

Mr & Mrs B M Privett

Oldway Heights

Inspection report

Oldway Heights
40 Headland Park Road
Paignton
Devon
TQ3 2EL

Tel: 01803527088

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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

Oldway Heights is registered to provide accommodation and personal care for up to 39 older people, people with mental health needs, people with a physical disability and younger adults. The service does not provide nursing care. Nursing services are provided by the community nursing team.

This inspection took place on 12 and 17 July 2016 when there were 26 people living at the service. Ten other people who lived at the service were away on holiday. The first day of the inspection was unannounced. The service was last inspected on 22 May 2014 when it met the requirements that were inspected.

A registered manager was employed by 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 as registered manager of Oldway Heights by an assistant manager. 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.

Staff knew people well. Staff were kind and caring and ensured people's privacy and dignity was respected. When addressing people staff used people's preferred names and appropriate language. We observed positive relationships between staff and people living at the service. There was much fun, laughter and appropriate banter between staff and the people they supported. Following the inspection a relative contacted us to tell us about the care their relative received. They told us everything was "absolutely wonderful". They also said the staff were so friendly and always had time to sit and chat with their relative. Throughout the inspection people approached staff in a relaxed manner, smiling and laughing. This indicated they felt safe in the company of staff.

People's needs were met in a safe and timely way as there were enough staff available. People were supported to go into the community. One person told us they attended the local college. In-house activities included board games, crafts and visiting entertainers. On the first day of our inspection several people were away on holiday. The registered manager told us this was an annual event when a large house with a swimming pool was hired. While some people stayed overnight at the house, others, who did not wish to stay overnight visited on a daily basis. On the second day of our inspection everyone told us how much they had enjoyed their holiday and day visits.

Care plans were detailed and gave good information to staff about people's needs. People were supported to be involved in making decisions about their care if they wished. Risks to people were assessed and plans put in place to minimise and manage any identified risks. Risks such as self-harm, going out into the community and pressure areas were assessed and well managed.

People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves. There was a choice of food available for each meal and people told us the food was good.

People were weighed regularly to ensure a healthy weight was maintained. People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs and community nurses. We spoke with one visiting healthcare professional who told us there was open communication between them and staff at the service. They told us staff always ensured any instructions they gave were carried out.

Regular meetings were held for people to discuss any issues. At one meeting in January 2016 some people had said they would like to go fishing. We saw that this had happened. People had also been told about plans to extend the building to include new bedrooms and the hot tub people had previously asked for.

People were supported by staff who had received training in the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Everyone living at the service had been assessed as having capacity to make their own decisions.

Robust recruitment procedures ensured people were protected from the risks associated with staff that may be unsuitable to work with vulnerable people. All the required checks were made before staff were employed. People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse. Staff had received training in this area as well as a variety of other training including, first aid and food hygiene. There were safe systems in place to manage people's medicines. Medicines were stored safely and staff had received training in administering medicines.

The registered manager was open and supportive. One staff member told us "I've worked a lot in care, but this place has more heart and soul than anywhere I have ever worked". There was a complaint system in place and people told us they were confident any concerns would be dealt with. There were effective quality assurance systems in place to monitor care and plan on-going improvements. Records were well maintained and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by robust recruitment procedures.

People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse

People's needs were met in a safe and timely way as there were enough staff available.

There were systems in place to manage people's medicines.

Risks associated with the environment were assessed and minimised.

Is the service effective?

Good ●

The service was effective.

People were supported by well trained staff.

People's human rights were upheld by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy, balanced diet.

People were supported to receive the healthcare they needed.

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.

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

Regular meeting were held for people to discuss any concerns.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans were comprehensive and reviewed regularly.

People were confident any concerns would be dealt with.

Is the service well-led?

Good ●

The service was well led.

The registered manager was open and supportive.

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

Records were well maintained and kept securely.

Oldway Heights

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 12 and 17 July 2016 and the first day was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. Prior to the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection we met all the people using the service at that time. On the second day of the inspection we met five of the people who had been on holiday. We spoke privately with 15 people. We spoke with six staff, the registered manager, assistant manager and the provider. We also spoke with a visiting healthcare professional. Following the inspection we spoke with one healthcare professional and received an email from the local authority's quality support team.

