Oldway Heights Limited

Oldway Heights

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

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 41 people living at the service.

The service is on two floors, with access to the upper floor via stairs or a shaft lift. Most bedrooms have ensuite facilities. There is an outside shared patio area.

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

People and relative's comments varied about the kindness and compassion of staff. Overall, people's privacy and dignity was promoted. However, on occasions staff did not always promote a fully respectful culture.

The service supported people with a variety of different health and social care needs. However, it was not detailed in people's care plans and from our observations how the promotion of independence was being adapted on an individual basis. For example, older people living with dementia compared to younger adults living with mental ill health.

Risks associated with people's care were known, but not always documented to help ensure safe and consistent care was delivered. People's medicines were managed safely.

People told us they felt safe living at the service and were supported by suitable numbers of staff who had been recruited safely. However, staff had not always received relevant training to be able to meet people's needs safely and effectively. People's views had been sought about any potential new staff, as they had been invited to be involved in the interview process.

People lived in a clean environment and were protected from the spread of infection. The environment had been assessed for safety. However, doors which should have been locked were found to be open, which left people with access to products that if consumed, could have been harmful.

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. External professionals were complimentary of the service.

People told us the meals provided were nice. People had their health care met in a personalised way. External professionals were involved in people's care as required.

Social opportunities existed, however during our inspection many people sat for long periods of time, without any stimulation. In addition, it was not detailed in people's care plans or from our observations, how social care was being individually planned.

People told us the service was well managed. There was an inclusive culture whereby people and staff were involved in the development of the service. There were some monitoring checks in place, however these had not always been effective in identifying where improvements were needed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommended the provider continued to strengthen their overall governance framework taking account of national best practice guidance, and they reviewed the social engagement opportunities for people, to ensure they are tailored to people's individual needs. In addition, we recommend the staff undertake training in relation to dignity, privacy and respect.

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

Rating at last inspection (and update)
The last rating for this service was Good (Published 08 August 2016). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Oldway Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection.

We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and three relatives/visitors about their experience of the care provided. We spoke with 10 members of staff which included five care staff, a senior care staff, the activities-coordinator, the deputy manager, the chef and the registered manager.

We reviewed a range of records. This included six people's care records and multiple medicines records. We

looked at training records for all staff, and four 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 quality monitoring records, and minutes of meetings. We contacted a community nurse, a social worker, an occupational therapist and Healthwatch Torbay. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Overall, people who had risks associated with their care had these documented to help ensure staff met their needs consistently and safely. However, of the six care plans reviewed we found in two, that risk assessments were not in place regarding their behaviour and diabetic care needs.
In addition, we were told and read in one person's daily notes the community nurse had attended to provide treatment for potential skin damage. However, there was no risk assessment or body map in place to describe what ongoing and preventative support was required to mitigate ongoing risks. Despite staff knowing people well, the lack of documentation meant there was a risk that care, and support may not be delivered safely or consistently.

● Overall, people lived in a safe environment. Equipment was serviced in line with manufacturers guidelines and fire tests were carried out to ensure people and staff knew what to do in the event of a fire. People had personal emergency evacuation plans (PEEPs) in place so emergency services would know how to effectively support people. However, doors which should have been locked to restrict access to people were found to be open. This meant, people had access to products which if consumed, could have been harmful.

Risks associated with people's care were known, but not always documented. 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

Using medicines safely

● People received their medicines as prescribed and medicines were disposed of and stored safely.

● People who chose to manage their own medicines had lockable storage in their rooms and had relevant risk assessments in place.

● The provider had recently changed pharmacies which meant some medicines had arrived in different forms, which had caused anxiety to some people living with a mental illness, resulting in people not wanting to take it. Therefore, time had been taken to arrange for medicines to be re-ordered to help reduce people's apprehension.

● People prescribed 'as required' medicines had protocols to help staff know when to administer the medicine. However, protocols were not always explicit. For example, one protocol detailed 'as required' medicines to be given if the person began to show agitation. However, whilst staff knew the person very well, there was no recorded information about how the person's agitation was displayed. This meant there could be a lack of consistency in administration.

