Mrs Elizabeth Owen

Onny Cottage Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 June 2017 and was unannounced. Onny Cottage care home is registered to provide accommodation with personal care for up to a maximum of 7 people. There were six people accommodated at the home on the day of our inspection.

At the last inspection on 14 December 2016 we identified that improvements were needed regarding four out of the five key questions. We identified breaches of Regulations 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan telling us what they would do to make improvements and meet legal requirements in relation to the law. We found at this inspection the provider had taken the necessary measures to ensure the quality of care people experienced had improved.

The provider had addressed advice from the Fire and Rescue Service. The premises and equipment were appropriate to meet people's individual needs. However, people were not enabled to have easy access to the outdoor spaces due to large loose chippings.

The manager had started to do more regular quality checks of the service. They engaged more with people and their families and encouraged feedback from people in order to improve the service. People felt confident they were listened to and their views were valued. The manager had sustained improvement of the record keeping and embedded management practice consistently.

A registered manager is not required for this provider as Mrs Elizabeth Owen is registered as an individual. There is a new manager in post for day to day management of the service. The provider and manager were not present at this inspection.

People received support with their medicines from staff who were trained to safely administer them. Medicines were locked away safely and in accordance with their individual risk assessments.

People were safe as staff had been trained and understood how to support people in a way that protected them from harm and abuse. People's records had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff received an introduction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet

people's requirements was provided.

People's rights were protected by staff who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a manager who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had good relationships with the staff who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in need promptly. People were supported to eat and drink sufficient amounts to maintain optimum health.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were protected from the risks of abuse by staff who knew how to recognise signs and what to do if they had concerns. People had individual assessments of risks associated with their care. The provider had contingency plans to support people at times of emergency. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good

The service was effective.
People were assisted by staff who were trained and supported to undertake their role. People had their rights protected by staff who followed current guidance. People had access to healthcare services to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good

The service was caring.
People had good relationships with the staff who supported them. People were supported by staff who showed a caring and compassionate manner. People had their privacy and dignity protected when assisted by staff.

Is the service responsive?

Good

The service was responsive.
People and those that mattered to them were involved in their assessments of care. People had care and support plans that were personal to them. People received care from staff who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The provider had systems in place to address any concerns or complaints.

Is the service well-led?

Good

The service was well led.
People had regular contact with the manager who they found approachable. People felt involved in the service provided and felt their views mattered. Staff members and the manager had

shared values regarding the support of people. The manager had implemented systems to monitor the quality of support given and to make changes when needed.

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 was planned to check 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 inspection took place on 1 June 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with three people who lived in the home and two care staff. We spoke with the manager over the telephone as they were not on duty.

We looked at the care and support plans for three people, records of quality checks, maintenance records, accident and incidents records and medicine administration records. We also checked the recruitment process details with staff.

Good

Is the service safe?

Our findings

People received their medicine when they needed it. One person said, "The staff give me my tablets when I need them." Staff received training in the safe administration of medicines and were assessed as competent before being allowed to assist people. Checks were more regularly undertaken by the manager to ensure medicines were given as instructed. The provider had systems in place to investigate any medicine errors to minimise the potential for reoccurrence. We saw medicines were given as prescribed and stored securely.

We looked at how people were kept safe from abuse and harm. All those we spoke with told us they felt safe and protected by those assisting them. Staff we spoke with told us they had received training to help them identify and respond to any concerns of abuse or ill-treatment. One staff told us, "If I thought anything was wrong I would go to the manager straight away. Failing that I would contact the local authority."

We saw people had individual assessments of risk including mobility, nutrition and skin integrity. These assessments were individual to the person and accounted for their personal needs and wishes. We saw that the risks to people were reviewed on a regular basis, or when there was a change in need. Staff spoke of the positive approach they took to risk management. One said, "We try and help people to do what they wish, but ensure they are safe doing so."

