For example, to prevent falls it was necessary that equipment be used, but the specific equipment was not identified. The provider may like to note that more in-depth risk assessment can assist in people's care provision.

Nevertheless, we observed care being provided in a respectful, supportive manner. This matched information contained within people's files. We spoke with staff who had a good understanding of care planning and the individual needs of people. One staff member told us, "We get to know and love the residents".

Files contained activities and programmes of care intended to support individual needs. This included people's interests and preferences. During our inspection activities were undertaken throughout the morning. This included physical and perception exercises and a sing-along. Appropriate individual activities were also provided.

People were offered choice about participating in activities and appeared happy throughout our observation. One relative told us, "I'm very happy my husband's here – I couldn't fault his care. The staff are very caring and have a good attitude."

However, one relative said, "I'm unhappy with mum's care and have tried to raise this. We have to raise basic issues, which are only dealt with once we complain." When we discussed this with the provider, it was clear that complaints were taken seriously and looked at individually. A check of the home's audit of complaints confirmed this. Most of the people we spoke with were happy with their care. We observed people appearing to be happy throughout our inspection.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

On arrival to the home, we saw that it was clean, tidy and well-maintained. Furnishing and décor were of an acceptable standard. There were adequate hand-washing facilities and associated products throughout The Owls Care Home.

We spoke with staff, who told us that there were adequate supplies of hand hygiene and cleaning products. The designated domestic told us, "I'll let the manager know when I need products. She'll get it in the same week".

The staff were able to describe good practice in managing infection prevention and control. This included the use of protective equipment, such as gloves and aprons, as well as waste disposal. The staff described actions that matched the home's infection control policy.

This policy was up-to-date and described appropriate actions to control and prevent infection. This appeared to be developed from evidence-based, good practice. Staff had signed to state that they understood its principals.

The domestic showed us the home's cleaning schedules. These were robust and had a variety of daily and weekly tasks that were signed once completed. These tasks were shared by the care staff when the domestic was not on duty. This ensured the maintenance of infection control within the home.

One relative told us, "It's always clean and tidy". However, another relative said, "The home did smell of urine and is sometimes dirty – but this has got better". The home smelt pleasant during our inspection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provision of staff training was poor.

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 observed staff going about their duties in a cheerful and pleasant manner. People living at the home appeared comfortable and relaxed when being assisted.

We saw that induction training was available. One recently appointed member of staff confirmed that she had undertaken this training. She felt supported through observing more experienced staff, completing the induction book and regular supervision with her manager. She told us, "I love it here, we're like a family".

Staff told us that they received supervision every two months. They stated that they found this useful in supporting them in their roles. Staff records confirmed that regular supervision was undertaken. Areas looked at included leave, workloads, personal development and other issues. Additionally, staff had annual appraisals that explored their skills, strengths/weaknesses and training needs.

We were told that the home viewed staff training as a priority. However, the provider stated that she had got behind with the provision of mandatory training. We were informed that seven staff had completed care qualifications and that the remaining staff were commencing them.

However, when we looked at the training matrix, staff files and training records this was unclear. Indeed, in the last 12 months four staff had safeguarding updates. One individual had training in food hygiene, infection control and movement and handling. We could not identify the provision of any other training.

This meant staff were not always appropriately supported in relation to their responsibilities. Staff were not fully able to deliver care that was underpinned by appropriate training. For example, staff had to prepare food on occasion and were required to undertake various load management tasks. However, updated training to support this could not be confirmed.

The provider told us that training was going to be arranged and stated that the training matrix was not up-to-date. The provider stated she would send us confirmation of forthcoming training and updated staff training records.

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 receive.

Reasons for our judgement

The provider was able to show us a range of internal quality audits. These ensured that the service provided remained consistent. The audits included medication, complaints, health and safety checks and accident reports. A variety of environmental risk assessments and checks were regularly undertaken by the home.

The registered manager and staff team worked closely together on a daily basis. This meant that quality could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. Regular team meetings supplemented this process. When we reviewed minutes we observed that these were held formally monthly, as well as in between when necessary. Agenda items included communication, cleaning, record-keeping and resident updates.

An important part of the internal quality monitoring was by formally and informally seeking people's views. This included general day to day discussion with people living at the home. Service-user were carried out annually. Comments seen included, "Thank you for the wonderful care my mum receives". Another person stated, "Dedicated staff, nothing is too much trouble".

Staff surveys were also undertaken annually. These enabled staff to give feedback about safety, care levels and having the tools to do their job.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: When we looked at the training matrix, staff files and training records staff training provision was unclear. We could only identify the provision of minimal training to a few staff. This meant staff were not always appropriately supported in relation to their responsibilities. Staff were not fully able to deliver care that was underpinned by appropriate training.

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 18 June 2013.

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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