

Mrs Linda Kay Patel

Onny Cottage

Inspection report

Bromfield
Ludlow
Shropshire
SY8 2JU

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

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

Onny Cottage is a residential care home providing support with personal care to seven people aged 65 and over at the time of the inspection. The service can support up to seven people. Accommodation is provided in one adapted building.

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

The provider's procedures for the recruitment of staff did not fully protect the people who lived at the home. The provider had implemented systems to monitor the quality and safety of the service provided however, these had not been fully embedded, and they were not always effective in identifying or addressing areas for improvement. People told us they felt safe at the home and with the staff who supported them. There were sufficient staff to meet people's needs. People received their medicines when they needed them. Staff knew how to recognise and report any signs of abuse. The provider ensured the environment was a safe place for people to live. People were protected from risks associated with the control and spread of infection.

People received adequate food and drink which met their needs and preferences. People were supported by a staff team who were trained and competent in their role. 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 were able to personalise their bedrooms. People saw healthcare professionals when they needed. Before moving to the home people were assessed to ensure their needs and preferences could be met.

People told us they were supported by a kind and caring staff team who respected their needs and preferences. People were supported to make decisions about the care they received. People had their own bedrooms where they could spend time alone if they wished. Staff respected people's right to privacy and their confidentiality was maintained.

People's received care and support which took into account their needs and preferences. People were involved in planning and reviewing the care they received. People's communication needs were assessed and considered. Staff ensured people were provided with opportunities for social stimulation and were able to maintain contact with those who were important to them. People knew how to raise any concerns they may have. Staff had access to important information about people's wishes during their final days and following death.

The provider regularly provided hands on care and knew people well. Staff and people who lived at the home spoke highly of the provider and found them approachable. People benefited from an open and inclusive environment where their views were valued. The provider worked in partnership with others to ensure a positive outcome for the people who lived at the home.

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

This service was registered with us on 31/03/2021 and this is the first inspection. The last rating for the service under the previous provider was inadequate, published on 08/04/2021.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to staff recruitment and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Onny Cottage

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Onny Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 was not required to have a manager registered with the Care Quality Commission. This means that the provider is 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 it registered with us. We sought feedback from the local authority and professionals who work with the service. 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 six people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, care workers and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us evidence that missing references had been obtained for staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider failed to ensure people were protected by their procedures for staff recruitment.
- In the two staff files we looked at the provider had failed to obtain references prior to the staff commencing employment. This meant they could not be sure of their previous conduct or suitability to work at the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were protected by the provider's recruitment procedures. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there were sufficient staff to meet their needs. One person said, "The staff take their time with me. They never rush me. If I ring my bell, they [staff] come straight away."
- The atmosphere in the home was relaxed and we saw staff spent quality time with people. A member of staff told us, "It's so nice to be able to spend one to one time with the residents."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. These included risks associated with falls, eating and drinking and skin integrity. Care plans contained information for staff about how to manage and mitigate risks to people.
- Hot water outlets were regularly checked to ensure they remained within safe limits. Regular checks and flushing of outlets were carried out to reduce the risks associated with legionella.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which provided staff and emergency services with information needed to enable them to evacuate people safely in the event of an emergency.
- Regular tests and servicing were carried out on fire detection systems and firefighting equipment. Staff had received up to date fire safety training.
- Moving and handling equipment had been serviced by external contractors to ensure it remained safe to use.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home and with the staff who supported them. One person said, "I feel very safe. We are all close here and the staff are like family to me." Another person told us, "I have no concerns. If I had any worries, I can speak to the carers or [name of provider]."

- Staff had been trained to recognise and report any signs of abuse. A member of staff said, "I've never seen anything concerning here. I would definitely report it if I did. I know that [name of provider] would deal with it. I would also contact the police or CQC if I needed to."