During the inspection we observed the interaction between staff and people living at the service. We also observed some care practices such as people being helped to move. We looked at a number of records including five people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas

Is the service safe?

Our findings

Prior to the inspection we had received information from the service which told us about one person who had been involved in an incident that had resulted in them receiving serious burns. The service had sent us detailed information about the incident and the measures that had been in place to minimise the risk of any incidents occurring. They also told us about further measures that had been put in place to prevent the accident re-occurring. We were satisfied with the way in which the matter had been dealt with. The matter had been looked at by the local safeguarding team who were also satisfied with the measures in place.

People were supported to receive their medicines safely and on time. Medicines were stored securely in a locked trolley in a locked room and only staff who had received training administered medicines. Medicine Administration Record (MAR) charts indicated people received their medicines on time as prescribed by their GP. Where people had been prescribed medicine to be taken when required (PRN) for pain relief, they were asked at specified times if this was required.

Where PRN medicine was prescribed to help manage people's anxiety there were no clear guidelines as to when the medicines should be administered. For example, one person was prescribed medicine to be taken when they became anxious. There was no indication of how staff would recognise when the person was beginning to become distressed, or if alternative interventions should be used before the medicine was given. The staff member we spoke with was clear about when they would give the medicine and felt other staff would do the same. However, they recognised that there was a possibility staff may interpret signs of distress differently. The service had recently changed the pharmacy they received their medicines from. Forms had been supplied by the new pharmacy on which staff should record details of any PRN medicines. The registered manager agreed to ensure all details of when PRN medicines should be administered were recorded on the forms.

People living at Oldway Heights had varying levels of need. Some people were receiving end of life care and some people just needed prompting and support with their personal care. They were supported by staff to be as independent as possible whilst being provided with a safe environment. People who used the service confirmed they felt safe and were comfortable with the staff team.

Staff had received training in keeping people safe. They were able to describe signs of abuse and were clear about the procedures they would follow should they suspect abuse. Staff felt that if they reported any concerns about people's welfare, the registered manager would investigate thoroughly. Staff knew who to contact outside their own organisation if they needed to, for example, the police or CQC. People were protected from the risk of financial abuse. Monies were managed on behalf of some people. We saw records relating to this were well managed.

People were protected from the risks associated with employing unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the service. We looked at three staff files, which showed us references and employment histories had been obtained, and disclosure and barring service (police) checks had been carried out. One

person had a conviction on their police check. The registered manager had discussed this with the staff member and were satisfied there was no risk to people living at the service. However, this discussion had not been recorded.

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 while supporting them to be independent. For example, risks in relation to self-harm, going out into the community and pressure areas were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. For example, where required pressure relieving equipment was in place. One person had been assessed to ensure they were safe to use an iron, so they could iron their own clothes.

To minimise the risk of burns and scalds radiators were covered and taps were fitted with valves to control the temperature. Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce reoccurrence. Care plans were reviewed to ensure they remained up to date. Staff had received training in first aid.

Everyone had a personal emergency evacuation plan. However, these gave staff only general instruction on how to safely evacuate people, for instance in case of a fire. One plan stated 'needs full assistance' but did not specify what 'full assistance' consisted of. The registered manager agreed to provide further information on these documents.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. Care plans were updated as required. Staff had received training in first aid.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

People's needs were met in a timely manner as there were sufficient staff on duty. There were three 'zones' of bedrooms within the service. Two care staff were on duty for each zone supported by a senior carer and one of the management team. There were also ancillary staff on duty, including catering, activity, administration and maintenance staff. People and staff told us there were always sufficient staff on duty to meet their needs and support them in the community if this was needed.

Is the service effective?

Our findings

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. Training had been provided in health and safety, fire prevention, safeguarding people, first aid, infection control and managing people's challenging behaviour. Training in caring for people living with dementia and food and nutrition was also provided. Staff told us the registered manager was extremely supportive of their training needs.

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 appraisals. Staff received individual supervision sessions with senior staff when their competency was reviewed. New staff were undertaking 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.

The 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. The registered manager told us no-one living at the service lacked the capacity to make their own decisions.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the MCA and DoLS. They knew that everyone should be assumed to have capacity unless assessed otherwise. They told us people were supported to make decisions about their care and how they wished to be supported. 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.