Any incidents or accidents were reported and recorded. A system was in place to examine incidents and accidents and the manager took action to minimise the risks of harm associated with people's care. The manager had introduced a new falls management system whereby falls were audited to monitor trends.

All of the people we spoke with indicated they felt safe and secure in their environment. One person said, "I am very happy to know I am in this home. I have no worries at all. There is always enough staff to help you when you need them and I know I am safe and cared for as do my family." Another person said, "Yes I am well looked after here. There are always staff to help you and they keep us safe."

We observed a safer and cleaner environment. We saw the premises and equipment were better maintained than at our last inspection. The manager, in consultation with external authorities, had created a safer living environment for people. Regular maintenance checks were undertaken by the staff team with the manager monitoring the progress.

One of the bedrooms was very small but everyone we spoke with remarked that they liked their personal rooms and that they were comfortable. The building was a listed property and therefore adaptation was difficult. There had been changes made to the fabric and furnishings and further ones were scheduled. For example, the access to outside areas was a hazard. It had large loose chippings immediately outside the door and along to the gate and patio area. The manager was working with the local planning authority for permission to get this area paved so that people who used mobility aids could access the garden safely.

People told us there were enough staff to meet their needs. One person told us, "The staff are about all day and I don't wait for long when I need help." We saw throughout this inspection that there were enough staff

to meet people's needs. We saw staff had the opportunity and time to sit and talk with people and to socialise as well as meeting people's needs.

Staff told us that before they were allowed to start work alone, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the manager was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

Good

Is the service effective?

Our findings

People we spoke with considered those supporting them had the relevant skills and knowledge to meet their needs. One person said, "They helped me sort out my eyesight and glasses." People told us that staff knew and understood their specific medical condition, which was reassuring to them.

Staff told us they had an introduction to their role when first starting at Onny Cottage. One staff member said, "I worked alongside another member of staff. It helped me find my way around the premises and understand where things were and how to care for people." Staff told us they had access to ongoing training they needed to support people as they required.

People received care from a staff team who felt supported. Staff told us they had formal one-on-one meetings with the manager. It was during these sessions that they were able to discuss aspects of their work including what had gone well and what could be improved. In addition to formal sessions, staff told us they could seek advice and support from their colleagues and the manager at any time they needed.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. For example, arrangements were in hand to assist people to vote. We saw people being offered choices and making decisions regarding a number of things. For example, where they would like to sit, what activities they would like to do and what to eat and drink.

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. We checked whether the service was working within the principles of the MCA. At this inspection, we could see that the manager had trained and prepared staff in having an awareness of the requirements of the MCA and the process of best interests' decision making.

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). No one was having their liberty restricted at this inspection. We saw records of staff training and staff confirmed their awareness of this subject.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

One person said, "I don't eat a lot but what I eat I enjoy. The food is very good and always tasty and if you don't fancy it they get what you do want; it is no trouble." When people's diet and nutrition needed to be monitored for health reasons, this was recorded by staff supporting them. If necessary, details were passed

to a dietician for their guidance and support. Staff explained how they were supporting one person to take supplements to enhance their nutrition.

One person commented, "The doctor comes in if necessary and is very good. I have just had my eyesight sorted as it's been quite a while since I did that when living on my own." People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. The manager arranged for an occupational therapist to visit a person. This was regarding the suitability of their bed in order for staff to meet their changing needs. The manager had worked closely with this professional including the GP and district nurses to effect a full assessment of need for a 'nursing' bed.

Good

Is the service caring?

Our findings

People told us that staff were kind, friendly and looked after them well. One person told us "I am very happy here and the care for me is very good." Staff behaviour was calm, caring and respectful. People confirmed that they never felt uncomfortable or embarrassed with staff. People confirmed that they always felt clean and had regular baths or showers. They said that their laundry was always done and brought back. We observed everyone in clean clothes, hair done and they felt they were looking good. Everyone had good shoes or slippers on and socks or other hosiery.

