

Mrs Linda Kay Patel

Onny Cottage

Inspection report

Bromfield
Ludlow
Shropshire
SY8 2JU

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23 May 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Onny Cottage is a residential care home providing personal care to up to 7 people. The service provides support to older people who have a physical and/or sensory impairment. At the time of our inspection there were 5 people using the service. Accommodation is provided in 1 adapted building.

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

People felt safe living at the home and with the staff who supported them. People were supported by sufficient numbers of staff who knew them well and who had been trained to recognise and report any signs of abuse. The provider's procedures for staff recruitment had improved so people were protected from harm. People received their medicines when they needed them from staff who were trained and competent to carry out the role. Risks to people were assessed and there were care plans in place to manage and mitigate risks. There were regular checks on the environment and equipment used by people to ensure they remained safe. The provider followed appropriate infection, prevention and control procedures. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice.

Systems to monitor and improve the quality of the service provided had improved. Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal requirement and of their responsibility to be open and honest when things go wrong.

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 requires improvement (published 17 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from height. This inspection examined those risks.

We carried out an unannounced comprehensive inspection of this service on 20 October 2021 where

breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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.

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 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

The inspection was carried out by 1 inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home and 1 relative about their experience of the care provided. We spoke with the provider and 2 care staff. We looked at 2 care plans and multiple medication administration records. We looked at 2 staff recruitment files, staff training records and records relating to health and safety and the management of the home.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider's systems were either not in place or robust enough to demonstrate people were protected by their staff recruitment procedures. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At this inspection we found people were protected from the risk of harm because the provider now followed safe recruitment procedures.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the home to ensure they were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs in a safe way. People told us staff were available when they needed them. One person said, "The carers are always at hand if you need them." Staff told us there were enough staff to meet people's needs and help keep them safe.
- During our visit the atmosphere was relaxed, and staff were able to spend quality time with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I feel very safe here. No worries there."
- Staff had been trained how to recognise and report any signs of abuse. Staff told us they felt confident in reporting concerns and felt that action would be taken to keep people safe. A member of staff said, "I've never seen anything concerning here but I would report straight away if I did."

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.
- Environmental risks were managed safely. For example 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. Regular checks were carried out on window restrictors to ensure they remained

safe.

- 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.

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 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)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations had been applied for to deprive a person of their liberty.
- People told us they were able to live their lives as they chose, and staff respected their decisions. One person told us, "I don't have to do anything I don't want to do. You can go to bed and get up when you are ready."
- Staff had received training about the MCA and were clear about respecting people's rights. A member of staff said, "I would never force a resident to do something. It's their choice. Sometimes you can try and encourage them but never force them."
- Assessments of people's capacity to consent to their care and treatment had been completed and where required discussions had been held to ensure any decisions were made in the person's best interest.

Using medicines safely

- People received their medicines when they needed them by staff who were trained and competent to carry out the task. One person said, "The carers are very good at bringing me my tablets."
- We saw a member of staff giving a person their tablets. They explained what the medicine was for and waited while the person took it."
- Each person had a medication administration record which showed medicines had been administered in accordance with the prescriber's instructions.
- Medicine stocks were checked daily and records of medicines received and returned to the pharmacy were maintained. This meant there was a clear audit trail of medicines held at the home.
- Some people were prescribed pain relief on an as required basis however there were no protocols in place to guide staff as to when these should be administered. The provider addressed this during our inspection to ensure people received these medicines consistently.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.

- 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.

Visiting in care homes

- There were no restrictions on visiting and visitors could visit their loved one whenever they wished.

Learning lessons when things go wrong

- There was a culture of learning from accidents and incidents. The provider monitored the number of falls people had and took action to reduce the risk of further falls. For example, sensors were in place to alert staff when people mobilised. This had resulted in a reduction of falls.
- Lessons learnt and actions put in place were shared with staff during handovers and in staff memos. Care plans had been updated to reflect any changes.
- The provider had worked in partnership with other professionals following a recent serious incident at the home to ensure people were safe.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the provider's systems were not always effective in monitoring and improving the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had introduced further checks and audits to monitor the quality and safety of the service provided and these had been effective in identifying areas for improvement. For example, care plan audits had identified some shortfalls which had been addressed in a timely manner.

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

- Staff understood their roles and responsibilities. The provider was responsible for the day-to-day management of the home and supported staff in their role.
- People benefitted from a staff team who were well supported and trained. A member of staff said, "I feel really well supported by [name of provider]. The training is really good and I get regular refresher training."
- Staff morale was good and there was a happy and relaxed atmosphere in the home.
- There were regular meetings for staff to seek their views and provide updates and information about current guidance and health and safety matters. Staff also received regular supervisions.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed 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 told us they felt valued and respected by the provider and staff team. One person told us, "[Name of provider] is very nice and always pops in for a chat. All the staff are lovely and will do anything for you. It is beautiful here. This is my home and I am very happy."

- People received care and support which met their needs and preferences, including religious preferences and preferences during their final days and following death. Care plans were personal to people and helped staff to understand what was important to people. Care plans had been regularly reviewed with people to ensure they met their needs and wishes.
- People's views were sought on a daily basis and through questionnaires where they could comment on all aspects of their care and life at the home. People's relatives also completed questionnaires. Results of a recent survey had been positive. Comments included, 'I can do as I please and my room is always spotless which I like.' And, '[Name of provider] and staff have been great with my [relative] and have been so accommodating and patient.'

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

- The provider was keen to explore the reasons when things went wrong, and they were open and honest with all parties concerned. For example, apologies and explanations had been shared with people and their relatives in response to complaints or safeguarding concerns.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.