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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Onny Cottage is a care home which provides residential care for up to seven people. At the time of the inspection there were five people living at the home.

This was an unannounced inspection that took place on 14 December 2016. The home has a registered manager who was present during the inspection but had recently applied to cancel their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider delivered care and support in a grade 2 listed domestic building. As such permission to carry out certain works to meet the fundamental standards had been difficult to achieve. We identified hazards with the premises and appliances that could be a risk to people's safety. We contacted other regulators to ascertain their views on safety in the home.

The provider had policies and procedures to ensure that people who could not make decisions for themselves were protected. People's human rights were protected because staff understood the policies and legislation and how to apply them. Staff were aware of their responsibilities to report any incidents of abuse or suspected abuse immediately

People felt the staff had the right skills and experience to look after them. The provider had omitted to provide staff with the mandatory updates of some training. Regular supervision and appraisals had not taken place. Not all staff had received certificated training in keeping people safe.

People believed staff would do everything necessary to keep them safe. One person shared a concern about how they would get out if there was a fire. Accidents and incidents were monitored on an individual basis to identify any trends or concerns. People were assessed against a range of potential risks such as poor nutrition, falls, skin damage and mobility according to their current need.

The registered manager assessed people's needs and this information was used to determine the minimum staff number needed to run the home. In addition to this system they monitored people's changing needs and staff feedback on the number of staff needed.

Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home.

Medicines were stored securely but not always handled safely.

People were happy with the standard and range of food and drink provided at the home. People did not

know what they were having in advance of their meal.

Staff were able to tell us about people's particular needs and how best to support them. People's health and wellbeing was monitored and staff regularly referred
people to GPs and district nurses as required.

People and their families were encouraged to express their views through surveys and day to day contact. The registered manager made time to speak with people directly.

People could speak to the registered manager or staff if they were concerned about anything. A complaint procedure was in place but not sufficient enough in its detail.

The registered manager had organised external activities in the community and visiting entertainers in the home. There was little opportunity for social stimulation in the home on a daily basis. People had, through provider surveys, expressed a wish for this to be improved but the provider had not acted on it.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. However, these were not always carried out and so were not effective in identifying where improvements were required to ensure the regulations were met. Feedback from people and their relatives was sought but comments not always acted upon. This meant opportunities to identify where improvement was needed were missed.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Some risks to people living in the home were assessed and appropriate steps had been taken to minimise such risks.

Some staff had been provided with training to enable them to identify any actual or suspected harm to people and to take the necessary steps to report any harm or abuse.

Checks were carried out to make sure new staff members posed no risk to people's safety. There were sufficient staff to meet people's needs in a timely way.

People's medicines were stored but not always administered safely.

The premises were not fully compliant with change of use from domestic dwelling to a care home.

Is the service effective?

Requires Improvement

This service was not effective.

Staff provided care that met people's current needs.

The provider had not ensured training for staff was up to date. Staff did not receive individual support from the provider. The provider had not delivered their policy of frequent one to one contact with staff to support their training and development.

The registered manager was aware of people's rights to live their lives with minimal restriction.

People living in the home were offered a nutritious diet but were not always able to choose their meals.

People had access to community healthcare services and had their health monitored by the staff.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity.

People were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the service.

Is the service responsive?

Requires Improvement

This service was not always responsive.

People told us they received their care in the ways they wanted.

The service did not have person centred activities and opportunities for social stimulation and so prevent social isolation.

The provider's complaint procedure did not give full information on how to make a complaint

Is the service well-led?

Requires Improvement

The service was not well-led.

People made suggestions about improving the service through surveys but the provider did not act on these.

Systems were in place to check the quality of care but were not routinely carried out.

The registered manager did not have peer support to develop and promote best practice.

Onny Cottage Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 14 December 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also received feedback from the local authority commissioning and planning departments and Healthwatch prior to the inspection.

We spoke with five people who used the service, the registered manager, the registered individual and three staff. We reviewed a variety of records which included two people's care plans, two staff files, and various records related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

The provider had not undertaken required checks on electrical appliances. We observed a number of portable appliances such as lamps, Christmas lights and an electric wood-burner in a person's room. Portable appliances testing (PAT) had not been conducted annually for safety since 2014. The registered manager acknowledged this and said they would arrange to have the PAT done. We saw care had not been taken to minimise risks associated with substances hazardous to health (COSHH), as they were not securely locked away. The cupboard they were in had been tied with a chain only.

We found that people's ability to leave the building in the event of fire was compromised. This was because the locks for the fire exits were not connected to the main fire system. The front door was a fire escape exit but was double locked at night. The outside paving through the rear fire door had uneven block paving that was hazardous to walk on. We were told by the provider that people were not allowed through the rear door but it was a designated fire escape route. The provider did not have a confirmed place of safety should people need to be evacuated in case of fire or other emergency situation. We contacted the local fire and rescue service to advise them of our concerns.