● People had robust records in place for the application of topical medicines (creams, lotions and pastes). However, topical medicines were not always dated upon opening, which meant they may be used after their

expiration date.
● The provider had some monitoring checks for the management of medicines. However, these had not been effective in identify where improvements were required. Following our inspection, the registered manager shared with us, some new monitoring audits which had since been implemented.

We recommend the provider continues 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'.

Systems and processes to safeguard people from the risk of abuse
● People and their families told us they felt safe living at the service.
● Staff received training in safeguarding and had a good understanding of what action to take if they suspected someone was being abused mistreated or neglected. The registered manager was aware of their additional safeguarding responsibilities, which were underpinned by relevant policies and procedures.
● People had a key to lock their bedroom door should they choose to do so.
● A visitor's book kept a record of who was coming in and out of the service.

Staffing and recruitment
● People were supported by suitable numbers of staff. A staffing tool was used by the registered manager to help determine staffing levels both during the day and night. However, some people thought there should be more staff because they felt staff were struggling to cope sometimes. We shared this with the registered manager.
● Staff had been recruited safely to ensure they were suitable to work with the service.

Preventing and controlling infection
● People lived in a clean environment.
● Staff received training in infection control and wore personal protective equipment (PPE), such as gloves and aprons when carrying out personal care tasks.

Learning lessons when things go wrong
● The registered manager had some monitoring tools to help identify themes and trends occurring across the service, such as falls, to help reduce reoccurrences.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service supported people living with a variety of health and social care needs. Some of which included dementia, mental illness, and/or a physical disability. However, people were not always supported by staff who had received training in these areas. The providers training records detailed four out of 26 members of staff had completed dementia training and nine out of 26 members of staff had undertaken training in behaviour that could challenge.
- One person told us they felt staff needed more mental health training. Records showed that six out of 26 members of staff had completed mental health training.
- In addition, people who had specific needs such as nutritional difficulties, diabetes and epilepsy were also not supported by staff who had undertaken such essential training.

Staff did not always receive 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

- Staff told us they were well supported and received one to one supervision of their practice. Comments included, "I think our training is very efficient. We've always got something we can do", and "We get offered all different training. A few weeks ago, we had an update on oral care and it gives people a reminder on things you might forget."
- New staff received an induction to the service, which was in line with the Care Certificate. The care certificate is a national health and social care induction.
- A community nurse told us they trusted staff with nursing tasks they had trained them to complete, such as checking blood sugars.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when people's needs changed

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

- People told us the meals were nice.
- The menu had been created with people, ensuring that it catered for everyone's likes and dislikes. The chef explained, "It's a really varied menu, it's never the same!"

● The catering team were very flexible to what people wanted and needed, with some people buying their own meals and asking the team to cook it for them. The chef told us, "They have what they like, you give them what they want."
● The catering team provided meals, as required in line with people's cultural needs, and there was effective communication about people's ongoing health care requirements. Such as if a person was losing weight or if they were unwell.
● A community nurse told us when there were concerns about a person's nutritional intake, staff were always proactive in completing monitoring documentation.

Staff working with other agencies to provide consistent, effective, timely care
● People's health care was co-ordinated. External professionals, such as GPs, community nurses and the mental health team visited the service on a regular basis.
● Staff were responsive in asking for advice and guidance, with a community nurse telling us staff always followed instructions given.

Adapting service, design, decoration to meet people's needs
● The service had disabled access.
● The provider was in the process of looking at fitting an outside hoist, so everyone could access the shared hot tub.

Supporting people to live healthier lives, access healthcare services and support
● People were encouraged to live healthy life styles, and to make informed choices about their nutrition and ongoing wellbeing. One person was being supported to lose weight, another to stop smoking.

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.
● People's mental capacity had been documented within their personal care records which were stored in the registered manager's office. However, the information had not been transferred and/or shared into individual care plans. This meant, the information was not easily accessible to staff. The registered manager told us, she would act to include this in people's care plans.
● Staff received training in the MCA and had a basic understanding of the legislative framework.
● DoLS applications had been applied for, with some awaiting approval by the supervisory body (the local authority).

