

Mrs Elizabeth Owen

Onny Cottage Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Onny Cottage is a care home providing support with personal care needs to a maximum of seven older people. Accommodation is provided in one adapted building. At the time of the inspection, six people were using the service. This included one person who was in hospital and one person who was receiving short term respite care.

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

Risks to people's safety and well-being were not always considered and plans to mitigate risks were not in place or had not been reviewed. These included environmental and risks posed by equipment, fire safety, the management of medicines and risks associated with individual health needs. People felt safe and staff had been trained to recognise and report concerns. Staff followed effective infection control procedures. There were enough safely recruited staff to meet people's needs.

There was no registered manager in post however the provider told us a manager had been appointed and was due to start imminently. They also said they would submit an application to register the manager with the Commission. Systems to monitor standards of care and safety and plan on-going improvements were ineffective. Staff were well supported and motivated by the provider.

Care plans did not always reflect people's current needs and there was not always sufficient information for staff about how needs should be met. 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. People said staff always asked for their consent before helping them.

Staff received the training required to meet people's needs. People's health was monitored, and people saw health care professionals when they needed. People's nutritional needs were met and everyone we spoke with was happy with the food and drinks provided.

People were treated with kindness and they told us they could make decisions about their day to day lives. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

People were supported by staff who knew them well and who understood what was important to them. There were opportunities for social stimulation and people could see their friends and family whenever they wanted. People were treated as individuals and chose how they spent their time. People felt confident and comfortable to discuss any concerns with staff. People could be confident that their wishes for end of life care would be respected by staff.

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

Rating at last inspection

The last rating for this service was good. (Report published June 2017).

Why we inspected

This was a planned inspection based on the previous rating. However, the inspection was prompted in part due to concerns received about staff's ability to meet people's needs, staff recruitment, the management of medicines and meeting people's nutritional needs. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following our inspection, we wrote to the provider to request information about the immediate action they would take to mitigate risks to people's safety. The provider's response detailed satisfactory actions and timescales to mitigate these risks.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. 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 not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Onny Cottage Rest 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

This inspection was carried out by two inspectors.

Service and service type

Onny Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had appointed a manager who was yet to start and was yet to be registered with the Care Quality Commission. This means that they, once registered 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. The provider was not requested to complete a provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff which included the provider, senior care staff, care staff and housekeeping staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures and quality monitoring were reviewed.

After the inspection-

We wrote to the provider to seek clarification about the action they would take to mitigate risks to people's safety.

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 has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were not always considered.
- The stair lift, which provided access to the first-floor bedrooms had not been serviced since July 2018. In accordance with LOLER regulations, servicing should take place every six months.
- Free standing radiators were seen in bedrooms however; individual assessments had not been completed to mitigate any risks to people.
- Radiators in all areas, including bedrooms were not covered and were very hot to touch. This could place people at risk of harm or injury.
- Windows on the first floor were not restricted and the provider had not assessed the potential risks to the people who lived at the home.
- Action had not been taken to fully address the issues raised by the fire authority during their visits in December 2016 and January 2017. This included ensuring cold smoke seals were fitted on every fire door. Two bedrooms on the first floor had not yet had them fitted and a heat detector had not yet been fitted in the laundry.
- The provider had failed to assess the potential risks associated with the use of the sliding stair gate at the top of the stairs.
- A number of fire doors, including unoccupied bedrooms were wedged open which could place people at risk in the event of a fire.
- The fire risk assessment was due to be reviewed in February 2019 however, this had not been completed. Environmental risk assessments were also overdue.
- Safety certificates and dates of servicing on the home's boiler and electrical hardwiring were not available. The provider informed us both had been serviced by the landlord and they held the certificates. The provider informed us they would obtain copies of the certificates and send them to us.
- Risk assessments associated with people's health and personal care needs had not been regularly reviewed. This meant people could be at risk of receiving unsafe or inappropriate care.
- Safety tests on portable electrical appliances were overdue and were due to be carried out in July 2019.