The service is located in a grade two listed building which has been adapted but it is not ideal for elderly people with mobility issues. The internal stairway is quite steep. One person was accommodated downstairs and four other people on the first floor and had to use a stair lift with assistance from care workers. We saw a slope in the first floor corridor leading to a person's bedroom that had not been highlighted as a mobility hazard for people. The first bedroom on the left on the first floor at the top of the stairs had a deep step up into it. This room was not suitable for people to be accommodated in. The provider and registered manager acknowledged this and agreed not to use this as a person's bedroom. It was unoccupied at the time of inspection. The top of the stairway had a heavy sliding gate to pull across to stop any falls down the stairs.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The laundry system was housed in an old outbuilding accessed via the rear fire door over the uneven paving. The room did not have washable flooring and walls or a hand wash sink. Other items, non-laundry related, were housed in this room, such as four 20kg bags of potatoes. The cleaner's room, on the first floor, contained a shallow sink where commode pots were reported to be disinfected before being returned to rooms. There was no sluice machine available for disposal or disinfection purposes of commode pots or urinals. There was no area for air drying washed utensils. We saw four trays laid out for breakfast the next day on the first floor. These were not covered and would be risk of contamination as the home had a cat that wandered freely. We saw a bowl of prunes in the kitchenette fridge that were not covered or dated when opened. We observed an opened can of dog food and a box of dog biscuits in the kitchen in a food preparation area. The provider had not carried out an infection control risk assessment to screen for any shortfalls to the control and prevention of infection in the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We observed medicines pre-dispensed into a pot on trays for two people on the first floor. The registered manager acknowledged this was not safe practice. Care plans we viewed detailed what medicines people took and what they were for. People we spoke with confirmed they received the medicines they needed. We looked at the most recent medication audits where shortfalls had been identified but no plan developed to detail what action had been taken to correct shortfalls. The registered manager told us she had taken action with staff, i.e. spoken to them but not recorded it. A competency assessment for administering medicines had been completed by the registered manager for one new staff member. The registered manager told us that medicine administration assessment updates had to be prioritised for new staff due to lack of allocated managerial time by the provider. Medicines were stored safely and securely in locked cupboards or a locked movable trolley. We saw records that people had been asked for their consent to administer their medicines to them.

Staff said they knew how to manage accidents and incidents. One staff member said, "We do not have a hoist. We would call 999 if someone was on the floor and two staff could not lift them up safely." The registered manager told us that no one had been assessed as needing a hoist in order to support them. If they did have to respond to a change in need where a hoist would be required they would rent one. The registered manager told us the process to review incidents. We saw records that confirmed individual events were monitored to identify any trends for that person and prevent reoccurrence.

We asked commissioners of care if they had any concerns for the safety and welfare of people using the service. No concerns were expressed. We saw the service had appropriate policies and systems in place for protecting people from harm or abuse which were in line with government guidance and with local authority advice. Staff said they were aware of these. Staff we spoke with had an awareness of keeping people safe from abuse. All said they would report to the registered manager if they witnessed anything. The registered manager was aware of the correct steps to take if any abuse was reported to her but had not needed to do this.

People we spoke with told us they felt mostly safe in the home. One person said, "Now I am here I am very happy and settled and well looked after. I have no worries, lovely staff both day and night that are all so good to us. Everything is done for us and it's warm and cosy. I can see everything that is going on from my room and I always feel safe although I fall a lot."

Risks to people's safety had been assessed with their input and plans were in place to minimise these risks. One person said, "I do have a problem with falls and it has all been discussed with me. I feel quite safe with the support I get." We saw that this person had been referred to the stroke clinic for assessment. We saw people used mobility aids to assist them in walking around the home unsupported, but being supervised by staff, so they could remain as independent as possible. People's mobility aids were placed close to them and they were repeatedly asked by staff if everything was alright and where they wanted it. Other people were moving around the home independently without staff support. A staff member said, "If a person has an accident we will give first aid and complete the accident form for the manager. We monitor the person afterwards."

People told us that there were enough staff to meet their needs. Staff told us, "We have a good staff ratio and we can get all care done." The registered manager said they assessed people's individual needs to determine how many staff would be needed. For example, they had identified the need for a waking member of staff at night. This had been provided.

Staff recruitment records showed that only appropriate applicants for posts were employed. We saw that checks required by law had been carried out and staff were not allowed to start without them in place. This included disclosure and barring service checks (DBS), references and a full employment history review. The DBS helps employers to make safer recruitment decisions. Staff we spoke with confirmed that checks were carried out on them before they worked alone with people.

Requires Improvement

Is the service effective?

