Mr & Mrs B M Privett

Little Oldway

Inspection report

Oldway Road
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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 26 and 27 July and the first day was unannounced. The service was last inspected on 7 April 2014 when it met the requirements that were inspected.

Little Oldway is registered to provide accommodation and personal care for up to 35 older people. Many of the people living at the home were living with dementia. The home is not able to deliver nursing care. This is provided by the district nursing service if required. On the day of inspection there were 30 people living at the service

A registered manager was employed at the service. They were also registered to manage another care service owned by the same provider and situated nearby. They were supported in their role at Little Oldway by a care manager, who was in day to day control of the service. 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 2008 and associated Regulations about how the service is run.

There were sufficient staff on duty to meet people's care needs. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

Not everyone living at Little Oldway was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. However, we also saw missed opportunities for staff to interact with people. A number of staff walked through the dining room on several occasions without speaking with people at all. Small interactions when staff walk around the service could encourage conversations and help keep people occupied.

People's privacy and dignity was respected and all personal care was provided in private. People's needs were met by kind and caring staff. People told us "All staff are wonderful, can't name one better than the other". Visitors told us "Overwhelming feeling (at Little Oldway) is the kindness and caring". Following the

inspection we received an email from a visiting professional. They wrote 'I have always been very impressed by the care provision. [Care manager] puts her heart and soul into the care that is provided and is very conscious that her staff do the same'.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. However, handwritten entries to Medicine Administration Record (MAR) charts were not checked to ensure what was prescribed was what was written on the MAR charts. People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals.

People and their relatives were supported to be involved in planning and reviewing their care. At each care plan review people and their relatives were asked for their views. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with vulnerable people.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, some forms relating to the MCA needed to be completed more fully in order to meet the guidelines set out in the Mental Capacity Act Code of Practice. Improvements were also needed to the way best interest decisions were made.

Some improvements had been made to the environment to make it more suitable for people living with dementia. Each person's bedroom door was personalised with their name and a photograph of them. There were regular activities available for people to participate in. These included singing, bingo quizzes and outside entertainers.

The care manager was very open and approachable and staff spoke positively about them. People were confident that if they raised concerns they would be dealt with. One staff member told us the care manager was "willing to try anything and discuss anything". One visiting professional wrote following the inspection '[Care manager] has taken many clients of mine and some have been incredibly challenging but she has always persevered. I particularly like the way that the families are always included in the care planning and consulted'.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Monthly audits were undertaken including medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. For example, flooring was being replaced where it had become a trip hazard. Records were well maintained.

We have made recommendations in relation to updating knowledge of the MCA and making improvements to the environment.

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's medicines were managed safely. However, handwritten entries to Medicine Administration Record (MAR) charts were not checked to ensure what was prescribed was what was written on the MAR charts. This had no detrimental impact on people.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good

The service was effective.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). However, some forms relating to the MCA needed to be completed more fully.

Some improvements were needed to ensure the environment was suitable for people living with dementia.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Is the service well-led?

Good

The service was well led.

The registered manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

Little Oldway

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 was 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 26 and 27 July 2016. The first day was unannounced.

One Adult Social Care inspector carried out the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

Not everyone living at Little Oldway was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During the inspection we met or spoke with all 30 people using the service. We spoke with 7 care and ancillary staff, the registered manager, care manager and provider. We also spoke with one health care professional and three visitors. Following the inspection we received emails from two social care professionals and the local authority's quality support team.

We looked at a number of records including four people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Good

Is the service safe?

Our findings

People were supported to receive their medicines safely and on time. Medicines were stored safely in a locked trolley in a locked cupboard. Only staff who had received training administered medicines. Fridge and room temperatures were checked daily to ensure medicines were stored at a safe temperature. There were appropriate arrangements in place to dispose of unused medicines.

