

Arc Community Care Ltd

The Owls Care Home

Inspection report

168 St Annes Road
Blackpool
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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

About The service

The Owls is situated in an area of Blackpool. The building is a large detached property with wheelchair access and parking available. The home is registered for 15 older people. At the time of the inspection 14 people lived at The Owls.

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

People were protected from the risk of abuse and kept safe by staff who were trained to protect them. The registered manager recorded and audited any incidents and accidents and learnt from them. Staff continued to be recruited safely and sufficient numbers of staff supported people to live as independent a life as possible whilst living with dementia. Medicines were managed safely by trained staff. Infection control systems and audits continued to ensure a clean environment and reduce any risks.

The registered manager ensured staff received training that met their needs and supported people who lived at The Owls. People spoke positively about the quality of food and home-made meals and cakes prepared for them. One person said, "The food is very nice and plenty of it." People received support with their healthcare needs promptly. 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.

The registered manager and staff embraced people's diversity and provided sensitive care delivery centred on promoting people's human rights. They were committed to developing personalised care to ensure it supported and benefited each person's life. A relative said, "I come a lot here and they treat each person as an individual and respect that." Information about local advocacy services was available, to ensure people could access support to express their views if required.

Activities were varied, and people told us there were trips and entertainment regularly provided. People's communication needs had been assessed and where support was required these had been met. People knew how they could raise concerns about the service and a complaints procedure was in place. However, no complaints had been received since the previous inspection.

The owner and registered manager were clear about their roles and provided care which resulted in good outcomes for people who lived at the home. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager and owner used a variety of methods to assess and monitor the quality of the service. This ensured the service continued to be monitored and improve.

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

Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme receive concerning. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective

Details are in our effective 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 well-led

Details are in our well-led findings below.

Good ●

The Owls Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Owls is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from Blackpool local authority and Healthwatch Blackpool. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived at the home, three relatives, the registered manager and owner. We also spoke with the two members of staff and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

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

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated.
- People we spoke with told us they thought the service was safe and felt secure. A relative said, "Great place and gives me peace of mind knowing they are safe and cared for."

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

- The registered manager managed risk. They documented information for staff about people's risks and how best to support people who lived with dementia. They kept these under review and updated risk assessments when required to ensure staff had access to current information.
- The registered manager and owner reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- The registered manager ensured suitable staffing arrangements continued to be in place to meet the assessed needs of people in a person-centred and timely way. A relative said, "It's a small home and always staff around the place who know what they are doing."
- Staff were visible to people in their care and provided support as and when required. Our observations confirmed this.
- Staff continued to be recruited safely. The registered manager continued to ensure checks had been carried out prior to staff commencing employment.

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations and people spoken with confirmed this.
- Staff who administered medicines had completed relevant training to do so safely and they confirmed this. We observed medicines being administered at breakfast and lunch time and correct procedures were followed.

Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed to reduce the risk of infection.

- Staff received training and regular infection control audits were undertaken to ensure standards were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs and preferences in relation to their care. Following the assessment, a plan of care was developed in conjunction with the person and/or representative. A relative confirmed this and said, "Yes we were all involved in sorting out [relative] needs."
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- The registered manager regularly reviewed care and support and updated care plans monthly or where people's needs had changed. This ensured people received the level of care and support they required at the right times and was current.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated training sessions in dementia care to meet individual's specific needs.
- Staff told us they felt supported by the registered manager and senior staff. They told us they received regular supervision and appraisal of their duties.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff ensured people's nutritional needs were managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed.
- People were provided with meals and drinks they enjoyed, and their comments confirmed this. One person said, "Good food we have good cooks." A relative said, "I have meals here quite a lot and they are very tasty and lots of choice."
- Staff had completed nutritional assessments where necessary to identify people's needs and any risks they may have when eating. This ensured people received the right support at mealtimes.
- Lunch was organised, managed well and sufficient staff were able to support people who required help. We observed people were supported in a sensitive way when requiring assistance at meal times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. They worked closely with healthcare services including GPs, social workers and district nurses. We saw documented outcomes and support required in care plans was looked at.
- People were supported by staff to attend to attend healthcare appointments when required and they

confirmed this when spoken with. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We confirmed this during the day and visiting people's rooms.
- There was dementia friendly signage around the building which helped support people who lived with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were authorised DoLS in place. Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. We saw people were not restricted in their movement around the home. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to be treated with respect, patience and kindness. We saw this during our observations and what people told us. For example, a relative said, "I am so lucky my [relative] is here. They are all so kind and cannot do enough for us."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds, so staff had a better understanding.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives continued to be consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved representatives and relatives.
- The culture of the service was caring, kind and compassionate. This reflected the attitude of staff and registered manager. One person said, "They are so good and let me choose the things I want to do and express myself."
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people.
- People were encouraged to maintain their independence. Care records detailed people's likes and dislikes, interests and described what they liked to do themselves. A relative said, "Staff are very good and appreciate each person's privacy."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive care and support which was personalised to them. Staff were familiar with people's likes and preferences including activities, and signs to indicate distress or anxiety. One staff member said, "We have had training and with knowing residents realise when people are up or down."
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager identified how people who lived with dementia needed information to be provided. Their communication preferences were contained in their care information.

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

- People were encouraged to take part in events at the home and develop relationships. People told us they were helped to pursue activities and interests of their choice.
- The registered manager provided a range of activities to improve people's wellbeing. For example, recent trips to the illuminations in Blackpool and entertainers performing at the home. One relative said, "We join in with karaoke on Mondays they love it and I sing."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously, and a system was in place. People knew how to make complaints and felt confident these would be acted upon. However no formal complaints had been received since the previous inspection.
- People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. No one was on end of life care. However, training had been provided and updated when required.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The owner and registered manager planned and delivered effective, safe and person-centred care. Current and relevant legislation along with best practice guidelines had been followed.
- The service continued to have systems to make sure people received care which met their needs and reflected their preferences.

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; Continuous learning and improving care

- The registered manager encouraged candour through openness. People told us good communication and relationships had been developed between all stakeholders involved with The Owls. A relative said, "It is a well led home, the owner and manager are open and honest and always available."
- The owner and registered manager regularly assessed and monitored the service through formal and informal methods such as audits, and meetings with people. We saw evidence they had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and improve The Owls.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and had good staff who were knowledgeable about the needs of people they supported. A staff member said, "We have a great team at the moment with a wealth of experience."
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The registered manager created an open culture and encouraged people to provide their views about how the service was run.

- Relatives were regularly involved in consultation about the provision of the service and its quality. Relatives spoken with confirmed this.

Working in partnership with others

- The owner and registered manager continued to work in partnership with other organisations to ensure sure they followed current practice This helped to provide a quality, service and people in their care were kept safe. These included healthcare professionals such as GPs and district nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.