We observed staff actively listening and responding to all of the people and the care was very people-focussed and engaging. The staff we spoke with talked about those they supported with warmth, compassion and respect. Throughout this inspection we saw spontaneous interactions between people and staff which were warm and relaxed. Staff had time chat with people as they supported them, and talked about the local area as well as where people had lived and grown up.

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to eat their meals, or what activities they wanted to be included in. Throughout this inspection, we saw staff members asking people how they wanted to be supported and if they needed any further assistance.

People were encouraged to be as independent as they could. One person told us that staff went in to see them every morning to ask if they needed any help in getting ready. Staff we spoke with told us they tried to promote people's independence by making tasks easy to complete. One staff said, "We aim to help with their dignity and independence."

Staff had an understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff had shared information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

The manager encouraged people to be more involved in expressing their views about the service. The latest survey identified strengths in the service as; 'All staff are friendly and approachable, extremely caring and always ready to help.' Other descriptions were; 'Good relations with family. Provide comfort and security. There is a sense of wellbeing and concern for (person's) every need and for me, peace of mind.'

Good

Is the service responsive?

Our findings

People's needs were assessed prior to living at the home. This was to ensure their needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs and contained details that staff needed to follow in order to provide person centred care.

Staff described the care of a person whose health had deteriorated. The staff spoke of the individual's likes and dislikes and what care they needed. Staff showed they knew and understood the individuals' level of dependency and risk.

People told us that they were involved in an improved range of activities that they enjoyed and found stimulating at the home. We asked one person what their plans were for the day. They told us they were off out to the local day centre which they did one day each week. They said, "I do enjoy going out for my weekly visit. It really helps me keep independent."

Those who spent time in their rooms were content to read and spend quiet time alone. One person said, "I do go down for lunch and sit in the lounge for some time too." Pictures were on display showing examples of recent activities. For example, cooking and planting up containers for the garden. People were supported to meet their faith and cultural needs. Links had been made with local religious organisations to support people with their faith.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted. People had access to the complaints procedure which was displayed in the hallway. One person told us, "We are all more than satisfied with everything here. We have no complaints and if we did we know exactly who to talk to if we need anything at all." The manager had systems in place to investigate and respond to complaints. No complaints had been made since we last inspected.

Good

Is the service well-led?

Our findings

The new manager had implemented systems to monitor the quality of service provision. The manager planned to assess information from quality checks, incident and accidents and feedback from people and staff which they would use to drive improvements. Records of audits were accessible and other information was easy to access which demonstrated they were routinely referred to.

The manager had put into place a record of training attended and a system for reviewing training updates. People told us they knew who the manager was and that they found them approachable. One person said, "They are about all the time and easy to chat to."

People felt involved in the running of their home and in the decisions that affected them. Those we spoke with told us they had regular meetings which were facilitated by the manager. During these meetings they could talk about what they would like. For example, any changes to the menu or what activities they would like to do.

The manager had processes in place to gather feedback from people and their relatives on how the service was run. People we spoke with believed the manager and provider were more open and transparent and were able to openly discuss anything they wanted. Staff were aware of any incidents or key events so that improvements could be made. For example, at our last inspection we found improvements were needed to be addressed in most areas that we inspected. Staff we spoke with understood what these issues were and they had been discussed at staff meetings. It was during these meetings that they could discuss any aspects of their work if they needed. They also had the opportunity to make suggestions on how they could work better to meet people's needs. Staff told us the manager had recognised the improvements that were needed to be made and engaged the staff in assisting with the changes.

We asked staff about the values they followed and those which were promoted at the home. One staff member told us, "We are here to care and respect people in their older years and to do so safely." This reflected what people told us throughout this inspection. Staff were aware of appropriate policies which directed their practice including the whistleblowing policy.

Staff we spoke with told us they were confident they would be supported if they ever needed to raise a concern. The manager was aware to submit notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

We spoke to the manager on the telephone both during and after the inspection. They stated they had regular discussions with the provider about the changes they needed to make to drive improvement. They said they sent emails to the provider as confirmation of these discussions having taken place.