These failings placed people at risk of harm. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we wrote to the provider and requested evidence and timescales for addressing the

concerns raised. The provider responded and confirmed dates for equipment servicing, electrical safety checks and outstanding fire safety works. Risk assessments had been completed in relation to risks associated with burns, falling from heights and evacuation in the event of a fire.

- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved.
- People were provided with call bell pendants which meant they could summon assistance where ever they were. One person said, "They [staff] come quickly." We observed staff responded to call bells promptly throughout our visit.

Using medicines safely

- People's prescribed medicines were recorded on their individual medication administration record (MAR). However, all entries had been handwritten and had not been signed by two competent staff to ensure the entries were accurate.
- MAR charts did not detail the amount of medicines carried forward from the previous month. This meant there was no clear audit trail of the number of medicines held at the home.
- The risk assessment for a person who administered their own medicines had not been reviewed since July 2019.

Failure to follow the proper and safe management of medicines could place people at risk of harm. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines when they needed them.
- One person said, "They [staff] are very particular about my tablets. I get them on time and they give me one at a time. I know what I take them for."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who cared for them. One person said, "I feel safe. The night carer comes in to say goodnight to me and checks on me right through the night."
- Staff had been trained to recognise and report any concerns. One member of staff said, "I would always speak up. I treat people like I would want my relative treated. If you can't keep the residents safe and protected, you shouldn't be doing this job."

Staffing and recruitment

- There were sufficient numbers of skilled and experienced staff to meet people's needs.
- One person said, "I can do things for myself, but the carers are always there if I need any help."
- People were protected by the provider's recruitment procedures which ensured only staff who were suitable to work with people were employed.

Preventing and controlling infection

- People lived in a home which was clean and fresh.
- Staff followed good infection control practices which helped to minimise risks to people.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and records detailed action taken to reduce the

risk of the accident happening again.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans had not always been reviewed to reflect changes in their care or treatment. There was not always enough information for staff about how to meet people's specific needs.
- One person's care plan stated they required their blood sugars to be checked twice a day. However, records showed, and staff told us the frequency had been changed to weekly monitoring.
- There was no information about the acceptable blood sugar ranges for people who were diabetic. There was no information for staff to help them recognise when a person maybe hypo or hyperglycaemic and there was no information about the action staff should take.

These failures could place people at risk of receiving unsafe or inappropriate care. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. There is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were assessed before they used the service to ensure their needs and preferences could be met. Assessments of people's diverse needs, such as religious preferences were also discussed.

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

- People told us they saw healthcare professionals when they needed. One person said, "Staff noticed I wasn't feeling well, and they got the doctor. I had antibiotics which helped."
- Care plans showed people saw a range of professionals to meet their needs, These included doctors, district nurses, chiropodists, dentists and opticians.

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

- People told us they received food and drinks which met their needs and preferences.
- One person said, "There's plenty to eat and a good variety. The carers make sure I have plenty to drink too."
- People had their weight monitored which helped to highlight any concerns.
- Dietary information was recorded in the care plans for people who had specific health needs.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff who supported them. One person said, "The staff are very

good to me and help me when I need help."

- Staff received regular training to make sure their practice was in accordance with up to date practice and legislation. A member of staff told us, "There's quite a bit of training here and you can choose extra training. I'm doing diabetes training."
- Newly appointed staff completed an induction to provide them with the basic skills and training to meet people's needs.

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

- People lived in a comfortable and homely environment.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences.
- Grab rails, raised lavatory seats and wet rooms helped people maintain a level of independence.

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

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 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.

- The provider told us there was no one living at the home who lacked the capacity to consent to their care or treatment and we did not observe any restrictive practice during our visit.
- People told us staff respected their wishes and decisions. One person told us, "Nothing is set in stone here; I can do as I please."
- Staff had received training about the Mental Capacity Act and knew how to promote people's legal rights.
- A member of staff told us, "We all have their [people who lived at the home] interests at heart. Residents are never forced to do anything. It's their choice."