Our findings

People told us they had confidence in the staff that cared for them. They told us the staff were good at their jobs and supported them well. One person said, "Staff always know how to help me."

The registered manager told us that staff had received training in many areas but were needing to update moving and handling and safeguarding training. We spoke with a member of staff about the induction training they had undertaken and that it had been based on the service. As part of the induction period, new starters shadowed experienced staff members until they were comfortable to do care on their own. The registered manager had not introduced the new care certificate to their training of new staff. The care certificate is a nationally recognised qualification that trains staff about the standard of care required of them.

Staff told us they regularly talked with the registered manager when they were on shift but did not have formal one to one support sessions to discuss their performance, role and development needs. We saw that there was a system for this to happen, but the registered manager told us it had not been carried out due to a lack of managerial time.

The Mental Capacity Act (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS. They spoke to us about their understanding of the legislation and guidance. Staff said that a person's capacity was always assumed. They ensured that people's rights and freedoms were protected. We saw recorded in a person's care plan their refusal to give consent to have a photograph taken and this had been respected by staff. We saw relevant records that showed people's needs regarding this had been assessed with their involvement. No one currently was being deprived of their liberty but staff were proactive in recognising when needs changed due to fluctuating capacity.

Staff we spoke to had an understanding of the implications of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member told us, "People are always given choices. We try to encourage people to do all that they can for themselves and if not we will support them."

People were encouraged to give their consent and agreement to care being delivered. One person had legal

power of attorney to act on their behalf in decisions should they lack capacity to do so. We saw discussions were recorded in people's care file, for example, regarding resuscitation.

People spoke well about the food available at the home. We spent time in the lounge/diner observing lunch and saw that the food available was presented well but with little choice. One person said, "There is a lot of pasta on the menu and not enough of roasts." There was a very social atmosphere during lunch and all of the people interacted very positively with the staff who were always there to help them. We saw tabards being placed on people without asking permission first. Drinks were given with no choice offered apart from sherry. The cook was not on duty that day and a member of care staff dealt with the lunch after their caring duties. Staff offered people hot and cold drinks frequently throughout the day. We saw that people had been assessed for nutritional problems and only one person was having their food intake monitored. The registered manager was aware of the need to refer to the dietician or speech and language therapist if this person's needs changed.

People had regular access to health and social care services when required. We saw that people had visits from their GP and the district nurse. These visits were recorded in people's care records. People had access to chiropody, dental and optical services.

Good

Is the service caring?

Our findings

People felt staff had come to know them well as individuals, and that they took a caring and compassionate approach towards their work. One person told us, "The girls are all so caring, my dignity is always respected and no-one is rude." Another person said, "I like it here and the staff are A1 for caring and they seem to know what they are doing. I enjoy the food and I am never uncomfortable." Another said, "I never feel uncomfortable with the girls they are all very respectful and careful to make sure I am never embarrassed." The staff we spoke with talked about people with a sense of respect and affection, and with insight into their individual needs.

People felt involved in decision-making about their day-to-day care and support. They described how the registered manager had met with them to assess the help they needed. They said she spoke with them each day to ask how they were and if they needed anything. People felt able to voice their opinions, ideas and suggestions about their care to the registered manager at any time.

People felt staff treated them with dignity and respect. One person told us, "Staff are very pleasant and respectful of my age and ability." Another person described how staff understood and respected their need for privacy during aspects of their personal care. The staff we observed were attentive and treated people with kindness and respect. When staff spoke with people they knelt or sat by the side of them making eye contact and tried to involve others in their conversation where possible and appropriate.

People confirmed that staff respected their right to be as independent as possible. This helped them regain their confidence and independence. The registered manager told us they discussed the importance of protecting people's rights with staff as they went about their work. The staff we spoke with understood the need to treat people in a dignified and respectful manner. They gave us examples of the things they did each day to put this into practice. These included protecting people's modesty and privacy during personal care tasks, and safeguarding their personal information. People could make their own choices. One person told us, "I get choices. If I want to stay in bed I can and if I want to go outside then I can do that as well." Another told us, "It's up to me if I want to get up to eat or eat in my room."

Staff knew people well and used their knowledge of people's backgrounds to engage with them. Staff told us there was no one living at the home who had any particular cultural or religious requirements.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "They do one shower a day here and Tuesday, that's my day." Another person said, "I have a shower once a week and it's my day tomorrow, Thursday." People's preference for a day of their shower was recorded in their care record. These also recorded people's preferences of when they liked to get up and go to bed. For example, "I like to get up not too early and go to bed not too early."

