

Oldway Heights Limited

Oldway Heights

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Oldway Heights is a residential care home. It is registered to provide accommodation and personal care for up to 43 younger adults and older people. The service supports people living with dementia, a mental illness, and/or a physical disability. The service does not provide nursing care. Nursing services are provided by the community nursing team. At the time of the inspection there were 36 people living at the service.

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

People told us they were happy with the care they received and people said they felt safe living there. Comments from people included; "It is my first time in a care setting – it speaks volumes to say we all feel safe and we are able to see the managers at any point" and "We do feel safe and the food is good and we have choices."

People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and there was a designated activities staff member to assist people. Staff knew how to keep people safe from harm.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training.

The environment was safe, with upgrades ongoing and people had access to equipment where needed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make

healthy eating choices. Special diets were catered for. One person said; "I'm on a pureed diet at the moment and they are dealing with that."

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff told us the registered manager and the provider of the service were available and assist them daily. They went on to say how they were approachable and listened when any concerns or ideas were raised. One staff member said; "I could not wish for better management, I could not rate them because it would be off the scales for them."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

Rating at last inspection

The last rating for this service was requires improvement (published 26 September 2019) and there were multiple 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 due to concerns received about communication, staff attitude to people in the service and lack of support to people who were distressed. A decision was made for us to inspect and examine those risks.

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 included checking the provider was meeting COVID-19 vaccination requirements.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring and well-led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oldway Heights

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector and one assistant inspector carried out this inspection.

Service and service type

Oldway Heights 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. Oldway Heights is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, both providers, senior care workers, care workers and auxiliary workers.

We reviewed a range of records. This included three people's care records and four medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and induction records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to document risks associated with people's care and the environment was not always effectively monitored for its ongoing safety. This is a breach of Regulation 12 (1) 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 12.

- Improvements had been made on how risks were identified, assessed, monitored, reviewed and documented. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of deterioration in their mental or physical health.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained with ongoing updates currently being carried out. Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

At our last inspection medicines we recommended the provider continued to strengthen their medicines management processes in line with the National Institute for Health and Care Excellence (NICE) best practice guidance 'managing medicines in care homes'.

- The management of medicines had improved since the last inspection. People received their medicines safely and on time. Staff were trained in medicines management.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Temperatures of the medicines fridge and medicine room were recorded daily.
- Medicines were audited regularly with action taken to make ongoing improvements. However, we found

one person MAR to be unclear and confusing. The registered manager addressed this immediately and a new format was used.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences. Agency staff were used, however these were regular staff employed by the company's own staffing agency who knew the service well.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work. The registered manager and provider informed us of their latest recruitment plan as they were now in the process of employing overseas staff. This was in part due to the national shortage of care workers.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. One person said; "It speaks volumes to say we all feel safe."

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. However, we recommend that the provider ensure all used PPE is discarded appropriately.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One person said; "None of us have had COVID and a lot of that is down to X (the registered manager) keeping us safe – she is open and honest with people and she put things in place right from the beginning."

Visiting in care homes

The service was following current government guidelines on allowing visitors into the service. The provider installed a 'visitors' pod' in the garden to enable people to visit people during any lockdowns. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care

homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the relevant training to meet people's health and social care needs. This is a breach of Regulation 18 (1) 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 18.

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff told us; "Because of COVID, trainers have not been able to come (into the service) but that is just starting up again. We have fire training tomorrow and use an on-line training company, and have been doing this during COVID."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were currently online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic the registered manager said the local healthcare team had been very supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. New admissions had to receive a negative test before admission and then was isolated within the service.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed. However, the service was in the process of changing from a paper care record system to a computerised care record system. Therefore, some information was still in paper format while other information was available on-line. Staff said the new system worked well and one staff member said; "The change to electronic care system has been tough but we had support. We are all getting used to

the new system now."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs. Home visits by some healthcare professionals continued during the pandemic and the service was able to contact other professionals via phone calls or video calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. People told us; "I mainly eat chicken for my main and I just have to ask (the registered manager name) for anything and she makes it happen. Another person said; "If you don't fancy what they have got, they will give you something else."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day.

Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.

- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we recommended staff received training in dignity, privacy and respect.

At this inspection we found staff had completed dignity and respect training and we observed staff interactions with people.

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "It's great – its home – it is made to feel like our home. It really is like one big family here – we have our life here." While another said; "Staff are brilliant, and they have gone above and beyond, and they have dealt with a lot (in reference to COVID)."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. We observed plenty of good interaction and humour between staff and people.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions as possible about their daily living. People able to, said they could speak with staff about anything they wished to discuss.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the several communal areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit. One person said; "We organised our own residents committee and we try and help as much as possible as we want to help the staff as much as they help us to relieve pressure."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in

relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when providing personal care asking people if they could assist them.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified. One relative commented how this had been particularly important during the pandemic when they had not been able to visit.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

The providers overall governance framework was not always effective in identifying where improvements were required. This is a breach of Regulation 17 (1) 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.

- The registered manager and provider had oversight of what was happening in the service and were both very visible and took an active role in the running of the service. They both had worked together to improve the service and to improve ratings. This included the introduction of new systems, including a computerised care system and audit system. This assisted staff to ensure people's needs were met.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "Yes, we have had tremendous support from management" and "I could not wish for better management – I could not rate them because it would be off the scales for them."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and the lockdowns. One person said; "(the registered manager name) and the staff have made it bearable."

- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures held were designed to supported staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during COVID.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- People and staff were very complimentary of the service, the registered manager and the providers. One person said; "If you are feeling down, (the registered manager name) will come and find you and chat with you and see if there is anything that they can do."
- There was a warm, friendly and family atmosphere in the service. One person said; "We organised our own residents committee."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "They have supported me throughout, (when a staff member had personal issues)." Another said; "I just love it here and we couldn't wish for better management."

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and providers were very approachable and always available for advice and support. One person said of the registered manager; "She is excellent."

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and when two staff tested positive. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.