However, handwritten entries onto Medicine Administration Record (MAR) charts had not been double signed. This meant that what had been written on the MAR chart had not been checked as being what had been prescribed. We saw that the details on one person's MAR chart did not match what was recorded on the pack containing the medicine. This meant that there was a risk of the person not receiving the correct dose of medicine. The care manager told us that what was written on the MAR chart was correct as the dose had been changed since the medicine was supplied. The care manager assured us that in future all handwritten entries would be checked and signed by two staff. They also assured us that a note would be made on MAR charts when any change to dosage was made.

People were protected from avoidable harm and abuse as staff knew about different types of abuse. Staff had received training in keeping people safe. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff also knew who to report any concerns outside the service. Staff told us they were confident the care manager would address any concerns they raised. People were protected from the risks of financial abuse as there were robust procedures in place for dealing with any monies managed on behalf of people.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with vulnerable people. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to eating and drinking, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Some people had been assessed as being at risk of not eating or drinking enough to maintain good health. We saw that in these cases people had been referred to the healthcare professionals for advice and support. Records were kept to ensure people received sufficient food and drink.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

All accidents and incidents were recorded and reviewed by the care manager. This information was used to help recognise and respond to any changes to people's care needs.

Suitable equipment was in place to meet people's needs. For example, stand-aids, hoists, wheelchairs and lifts were available which helped people move around the service independently. Maintenance contracts were in place for the equipment, which was clean and serviced regularly.

People's needs were met in a timely way as there were sufficient staff on duty. On the day of inspection there were six care staff on duty. Care staff were responsible for meeting the day to day personal care needs of people. The care manager and a number of ancillary staff such as kitchen and cleaning staff were also on duty. During the afternoon and evening one member of care staff was allocated to provide activities. Rotas showed this was the usual number of staff on duty. No specific tool was used to determine staffing levels. The care manager told us that staffing levels were determined by the number and needs of people living at the home. People told us they did not have to wait log for any personal care. During the inspection we saw people's needs being attended to in a prompt manner and call bells were answered quickly.

Arrangements were in place to minimise the risk of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food.

Good

Is the service effective?

Our findings

People living at Little Oldway had needs relating to living with dementia, mobility and general health. People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training such as caring for people living with dementia and falls prevention.

The care manager told us new staff undertook a detailed induction programme, following the Skills for Care, care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed that they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. In order to assess competency, senior staff observed the care practice of staff when they were meeting people's needs.

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.

Some people living at Little Oldway were living with dementia and this could affect their ability to make decisions about their care and treatment. Although not all staff had received formal training in the MCA people were supported by staff who had an understanding of the principles of the legislation. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff said they would use picture cards to help people make decisions if their communication was limited. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held.

Although people's capacity had been assessed, the assessments were not related to a specific decision as required within the MCA. For example, on one person's assessment the 'decision' just stated 'food and fluids'. All capacity assessments should relate to a specific decision at a specific time. We also saw some 'best interest' decisions had been taken on behalf of people who had been assessed as lacking capacity. These decisions had been made by the care manager only. Best interest decisions should involve the views of as many relevant people as possible, including relatives and health and social care professionals.

We recommend that the provider seek guidance to refresh their understanding of the MCA and carry out assessments and decision making in line with the MCA Code of Practice.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority only five authorisations had been granted at the time of the inspection. Staff we spoke with were aware of the restrictions these authorisations placed on people. For example, not being able to leave the service without an escort.

People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. Meals were presented nicely and there was plenty of choice. Staff offered choices and did not assume what people would have. People and their visitors told us the food was of a good quality and always well presented. One visitor who helped their relative eat every evening, told us people "Have beautiful cakes on a regular basis". One person told us the food was "Lovely, I like it very much".

During the inspection we spent time in the dining room over lunch to see how people's needs were being met. We saw that people who needed assistance to eat received individual attention. Staff sat beside people and told them what the meal was, they gave people time to eat, and chatted to them while gently encouraging them. The cook told us they would always provide an alternative if people did not want what was on the menu. People told us they always enjoyed their food. Information was kept in the kitchen on people's likes and dislikes and special diets.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and other health and social care professionals as needed. People told us they always saw their GP when needed. We spoke with one visiting healthcare professional who told us that the staff were very good at contacting them when required. They said staff took advice and followed it through efficiently. They told us they had never had any concerns about the care provided by the service.