A pre-admission assessment was carried out before people moved into the home to determine people's needs and to ensure that the service could support them. Care records detailed information about people's needs. Where needs had been identified, care plans were in place with direction for staff in how to support the person. We saw people's assessments and care plans were evaluated every month by the registered manager. People told us they were able to choose how and where they spent their time. The home had one communal lounge/diner. During our visit we saw some people came down from their rooms with assistance from staff to enjoy their lunch. They spent most of their day in their bedrooms. One person said, "I am alright here. I can use the stairs but only with help and I have to have help on the stair lift so I don't go down as often as I like. I have a tendency to fall and the bar on the bed is to stop me falling out. I have fallen out but I had my bell and they came quickly."

One person told us, "We have an ex-teacher who comes in and does crosswords with us and then we sing songs every Thursday morning." There was no visible evidence of planned activities that were based on people's individual likes and hobbies. Two people had been out on a trip the day before and another had just come back from a weekend away with their family. Some group activities had taken place and one person was supported to occasionally go out into the community to a club.

We saw the results of a recent survey in which people had raised the wish to have more to do in the home. This had not been acted on by the provider who acknowledged this. The registered manager told us they held regular conversations with people to try and get their views and opinions on what they would like to do.

We were sent a copy of the complaints procedure by the registered manager, as requested, after the inspection as we did not look at it on the day. This was very brief and gave no indication to people of how to escalate a complaint if they were not happy with the way the provider had handled it. There was no information of the authorities that people could also go to such as; The Local Government Ombudsman or the Local Authority Social Services. The provider had not received any complaints. People we spoke with told us that they would feel confident to speak to the registered manager and that their concerns would be dealt with. We saw complaints leaflets available in the entrance hall that people could complete to make a complaint. People told us that they knew where these were located.

We recommend the provider seeks further information on therapeutic activity and supporting people with their interests and hobbies.

Requires Improvement

Is the service well-led?

Our findings

The registered manager stated they received no professional support or direction to ensure that the service was provided in line with evidence based practice. They stated they updated the policies and procedures in their own time working at home on their own computer. The registered manager left shortly after this inspection was completed. The provider is currently recruiting to this post.

A system of auditing was in place to monitor the quality of the service provided. However, the registered manager said that it had not been routinely completed due to a lack of managerial time. The managerial hours had been reduced to working three days a week which they considered was not enough to meet their managerial responsibilities. All audits were delegated to the registered manager to complete in the three days a week as well as carrying out caring duties. In those audits that they had managed to complete, where areas for improvement had been identified, an action plan had not been created and monitored to ensure improvements were carried out. When people voiced their opinion of what they would like to see improve in the service, for example, more activities, this had not been acted upon. The provider stated that this was due to lack of financial resources.

Where issues had been identified by the registered manager there was no formal response from the provider on the shortfalls in service provision. They did not have a system in place that showed they had supported and actioned the improvement needed. This showed a lack of consistency in how well the service was managed and led. For example, we looked at the medicines audit completed by the registered manager in September 2016. This identified gaps in recording of administration of medicines to people. There was no recorded detail what the actions were taken. The registered manager assured us that they had taken the required action but agreed this should have been recorded so that learning and overall improvements to medicines management could be made.

We were told that some audits, such as infection prevention and control had not been routinely completed since opening the new location. We observed the registered manager used personal protective equipment, such as gloves, when needed and equipment and the home was clean. However, other staff did not wear protective equipment when dealing with food after delivering care. A consistent process of audit would promote any areas for improvements in being identified.

There was no documented oversight from the provider about the quality or frequency of staffing training and support. Staff told us they felt training was out of date and they had not had the opportunity to take part in supervision. Staff considered the lack of training had not affected people's care. People we spoke with were content with the support they received. They all stated it felt like their own home and staff knew how to care for them well. The registered manager told us that she knew that certain aspects of management and training needed to be completed but there wasn't enough work time to do it all. We spoke to the provider about this who acknowledged the shortfalls and stated that everything would be done.

There was system in place to address areas of improvement within the home, no action had been taken to address the safety issues we found and this had placed people at risk of harm or injury

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

People told us the staff were very good to them but did not have any comments about overall management. Everyone we spoke with told us they felt able to express their views openly and without fear to any staff member. They were confident that they could ask to speak with the staff at any time and would always be listened to with respect.

The registered manager recognised the importance of valuing staff to make sure that they provided the best care. Staff told us there were occasional staff meetings at which they said their views about the service. One member of staff said, "We do meet now and again and discuss the care of people." Staff told us that there was a good team within the home. One staff member said the registered manager was, "Approachable and worked alongside them." However, staff told us that they were not aware of any vision or values of the service and its aims and objectives. People's opinions had been sought and the provider acknowledged they had not been acted upon. This demonstrated that they did not proactively use the people's voice as an opportunity for learning and improving the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed the risk of or put measures in place to control the spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure that all premises and equipment used were secure, suitable for the purpose they were being used, properly maintained and appropriately located for the purpose for which they were being used.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not consistently assess, monitor and improve the quality and safety of the service.