Using medicines safely

- People received their medicines when they needed them from staff who were trained to carry out the task. One person told us, "The carers bring me my tablets. They know what time I need them."
- People's medication administration records (MAR) had been fully completed and medicine stocks tallied with the records maintained. This showed people received their medicines when they needed them.
- Medicines were stored securely at temperatures in accordance with the manufacturer's safe limits.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed by the provider. This helped to identify and trends.
- Records showed that action was taken to reduce the risk of the accident happening again. For example, following a fall a sensor mat was placed in one person's bedroom to alert staff when they got out of bed at night.
- There was a culture of learning from accidents or incidents. Following a recent accident, the provider met with the staff on duty to ascertain whether there was anything that could have been done to prevent the accident.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed before they used the service, and information was used to formulate a plan of care. This provided staff with information to enable them to deliver care which met people's needs and preferences.
- People and their relatives, where appropriate, were involved in the planning and review of their plan of care.
- Assessments of people's diverse needs, such as religious preferences and sexuality were discussed prior to using the service.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent to support them.
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed.
- The provider monitored staff skills and competency through daily observations. The provider was in the process of developing a training matrix to ensure staff received refresher training when needed.

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

- People told us they were offered enough food and drink which met their needs and preferences. One person said, "The food is excellent. I can't fault it. There is always plenty to eat and drink." Another person told us, "The food is very good and there is plenty of it. There are always snacks on offer and they [staff] know what I like."
- People's nutritional needs were assessed and kept under review. Care plans contained information about people's needs and preferences.
- People's weights were monitored each month. This helped to identify any concerns regarding weight loss or weight gain. At the time of our inspection, there was nobody at the home who was losing weight.

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

- Records showed people saw a range of healthcare professionals. These included visiting GP's, district nurses and specialist healthcare professionals. One person said, "[Name of provider] arranged for me to see my GP because of pain in my knees. I had some [treatment] and now I don't have any pain. It's marvellous."
- Where there were concerns about a person's health or well-being, we saw that referrals to appropriate professionals were made without delay.

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

- Each person had their own bedroom which they could personalise in accordance with their tastes and preferences. There was a comfortable and homely lounge/dining room where people could choose to spend their time.
- A stairlift provided access to the first-floor bedrooms for those who were unable to use the stairs.
- People had access to adapted bathrooms and lavatories which helped them to maintain a level of independence.
- There were large gardens surrounding the home for people to enjoy.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- At the time of our visit there was nobody living at the home who was subject to a DoLS authorisation. However, the provider told us they were in the process of making applications for two people as their mental health had deteriorated.
- The people we met with told us they were never made to do anything they did not want to do. One person said, "Nobody here makes me do anything. I can do as I please."
- Staff sought people's consent before assisting them with a task and understood the importance of ensuring people's rights were respected. A member of staff told us, "We are very flexible and relaxed here. For example, if someone wants a shower in the evening rather than in the morning, it's never a problem. 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they were supported by a kind and caring staff team. One person said, "The staff are so kind to me and will do anything for you." Another person told us, "The staff are very good indeed and very kind. They take their time with me. I am very happy here." Another person said, "All the staff and [the provider] are like family to me. I couldn't be happier."
- We observed staff interacting with people in a warm and caring manner. They took time to listen to what people wanted and responded to their requests.
- The atmosphere was relaxed, and people looked comfortable in their surroundings. People's facial expressions and responses indicated they were at ease with the staff who supported them.
- People's protected characteristics such as sexuality and religious preferences were discussed with them and recorded in their plan of care.

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

- Staff had a good understanding about people's needs and they had the skills and information to support people with communication difficulties to have a voice and express their needs and views.
- People made choices about their day to day lives. We heard staff checking people were happy where they were and with what they were doing.

Respecting and promoting people's privacy, dignity and independence

- Staff offered people assistance with their personal care needs in a discreet and dignified manner.
- Each person had their own bedroom which they could spend time in whenever they wanted.
- Staff respected people's privacy and we saw they knocked on bedroom doors before entering.
- People were supported to be as independent as they could be. Staff ensured people had access to their mobility aids so they could move around their environment.
- The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored, and we observed that staff ensured they did not discuss people in front of others.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- Care plans detailed information which was important to the person such as daily routines and family members. This helped staff to get to know people and to support them in accordance with their preferences.
- We heard a member of staff chatting to one person about their family member. The person responded positively and engaged in the conversation.
- People's care plans had been regularly reviewed to ensure they remained reflective of their needs and preferences. We saw that people and, where appropriate, their representatives had been involved in planning and reviewing the care they received.