We walked around the building with the care manager. We looked at all communal areas and in some bedrooms. The building, furniture and decoration was very worn in places. We saw that the vinyl floor covering in one room was ripped and could present a trip hazard. The care manager had arranged for the flooring in this room and two others to be replaced. The flooring in the main ground floor corridors had recently been replaced along with the flooring in five bedrooms. There were future plans to redecorate some bedrooms, the hallway and replace equipment as needed.

The care manager had given some thought to providing a suitable environment for people living with dementia, but further improvements were needed. Bedroom doors had brightly coloured signs on them to help people identify their rooms. There were also signs to indicate toilets and lounge areas. However, there was little sensory stimulation around the home. Although magazines were available to people there were no sensory cushions or soft toys for people to pick up around the home. Such sensory stimulation can help calm people living with dementia who may become anxious.

We recommend the provider sources further information on providing a suitable environment for people

living with dementia.

Good

Is the service caring?

Our findings

The atmosphere within the service was relaxed and very friendly. There was appropriate friendly banter between staff and people living at the home. Staff were seen supporting people in an easy, unrushed and pleasant manner. People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. People told us "Staff are lovely" and "All staff are wonderful, can't name one better than the other". Visitors told us "Overwhelming feeling (at Little Oldway) is the kindness and caring" and "Staff are very good, I'm happy with the way [relative] is looked after". Following the inspection we received an email from a visiting professional. They wrote 'I have always been very impressed by the care provision. [care manager] puts her heart and soul into the care that is provided and is very conscious that her staff do the same'.

Staff were observed to be kind and patient. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. Staff were mindful of people's needs. They offered plenty of fluids and snacks and discreetly asked if people needed help with personal care.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Not everyone living at Little Oldway was able or wanted to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained evidence that the person's representative was happy with the care provided. Relatives told us they were involved in developing and planning their relation's care. One relative said staff always asked for their input when reviewing care. Another relative said they had helped to develop their relative's care plan and staff always let them know if there were any changes to their care. Visitors told us they were always made welcome and could pop in at any time. Two visitors said they came to the service every day.

We asked the care manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff offered their own time freely for events such as an up-coming barbeque. People were encouraged to join in with community events. On the evening of the inspection off duty staff were taking people to watch the local carnival parade.

Staff helped people to celebrate special occasions. People told us they always had a special cake for their birthday and a party to celebrate any 'special' birthdays.

Good

Is the service responsive?

Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before and while living at Little Oldway. Care plans were developed following the assessments and contained comprehensive descriptions of people's needs. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person's care plan had been updated when their dietary needs had changed. Any changes to people's care was passed on to staff through handovers as well as recorded on their care plans.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, knew what people liked to eat, what they liked to do and when they liked to get up and go to bed. Visitors told us they felt staff knew their relative really well. One said staff "Always chat to him and make him smile". Staff were aware of people's needs and how they wished their needs to be met. People confirmed that staff knew what their needs were and how they liked them to be met. One person's visitors told us how the care manager had arranged for their relative to have a special chair. They said the chair had made a big difference to their relative's comfort.

Staff responded to people's needs in a sensitive manner. Following lunch people were asked several times if they wished to move from the dining table. Several people did not want to move, so staff ensured they were comfortable and continued to ask regularly if they wanted to move. We saw that when people had moved into the lounge they often came back into the dining room to sit at the tables.

When people needed assistance with transferring from an armchair to a wheelchair staff reassured the person. They told them what was happening while the transfer was taking place. Staff had received training in caring for people who were living with dementia. One staff member told us the training had given them ways to reassure people. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia. We saw the care plans for people living with dementia contained information for staff to follow on how the person should be reassured if they became distressed. For example, in one care plan staff were directed to ensure only one member of staff spoke with the person, and to offer the person a cup of tea, explain why the person was living there and give clear direct instructions.

