

Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

Bradford Road
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Date of inspection visit:
23 March 2023

Date of publication:
21 April 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Owlett Hall is a residential care home providing personal care and accommodation to up to 56 people over 3 units. The service provides support to older people and people with dementia. At the time of our inspection there were 46 people using the service.

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

Risks to people had been appropriately managed and these were regularly reviewed when the level of risk changed. Accident and incident records were completed and monitored to reduce the likelihood of reoccurrence. The provider had appropriate safeguarding systems in place. People received their medicines safely and as prescribed.

People's care records reflected choices and decisions they made around their care. Staff knew people's needs well. Staff knew how to promote people's independence. Relatives felt staff engaged well with their loved ones. People's dignity and privacy was respected. People's care was regularly reviewed.

People's communication needs had been assessed and information was included in care plans. Relatives were positive about the activities people were doing at the service. The service offered a varied choice of activities.

The provider had a clear complaints procedure in place. People and relatives said they could raise concerns with the unit manager or the registered manager. We observed positive interactions with staff and people during our inspection. Effective quality assurance processes had been implemented and as these were being completed, actions were identified and addressed in a timely manner. Relatives and staff spoke positively about the registered manager.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 November 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Owlett Hall on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Owlett Hall

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the

views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 8 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, supporting manager, regional managers and care assistants. We reviewed a range of records. This included 4 people's care records, 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we found systems in place did not always ensure people received safe care. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people had been appropriately managed and were reviewed regularly when the level of risk changed. There were risk assessments in place to guide staff as to how they should support people safely.
- People had personal emergency evacuation plans (PEEP) in place. This meant in the event of an emergency, staff would have clear guidance to help support people appropriately in the event of an emergency, such as a fire.
- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.
- Changes had been made to the layout of 1 unit following an increased number of incidents. One relative told us, "[The management] dealt with it straight away."

Staffing and recruitment

At our last inspection we recommended the provider reviews their staff deployment practices and takes action to update their practice accordingly. The provider had made improvements.

- There was a robust recruitment process in place to recruit staff safely. This included Disclosure and Barring Service (DBS) checks and seeking references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- There was now enough staff to meet people's needs. Staff felt the increased staffing allowed them to support people effectively.
- People and relatives described the staff as kind. One relative told us, "[Staff] are ever so good. [Staff] are right friendly and talk to you and pop in to see if you're alright."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Safeguarding concerns were investigated, and action taken to reduce risks to the people.
- All the relatives we spoke with told us they felt their loved ones were safe.

- Staff told us they felt confident if concerns were raised with the registered manager, they would be addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People told us staff gained consent before supporting them. We also observed staff gaining consent from people.
- Staff received training in MCA and DoLS and had a good understanding of MCA. One staff member told us, "Capacity is variable, people may not have capacity to make large decisions but may be able to choose what to wear or eat. We have to re-assess capacity each time to check if they are able to make decisions for themselves."

Using medicines safely

- Medicines were managed safely.
- People told us they received their medicines safely and as prescribed.
- Relatives felt confident the staff team responded to changes related to management of medicines. One relative told us, "Medication will be reviewed to see if it's at the right level or if it can be decreased again so that [relative] is not on any unnecessary medication."

Preventing and controlling infection

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

Visiting in care homes

There was a risk assessment in place to ensure people were supported to maintain contact with their relatives and friends in line with the current government guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection we recommended the provider reviews and monitors staff's practice and approach to ensure people's diverse needs are responded to appropriately. The provider had made improvements.

- People's care records reflected choices and decisions they had made about how they wanted to receive their care.
- Staff knew people's needs and supported them in line with their care plan.
- Relatives felt staff engaged well with their loved ones. One relative told us, "[Staff] are very responsive, act immediately and engage with residents all the time. I don't ever feel like anything's any trouble. They're so patient."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected.
- We observed staff providing care in a dignified way. One relative told us, "[Staff] knock on the door and say is it OK if I come in?"
- Staff knew how to promote people's independence. One staff member told us, "Try and involve [people] in what they are doing, support them individually – everyone's ability is different, and it is about knowing each person, so you do not overstep the mark."

Is the service responsive?

Our findings

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

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

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

At our last inspection we recommended the provider reviews their activity provision. The provider had made improvements.

- People were supported and encouraged to maintain contact with relatives and loved ones.
- Relatives were positive about the activities people were now doing at the service. One relative told us, "Staff take [relative] out for a walk round the garden every day because he likes being outside." Another relative told us, "[Staff] give [relative] activities to do. They were playing matching cards this morning."
- Staff felt people had a varied choice of activities. One staff member said, "Activities have improved, we do more sensory stuff now, we have aroma therapy, we have electric fish tanks - we have got lots of stuff which has positively impacted people, [people] are motivated."

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

- Care records contained information about how people preferred to receive their care and support.
- We observed people choosing where they wanted to spend their time, whether that be in their room or in the communal areas.
- People's care was regularly reviewed. One staff member told us, "We have regular reviews, ask [people] what they want and if there is anything [people] want to change, we also look out for responses and if there is something [people] don't like, we change this to what they like."

Meeting people's communication needs

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

- People's communication needs had been assessed and information included in care plans.
- Care plans contained pictures and symbols to support people's understanding when making choices about their care.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure in place. People and relatives knew how to raise a concern or complaint if they needed to.
- Relatives felt concerns were responded to promptly. One relative told us, "[Staff] got the [professionals] in straight away when [relative] became a bit challenging."
- A record of complaints was kept by the management team to analyse any themes or trends.

End of life care and support

- Plans were in place to support people on end-of-life care. This included involvement from healthcare professionals and relatives if necessary.
- Staff had received additional training around end-of-life care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned inspection.

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation good governance. However, additional work was required to ensure the improvements were embedded and sustained.

- The service was being assisted by a supporting manager from a sister home.
- Effective quality assurance processes had been implemented and as these were being completed, actions were identified and addressed in a timely manner.
- There was as clear direction from the regional managers in wanting to further improve the service. This demonstrated the management team and provider continued to learn from their findings and made changes to improve the service.
- People, staff and relatives consistently told us they felt the service had improved with the support of the management team. One relative told us, "There's been noticeable improvements with the staff changes."
- Health and safety checks had been completed on equipment used to support people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said they could raise concerns with the unit manager or the registered manager.
- Staff and relatives spoke positively about the home manager saying they were very kind and approachable and encouraged them to come and talk to them about any ideas or concerns.
- We observed positive interactions with staff and people during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to allow people, relatives and staff the opportunity to be involved in the running of the service.
- Relatives were given opportunities to be involved in their loved ones care. One relative told us, "I feel involved all the time."
- The service had recently completed a survey with staff, relatives, people and professionals. Feedback was generally positive and a "You said, we did" display board was devised following the feedback, outlining the changes made.

Working in partnership with others

- The service worked in partnership with people's relatives, health professionals, local authority and services within the community, to ensure people were supported appropriately.