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 provider had a good understanding of the AIS and of their responsibilities. They told us that information could be produced in alternative formats such as large print, where required.
- Care plans contained information for staff about how to support people with a sensory impairment. For example, ensuring people had their spectacles and hearing aids where required.
- One person had a talking clock and touch lamp to assist them with their reduced sight.

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

- Staff had worked hard during the pandemic to ensure people had opportunities for social stimulation. They had provided in-house activities such as crafts and painting. External entertainers had recently started to visit the home to provide people with musical events.
- People told us their visitors were always made to feel welcome. Some people maintained contact with their family through telephone and video calls.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable to raise any concerns they had. One person told us, "I don't have any complaints. I am very happy with everything here. I can talk to [name of provider] they always

listen to me."

- The provider told us they had not received any formal complaints but would ensure any concerns brought to their attention would be fully investigated.

End of life care and support

- At the time of our inspection there was nobody living at the home who was nearing the end of their life. However, people's care records contained information about their religious preferences and their preferences during their final days and following death. This meant staff had access to important information to ensure people's wishes were respected.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- Since taking over the home the provider had implemented systems to monitor the quality and safety of the service provided, however these had not been fully embedded and were not always effective in identifying or addressing areas for improvement.
- Audits on people's care plans had failed to identify the lack of a risk assessment for one person who self-administered their insulin. This meant staff could not be confident that the person remained confident or competent to carry out the task. Another person's communication care plan had been identified as requiring a review, however there was no evidence that this had been completed and no timescales had been given for completion.
- The provider had failed to follow safe recruitment procedures for staff.
- Audits on cleaning schedules had failed to identify that these were not being fully completed each day. The provider acknowledged recording needed improvement but was confident that cleaning tasks were fully completed each day.
- The provider completed an action plan to address the shortfalls raised during a recent external infection, prevention and control audit, however they had not recorded the timescale for completion. This meant there was a risk that actions may be overlooked or not addressed in a timely manner.

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 monitored. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider was responsible for the day to day management of the home and often provided hands on care when required. People spoke highly of the provider and it was apparent that the provider knew people well. One person said, "[Name of provider] has changed my life. I am so happy now." They also told us, "[Name of provider] really takes time to listen to what you have to say."
- Staff were clear about their roles and responsibilities. The provider ensured staff had access to the records and information they needed to provide a safe service to people. This included policies and procedures and people's care records.
- Staff told us they felt well supported and found the provider very approachable. A member of staff told us, "It's a really nice place to work; like home from home. We all work as a team and I am really well supported. I

can talk to [name of provider] about anything."

- The provider had a small team of staff who they knew well. The provider acknowledged they were not currently recording discussions they had with staff but were in the process of formalising conversations as part of staff supervision sessions. Progress will be followed up at the next inspection.
- The provider was aware of their legal responsibility to inform us of significant events which occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt fully involved in life at the home. One person said, "I can do as I please. I especially enjoy peeling the vegetables." Throughout our visit we saw people choosing how and where to spend their day.
- People's equality characteristics were considered. People's care plans contained information about their likes, dislikes, how they wanted to be supported and information about their social history, religious preferences and the important people in their lives. This helped staff to get to know the person and to enable them to support people in accordance with their wishes.
- People and where appropriate, their relatives were involved in planning and reviewing the care they received.
- People's views were sought on a day-to-day basis. The provider was in the process of developing satisfaction surveys to seek the views of people and their relatives on the quality of the service provided.

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

- Systems were in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being.
- Staff were provided with opportunities to reflect and learn when accidents occurred.
- The service had not received any complaints however, the provider informed us that any concern would be fully investigated and responded to.

Working in partnership with others

- The provider and staff told us they had good support from visiting professionals such as doctors and district nurses.
- Care plans showed that people saw other healthcare professionals to meet their specific needs. These included mental health professionals and diabetes specialists.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems for monitoring and improving the quality of the service people received were not always effective in identifying and addressing areas for improvement.</p> <p>Regulation 17(1) & 17(2)(a) & (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were not always protected by the provider's procedures for staff recruitment. References for two recently employed staff had not been obtained prior to their employment.</p> <p>Regulation 19 (1), (2) & (3)</p>