Following the inspection we received emails from two visiting professionals, both praised staff at Little Oldway for how they responded to people. One wrote '[Care manager] has taken many clients of mine and some have been incredibly challenging but she has always persevered. I particularly like the way that the families are always included in the care planning and consulted'. The other wrote 'I think that the home is very responsive especially to an individual's distress or changing presentation'.

Not everyone living at Little Oldway was able to tell us about their experiences. Therefore we spent some

time in the dining room and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. However, we also saw missed opportunities for staff to interact with people. A number of staff walked through the dining room on several occasions without speaking with people at all. Small interactions when staff walk around the service could encourage conversations and help keep people occupied.

The was a regular programme of activities on offer including sing songs, ball games, quizzes and bingo. Trips out and visiting entertainment was also arranged. Staff told us they had time to spend with people when not carrying out personal care tasks. This meant staff had time to spend with people individually. At times during our inspection we saw that staff spent time chatting with people. There were some magazines placed around the service and staff used these to engage with people.

Records showed that regular meetings had been held for people living at the service where they could give their views about the care they received. The last meeting had been held in June 2016 when everyone had been asked about their bedrooms, the food and activities. People had made comments that they didn't want any more activities and there was too much food. One person had commented that they hadn't liked the cottage pie on the menu. We saw that information had been passed to the kitchen with regard to the person's comments so an alternative could be offered.

People were supported to maintain and express their religious beliefs. Multi-faith services were held each month and people were supported to attend church if they wished.

The care manager took note of, and investigated any concerns raised. We saw that one complaint had been recorded in the complaints file and this had been investigated and concluded satisfactorily. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint.

Good

Is the service well-led?

Our findings

There was a staff management structure in place to maintain the running of the home. The registered manager also managed another nearby care service owned by the same providers. They were supported in Little Oldway by a care manager who was in day to day control of the service. A number of senior staff supported the care manager in their role. The care manager had a good knowledge of the staff and people who used the service.

There was a positive and welcoming atmosphere at the service. Staff told us they thought there was an open and honest culture in the home. Staff told us they enjoyed working at the home. One said "Little Oldway is different, challenging and fun". Another staff member said "Little Oldway is a home rather than a workplace".

Staff spoke positively about the care manager. One staff member said the care manager was "willing to try anything and discuss anything". They told us about suggestions they had made that were now being used. For example, coloured table mats were used to place people's plates on at mealtimes. Staff told us people had chosen the colour of their mat. They said they had noticed an improvement in the amount of food some people were eating because of the mats. Although they were not sure why this was, they continued to use the mats to encourage people to eat better. Following the inspection we received an email from a visiting professional who wrote "[Care manager particularly has a very broad and holistic view of the residents".

The care manager told us they kept their knowledge of care management and legislation up to date by attending training courses and forums, using the intranet, and the NHS and Care Quality Commission's websites.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the care manager. Weekly and monthly checks were undertaken. Audits included medicines, care plans, the environment and hand washing techniques. We saw that where issues had been identified action was taken to rectify the matters. For example, flooring was being replaced where required. We also saw the care manager took swift action when matters were reported to them. For example, the lift had been reported as not working properly. The maintenance company had visited and identified a part needed replacing. During the inspection the part was replaced and the lift was back in action. While the lift was being repaired some people had to remain upstairs for a short period. People and visitors told us that during this time staff frequently checked to make sure people had everything they needed.

The care manager carried out an annual survey to gauge the views of people using the service and staff. Results from the last survey showed a high level of satisfaction. One person had written on their form 'I can truthfully say you could not find a better care home than Little Oldway, the staff are wonderful, you are made to feel you are part of a family'. Visitors told us how satisfied they were with the care provided. One told us they had visited many services before deciding on Little Oldway and said "They deserve every accolade I can give". Another said "The furniture is a bit old, but more important [relative] gets good care".

Records were well maintained. They were generally accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.