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. No-one living at the service had their liberty restricted.

People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves. There was a choice of food available for each meal, and the majority of people told us the food was always good. One person told us the food was not good, but when we discussed this with them they said they just wanted to go home. A list of people's preferences and special diets was kept in the kitchen to ensure people received the diet they required or wanted. One person received their nutrition via a PEG tube. A PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding. Staff explained to us how this was managed to ensure the person received sufficient nutrition and to maintain the equipment used.

Lunchtime in the dining area was unhurried and sociable. People were chatting and discussing the meal. Tea, coffee and snacks were available at any time. People were weighed regularly to ensure a healthy weight was maintained.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs and community nurses. We spoke with one visiting healthcare professional who told us there was open communication between them and staff at the service. They told us staff always ensure any instructions they gave were carried out. Following the inspection we spoke with another healthcare professional. They told us they had no concerns and that staff always contacted them if they needed advice.

Is the service caring?

Our findings

Not everyone was able to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. We observed positive relationships between staff and the people we met at the service. Staff were seen supporting people in an easy, unrushed and pleasant manner. Staff carried out their duties in a caring and enthusiastic way. There was much fun, laughter and appropriate banter and hugs between staff and the people they supported.

We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff knew what people liked to eat, what they liked to do and when they liked to get up and go to bed. Staff told us about one aspect of a person's behaviour that may have been linked to them having lived abroad for many years.

Throughout the inspection we saw and heard people being treated with respect and dignity. One person told us staff had a "Very nice attitude, always respectful". People's privacy was promoted. People were discreetly assisted to their own bedrooms for any personal care. 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. Care records were written in a respectful and appropriate language.

However, we spoke with one person who said staff did not always speak with them in a respectful manner. They acknowledged they did not always speak to staff in a respectful way, but felt staff should not be disrespectful to them. We discussed this with the registered manager who said that staff had been told they should be respectful at all times and would reinforce this again.

Following the inspection a relative contacted us to tell us about the care their relative received. They told us everything was "absolutely wonderful". They said their relative "loves it" and that they would say if there was anything wrong. They also said the staff were so friendly and always had time to sit and chat with their relative. We saw one couple who had had a short stay at the service had written to say "We were very happy with our stay in Preston and thank you very much for all that you did for us".

Not everyone was able or wished to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. We saw that where people or their relatives wanted to be involved in planning care they had been.

People's care plans showed that it was important to many of them to keep in touch with family and friends. People and staff confirmed that people were supported to maintain contact with people that were important to them. People told us they were able to receive visitors at any time.

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. Care records were written in a respectful and appropriate language.

Staff displayed a caring attitude often going 'over and above' what was required of them in their role. For example, a gala dinner is held each December when staff invite families to have dinner with their relatives. Staff dress up and wait on tables, also providing activities at the event. Many fundraising events were held so that there was money in an amenities fund for people living at Oldway Heights to use as they wish.

Regular meetings were held where people were encouraged to make requests and suggestions about improving the quality of the service provided. At one meeting in January 2016 some people had said they would like to go fishing. We saw that this had happened. People had also been told about plans to extend the building to include new bedrooms and the hot tub people had previously asked for.

Some people were receiving end of life care and we saw this was well managed. Each person had a plan for how they wished to be cared for during this time. One person had made a specific request regarding what should happen to their body after death. The registered manager knew how this was to be managed. Staff had received training in caring for people at the end of their life. We staff regularly visit each person to ensure they were comfortable and offer any pain relief.

Is the service responsive?

Our findings

People's ages ranged from some people in their early thirties to others in their eighties. People told us they all got on well together and staff said people at the service were like 'a big family'.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Plans to meet people's personal care needs were well maintained and reviewed regularly. People's needs were assessed before their admission and while living at Oldway Heights. Care plans were developed with the person and contained good descriptions of their needs. Care plans were person centred with good detail about people's preferences.

Care plans we saw were written in a positive way, which empowered and valued the person. For example, there were suggestions for staff about what to say to one person to help when they were feeling anxious, in order to boost their self-esteem.