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's and relatives' comments were varied when asked about the kindness of staff. Whilst some people were complimentary of staff telling us, "Everyone is made to feel good", and "Some staff I see regularly seem quite jolly". Other's commented, "The attitude of some staff, is better than others", and "It sometimes feels like a prison, if you don't like it you can lump it!" Another person told us, "I prefer not to be woken for a sleeping tablet; staff know this but still wake me."
- Most people felt staff listed to them and acted on what they said, but one person was concerned they could not go downstairs when they wanted too, so now did not ask. We spoke with the registered manager about people's feedback. They were disappointed and upset to think people felt this way and told us they would address this.
- The language used in public and private areas to describe people and their health and support needs was not always caring or respectful. For example, "Can you do him", "The feeds", and "The epileptics". The registered manager expressed strongly that this was not meant in an uncaring way but happened at times when they and staff could not find the correct words to express what they meant.
- Overall, we saw nice interactions between staff and people, and staff told us how much they loved and cared for the people they supported. Comments included, "In my own time I have taken residents out. One resident wanted to go on the big wheel, so I took her in my own time. If they want to go out or it is their birthdays and I am not working I will go. I make them their own birthday cake or do their hair for them as I am a barber too. I will go out of my way for everybody and that is the same for all staff here" and "The residents are wonderful they are all different in their own way. They are a good bunch".
- People's religious and spiritual beliefs were known and respected, with staff telling us how they supported some people to attend their local church.
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010. One member of staff told us, "We did a course on sex and relationships, it was really interesting and if clients come in with a relationship there are ways to help. It was enlightening."

Respecting and promoting people's privacy, dignity and independence

- Overall, people's independence was promoted where possible, for example making their own drinks. People were encouraged and supported to undertake daily living skills such as washing, food shopping, and planning their own holidays. One member of staff told us, "Personally I think you need to promote their independence and it is their home and they have as much choice as possible."
- The service supported people with a variety of different health and social care needs. However, it was not detailed in people's care plans and, from our observations, it was not possible to assess how the promotion

of independence was being adapted on an individual basis. For example, older people living with dementia compared to younger adults living with mental ill health.

● Overall people's privacy and dignity was respected. However, on one occasion a member of staff moved a person in their wheelchair away from the television, without telling the person where they were going. The member of staff then proceeded to share loudly (in front of others) where they were going and what action they wanted their colleague to take. This did not respect the person's privacy and dignity.

● Continence pads were found to be on display in shared bathrooms.

● People's care records were kept securely.

We recommend staff receive training in dignity, privacy and respect and that the provider strengthens their overall governance framework to include the monitoring of the culture of the service.

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

● The registered manager told us people, and/or their relatives were involved, as far as possible, in the creation and review of their care plan. However, people could not recall this taking place and we did not see this documented in people's care records.

●Independent mental capacity advocate's (IMCA's) were sourced to support people when they did not have the mental capacity to be able to express their views or be involved in making decisions about their care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care and had care plans in place which described how they wanted and needed their health care to be delivered. Whilst people's care plans detailed how they were to be supported with their personal care, information about how their oral health care needs were to be met, was limited.

We recommend the provider refers to the Commissions 'smiling matters, oral health care in care homes' to help strengthen people's oral health care plans.

