

Oswald House Care Home Limited

Ferndale

Inspection report

46 St Barbara's Walk
Newton Aycliffe
County Durham
DL5 4AN

Website: www.oswaldhouse.co.uk

Date of inspection visit:

19 June 2023

21 June 2023

27 June 2023

28 June 2023

03 July 2023

Date of publication:

17 July 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ferndale is a residential service providing personal care for up to 3 people with a learning disability. At the time of the inspection there were 3 people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service worked well with other agencies to do so. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was good (published 6 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ferndale

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 Health and Social Care Act 2008.

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

An inspector completed the inspection.

Service and service type

Ferndale is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement dependent on their registration with us. Ferndale is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 met with 2 people who used the service and contacted a relative. We spoke with the registered managers, the deputy manager, the assistant manager and a support worker. We also emailed the full staff complement to ask their views about the service and the majority responded.

We reviewed a range of records. This included a person's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood when people required support to reduce the risk of avoidable harm, and risk assessments were in place. The risk assessments were detailed, and staff ensured they effectively planned for all potential risks.
- The provider had safeguarding systems in place. Staff had training and a good understanding of what to do to make sure people were protected from harm or abuse.
- People confirmed they felt safe using the service. One person told us, "I really like living here."
- The registered managers critically reviewed the operation of the service and actively made changes as and when these were needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered managers were in the process of reviewing people's care records to ensure all capacity assessments and 'best interests' documents were decision specific and accurate.

Staffing and recruitment

- The provider operated safe recruitment systems to ensure suitable staff were employed.
- There were enough staff to safely care for people. Staff found they could meet people's need throughout the night and day as well as being able to spend meaningful time with individuals. A staff member told us, "They are great to work for and I've personally never had any issues. All the staff members are very helpful to help me complete work if needed and I never felt pressured."

Using medicines safely

- People's medicines were managed in a safe manner. Staff were trained in medicines management and

were assessed as competent to administer people's medicines.

- Regular checks were carried out of people's medicines to ensure records were accurate.
- Staff were given clear guidance on when to administer medicines.

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.
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- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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

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

- The registered managers promoted a positive, person-centred culture. The registered managers and staff put people's needs and wishes at the heart of everything they did. One staff member said, "Staff meetings are held so we can put our views across and share our knowledge of day-to-day care given to our service users. Our views are always listened to and support always given to any suggestions or improvements are always acted upon."
- People told us the registered managers were approachable and acted swiftly to address any issues. They ensured people and their families were involved in discussions about their care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The registered managers regularly continuously ensured lessons were learnt and any changes from this work was embedded into staff practices.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; 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; Working in partnership with others

- The registered managers regularly reviewed the systems and processes in the service to determine if improvements were needed and where enhancements could be made. They were currently in the process of creating a more robust governance system, as they felt the existing one needed updating.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The manager closely reviewed all incidents and ensured all relevant parties were involved in this process.
- Staff were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities and their accountability.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.