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 told us staff were kind and caring. One person said, "All the staff are superb." Another person told us, "The staff are very kind and [name of provider] is lovely. I think that's the main reason I stay here."
- The atmosphere in the home was relaxed and happy. We saw people enjoying chats and friendly banter with staff.
- People were able to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and they were supported to maintain a level of independence.
- One person said, "I'm quite independent but I do need help to shower. The staff are very respectful." Another person told us, "I chose to spend most of my time in my room which is not a problem. I am very independent, so the staff leave me to get on with it which is how I like things."
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.

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 told us staff understood and responded to their needs and preferences. One person said, "They [staff] all know me well and I know them." Another person told us, "The carers know how much help I need and when I need it. Although, I'm quite independent really."
- One person told us about their love of cats. They said, "[Name of provider] knew how important it was to me. They took me to the cat rescue centre and I chose the cat I wanted."
- People were consulted about the care they needed and wanted, and they had signed their care plans confirming their agreement.

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 told us their relatives were always made to feel welcome when they visited. One person told us, "I used to visit regularly before staying here and there were never any problems. I was always welcome."
- People told us how much they enjoyed an entertainer who visited the home every week. One person said, "We have a singer with a guitar on a Wednesday. It's great fun and we have a crossword afterwards."
- During our visit we observed staff spending time sitting and chatting with people. A member of staff told us, "I can honestly say I like it here as you get time to interact with people and really get to know them which is important."

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.

- There was no one living at the home who had difficulties in communicating their needs and wishes.
- Staff ensured that people had working hearing aids and clean spectacles where these were required.
- The provider was aware of the AIS and information could be produced in accessible formats, such as large print, where required.

Improving care quality in response to complaints or concerns

- People felt comfortable about raising concerns and were confident appropriate action would be taken.
- One person said, "I can speak up and I would. I'm not worried about that." Another person told us, "I would talk to [name of provider]. They are very approachable. I don't have any complaints."

- Records showed complaints had been fully investigated in line with the provider's complaints procedure.

End of life care and support

- There was no one living at the home that was receiving end of life care.
- People's care records contained information about people's religious preferences and their preferences during their final days and following death.

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 now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was required to have a manager in post who had been registered by the Commission. The registered manager had left since the last inspection and the provider told us a new manager was commencing employment the week following our inspection and an application to register with us would be submitted.

This was a breach of Regulation 5 of the Registration Regulations 2009 (Schedule 1) Registered manager condition.

- The provider's systems for monitoring and improving the service had not been effective in identifying the shortfalls and potential risks to people's safety we found during our visit.
- There were policies and procedures in place however, these had not always been updated to reflect changes in legislation. For example, the confidentiality policy had not been updated to reflect General Data Protection Regulations (GDPR) which became law in 2018.
- The local authority safeguarding adults policy was out of date and did not reflect the changes detailed in the policy change in January 2019.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety or the quality of the service provided was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their responsibility to inform us about significant events which occurred at the home and had submitted notifications

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

- Staff told us morale was good and they felt well supported. One member of staff said, "[Name of provider] lives on site and is here all the time. It's a happy atmosphere here and we have a good team."
- A person who lived at the home told us, "[Name of provider] always has a natter with me. I was sad to give

up my home, but I wouldn't want to live anywhere else now."

- The provider was honest and open with us and recognised the areas for improvement.
- The provider had informed people's relatives when an accident had occurred or where there were concerns about a person's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were consulted about aspects of their care and life at the home through informal meetings and individual discussions.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition How the regulation was not being met: The provider failed to ensure the service was effectively managed by a person who had been registered with the Care Quality Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks associated with equipment servicing, electrical safety, fire safety, risk of burns and risks of falling from heights. Regulation 12 (1) & 12(2) (a), (b), (d) & (e) People who use services were not protected against the risks associated with the safe management of medicines. Regulation 12 (1) & 12(2) (a), (b), & (g) People were at risk of receiving unsafe or inappropriate care because care plans did not always reflect their current needs and there was insufficient information for staff about how needs should be met. Regulation 12(1) & 12(2)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:

Systems to monitor and improve safety and the quality of the service people received was ineffective.

Regulation 17 (1) & (2) (a), (b), (c) & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.