- A social worker was complimentary of the care and support which the service provided to one of their clients. Telling us how the staff had met their needs in a holistic way, which resulted in the person's mental health stabilising.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed what their individual communication needs were and how they needed to be supported.
- Staff adapted their own communication styles when supporting people.
- Pictorial signage had been used on some doors to help orientate people who may not understand the written word.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop new friendships inside and outside of the service. One person was being supported to use a mobile app, so they can view a loved one's wedding 'live', as it took place.
- The provider funded annual holidays for people, which included visiting countries abroad.
- The provider ensured those who had previously enjoyed hobbies, were able to continue with their interests.
- There was a full-time activities co-ordinator, who had responsibility for creating a social calendar, which involved organising events such as for Easter and Christmas. The activities co-ordinator had started to

collate information from people about their social preferences, aspirations and wishes, so social engagements could be tailored to people's individual needs.
However, on the day of our inspection despite an event taking place in the lounge, many people were observed to sit for long periods of the day without any stimulation. People who lived on the upper floor, also expressed that due to their mobility and mental health needs, they did not always attend social occasions, which left them feeling isolated. The registered manager was not aware people felt that way and told us she would address it.
● The service supported people with a variety of different health and social care needs, however it was not detailed in people's care plans how social care was being adapted on an individual basis. For example, older people living with dementia compared to younger adults living with mental ill health.

We recommend the provider reviews the social engagement opportunities for people, to ensure they are tailored to people's individual needs.

Improving care quality in response to complaints or concerns
● People told us they knew how to complain.
● The provider's complaints policy was available in a variety of formats, such as large print and/or pictorially.
● People's complaints were seen positively and used to help ongoing development of the service.

End of life care and support
● Some staff had received training about how to care for people at the end of their life.
● People had care plans in place which held some details about how they wanted to be supported at the end of their life.
● People's resuscitation wishes were known, and treatment escalation plans (TEPs) were in place as required.
● External professionals such as GPs and community nurses were involved to ensure people's care and support was coordinated, and required medicines were arranged in advance.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were some monitoring checks in place. However, these had not always been effective in highlighting areas which required improvement, as cited in the safe, effective, caring and responsive key questions above.
- The provider visited the service daily. They carried out an environmental check and spoke with people and staff. The provider also chaired residents' meetings. This meant they were at the forefront of knowing how people were feeling and could act quickly in response to people's requests.
- There was a management structure in place which people and staff were aware of.
- The management team had a good understanding of regulatory requirements. The registered manager consistently worked alongside people and staff in various roles, which meant they knew people and their needs very well. They told us they felt well supported by the provider.
- The provider had commissioned an external company to carry out practice inspections at the service, which were based on the Commissions Key Lines of Enquiry (KLOEs).

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

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

- People and relatives told us they felt the service was well managed and described the atmosphere as "Sometimes it feels like home", and "Very calm, we like the space, like a good hotel with a beautiful view."
- Staff told us, "I could not wish for better bosses, that says it all. [The provider] is always down here. I have a very good relationship with him. They are all approachable" and "I absolutely love it here."
- Staff felt confident to whistle blow, if their colleagues and/or others were not following policy and procedures or conducting themselves in an appropriate manner.
- The culture was welcoming and inclusive. The registered manager had an 'open door' policy, and people and staff were observed to enter the registered managers office freely and were welcomed warmly. Staff were happy to speak to the inspection team and were honest and open with their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The provider and registered manager recognised when mistakes had been made. They listened to people, respected their views, and apologised when they had experienced care which they believed was not appropriate or had not met their needs.

● The registered manager was aware of their responsibility to inform the Commission of significant events in line with statutory duties.

● The management team spoke openly and honestly throughout the inspection process.

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

● People were involved in the ongoing development of the service. Residents' meetings were used to gather people's views and opinions.

● People were empowered to be part of the ongoing monitoring of the service. For example, one person checked the environment for its safety and cleanliness.

● People and their families were involved in the recruitment process of potential new staff.

● There were good links with the local community.

Continuous learning and improving care

● The registered manager attended training to ensure their ongoing competency.

● The provider was looking at how technology could help to improve efficiency, for example an electronic care planning system was being researched.

Working in partnership with others

● The registered manager worked in partnership with external health and social care professionals to ensure people's care and support was co-ordinated.

● The registered manager listened to advice given by external professionals to help improve the outcome of people's care and/or the overall service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with service user's care were known, but not always documented. The environment was not always effectively monitored for its ongoing safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers overall governance framework was not always effective in identifying where improvements were required

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive the relevant training to meet service user's health and social care needs.