Staff displayed empathy for people as well as a good knowledge of their needs and histories. For example, staff told us how they encouraged people to be as independent as their abilities allowed. They also told us about how they ensured one person always had classical music on their radio, as this was something they enjoyed.

Some people who lived at Oldway Heights needed support to manage their behaviours and emotional responses to everyday activities and stress. People's care plans contained directions for staff on how to support people to manage any risks to themselves and others. Staff told us about one person who was very resistant to staff help. They told us how they supported and encouraged the person when they became anxious during these times. They said this support helped the person become less anxious and allow staff to help them with their personal care.

One person told us they were not happy and wanted to go home. However, they recognised they would not be able to manage their care at home. The registered manager told us they knew the person wanted to go home and had supported them to receive an assessment to see if they could do this. Unfortunately the assessment showed the person could not manage. However, the registered manager and staff had changed the person's bedroom around into a bed-sit so the person could feel more independent.

There was a lively, warm and friendly atmosphere in the home. Staff spent time with people in the communal areas as well as individually in their bedrooms. One relative we spoke with following the inspection told us they spoke with their relative every evening and could hear the staff laughing and singing in the background.

People living at Oldway Heights were able to take part in a variety of activities and outings. Each person's individual likes and dislikes were taken into account when planning such activities. The registered manager had hired a local cinema for one person to see the film of their choice. This was because the person would not have been able to attend the cinema with members of the public due to some of their behaviours. Other

activities included board games, crafts and visiting entertainers. People were supported to go into the community. One person told us they attended the local college.

On the first day of our inspection several people were away on holiday. The registered manager told us this was an annual event when a large house with a swimming pool was hired. While some people stayed overnight at the house, others visited on a daily basis. On the second day of our inspection everyone told us how much they had enjoyed their holiday and day visits.

The registered manager took note of, and would investigate any concerns raised. They told us no formal complaints had been raised with them recently. They said they always dealt with concerns as they were raised, however minor issues had not always been recorded. We discussed the need to record everything in case the concerns were raised again. The registered manager said they would ensure every concern was recorded in future.

One visitor told us they had been unhappy with the way one staff member had spoken to the person they were visiting. They said they had rung the home and spoken with the staff member who had been rude to them over the phone. They said they would speak to the registered manager about this, but raised the concern with us as they knew the registered manager was away with people on holiday. They were confident the registered manager would deal with the matter as they had previously addressed any issues they had raised. We discussed this with the registered manager on their return from the holiday and they were going to contact the visitor for details.

People told us they felt able to raise concerns at any time and they would be dealt with. One person told us that some people like to moan, but "You couldn't get better than this place".

Is the service well-led?

Our findings

Oldway Heights is owned and run by Mr and Mrs Privett (the providers). Mr Privett spent a lot of time at the service and people knew him well and told us they enjoyed his company. There was a staff management structure in place to maintain the running of the home. The registered manager also managed another nearby home owned by the providers. They were supported at Oldway Heights by an assistant manager. The assistant manager had recently been appointed and was receiving training for their new role from the registered manager.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture in the home. One staff member said "People blossom here and make friends".

Staff told us how much they enjoyed working at the home. They said "All staff and clients interact well", "Best place I have ever worked. Staff and management go out of their way to help everyone" and "I've worked a lot in care, but this place has more heart and soul than anywhere I have ever worked".

The staff and visiting professionals we spoke with were complimentary about the way the service was managed. One said "You can talk to [registered manager] about anything and know she will listen and act on it". Another staff member told us the registered manager was the best manager they had ever worked for.

The registered manager kept their practice and knowledge base up to date by attending the in-house training and seminars around the country. They also used the internet and attended care forums.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment, hand washing and care plans. For example the provider had identified that a boiler needed replacing in the kitchen. This had been fitted in April 2016.

Questionnaires were regularly sent out to interested parties for their views on the service. People who had spent a short stay at the service, people who lived at the service, staff and visiting professionals were all asked to complete questionnaires. Comments included 'The best thing I ever did was move to Oldway Heights' and 'Staff are supportive and listen to my needs'. One member of the housekeeping team had indicated they thought another cleaner should be employed. We saw that another cleaner had been recruited in response to this.

Records were well maintained. They were 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.