Little Oldway Ltd

Little Oldway

Inspection report

Little Oldway
Oldway Road
Paignton
Devon
TQ3 2TD

Tel: 01803527156

Date of inspection visit:
03 March 2019

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

About the service: Little Oldway is a residential care home that was providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The home is in the grounds of a Grade II listed mansion in the seaside town of Paignton.

People's experience of using this service:
• People had their needs met by staff who knew them well and treated them with dignity and respect.
• Some people and staff fed back that at times staff were very busy, however, people's basic needs were being met. We recommended that staffing levels were reviewed.
• There was activity provision in the home, two people fed back they would like to get out of the home more. We made a recommendation the home review activity provision with staff and people's involvement.
• Staff were caring and appropriately affectionate, we saw gentle and kind interactions with a person receiving end of life care.
• The provider had made some recent improvements to the environment and had plans to continue a programme of modernisation.
• People were offered a range of healthy and nutritious foods. Menu choices were displayed in an easy read format. People enjoyed the food and the mealtime was calm with people socialising in the dining area.
• Staff knew what risks people faced and how to support them to manage health conditions. Timely referrals were made to health and social care professionals. We received positive feedback from agencies working with the home.
• People were supported to have choice and control in their lives and the service was acting within the principles of the Mental Capacity Act 2005.
• People's needs and associated risks were assessed and reviewed, with clear instruction for staff on how to support people.
• Staff were supported through training and supervisions. Checks were completed at the recruitment stage to verify if staff were appropriate to work with people in a care setting.
Rating at last inspection: The home was rated Good at its last inspection; the report was published on 01 September 2016.

Why we inspected: This was a planned inspection based on the previous rating. We had no concerns before we inspected this home.

Follow up: We will continue to support the home with ongoing monitoring and continue with our inspection schedule. If we receive information of concern 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?

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 responsive?

Good

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our Well-Led findings below.

Little Oldway

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector.

Service and service type:
Little Oldway is a care home. People in care homes receive accommodation and nursing or personal 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:
We gave the service 48 hours' notice because the inspection was at a weekend and we wanted the manager to be in the service.

What we did:
Before the inspection we reviewed the information we knew about the service and used this to inform our planning. We looked at notifications we received from the home, these are where the home tells us of any significant events such as accidents or incidents. We also asked for feedback from local authority support services.

During the inspection we spoke with six people, two relatives, and met with four staff members including the nominated individual and care manager. We looked in detail at the care files for four people and one person showed us their room. We observed the environment and communal areas and conducted a SOFI during the lunchtime meal. This is a short observational framework for inspection, it is a way of observing the care

interactions between people and staff. It is helpful in telling us about the care experience of people who may have advancing dementia and may struggle to verbalise their experiences to us.

We also looked at four staff records, and the storage, recording and administration of medicines. We looked at records for building safety, infection control, staff training, accidents and incidents, and safeguarding adults.

We asked the care manager and nominated individual to send us further documents and details of staff and relatives so we could contact them after consent to share their information had been given. The information was sent to us in a timely manner. We received feedback from four further staff members, two health and social care professionals and three further relatives.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff had received training in safeguarding adults. Staff we spoke with could tell us how to identify and report abuse.
• There was a safeguarding policy and local process in place. The care manager and nominated individual were reporting incidents such as falls in line with local authority expectations.

Assessing risk, safety monitoring and management
• Risk assessments were in place for the individual risks that people faced such as diabetes or positive behavioural support. Risk assessments had clear instruction for staff in the event of a person becoming unwell with their diabetes or if a person became distressed or agitated.
• The home had a smoking room where people could have a cigarette if they wished. We saw that for one person the actions in their risk assessment were being followed by staff.
• Building safety was checked and maintenance issues were reported promptly.

Staffing and recruitment
• Feedback from people and relatives was mixed regarding staffing levels. During the inspection we saw people were having their basic needs met. Feedback we received suggested that at certain times of the day staff were rushed and people felt they did not want to bother staff as they seemed so busy. We discussed with the care manager and nominated individual how staffing levels were assessed, they said it was based on thel level of care people needed. Relatives also noted that staff did their very best but at certain times of the day were struggling to meet every person's needs and did not have time to sit and talk with people.

We recommend the service review their staffing rota and deployment with input from staff, people and relatives.

• Recruitment procedures included interviewing staff, obtaining appropriate references, and ensuring they had a disclosure and barring (police) check before commencing employment to see if they were safe to work in a care setting.

Using medicines safely
• Medicines were stored safely in a locked unit which was attached to the wall.
• Staff had training in the safe administration of medicines and were competency tested before administering by themselves.
• The stocks of medicines matched the numbers recorded.
• There were arrangements in place for the safe delivery and return of medicines.

Preventing and controlling infection
• There were gloves and aprons available for staff, which they used.
• Staff had received training in preventing the spread of infection.
• The home was clean and odour free on the day of our inspection.

Learning lessons when things go wrong
• The care manager could give us an example of where a lesson had been learned. We saw examples where a person was involved in repeated incidents and this was followed up with healthcare professionals and the incidents were analysed by the care manager. We fed back that the recording of this could have been clearer as the findings and actions were not always distinctly stated.
• Falls were recorded in the service but there was no tool for analysis. This meant patterns could not be easily identified. The care manager and nominated individual said they would look at putting this in place so they could have more robust oversight of falls in the home and work further to prevent them.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Before moving in to the home people's needs were assessed, both for people staying on a long-term basis or for a shorter respite visit.
• The home followed best practise guidance as given to them by health and social care professionals.

Staff support: induction, training, skills and experience
• Staff were supported to complete a range of mandatory training such as safeguarding and infection control. Some staff had completed and some were booked on a specialist dementia course to support staff to understand what it might be like to be living with dementia and how it affected people's sensory experiences.
• Staff were supported through supervisions which were recorded in notes.

Supporting people to eat and drink enough to maintain a balanced diet
• People were offered drinks on a regular basis.
• Meals were prepared with fresh vegetables and smelled and looked appetising.
• People who were at risk of choking were appropriately supported. For example, a person who required their fluids to be thickened had them prepared as the speech and language therapist had advised.
• Different dietary requirements were catered for. People told us they enjoyed the food. One person said, "I'm a vegetarian, there's always something on offer I like."

Staff working with other agencies to provide consistent, effective, timely care
• The care manager told us the home had a positive working relationship with the local older persons mental health team.
• We saw evidence the home was contacting health and social care professionals where working with other agencies was required.

Adapting service, design, decoration to meet people's needs
• Parts of the environment looked worn. The care manager and nominated individual acknowledged this was an area for improvement and had a rolling programme of modernisation planned.
• There was a stair lift and a lift for people with reduced mobility to use.
• There was some signage for people to follow to navigate their way around the home. This was not consistently used and the care manager said the home was working on researching some signage and personalised signs for bedroom doors that people would not be able to take down or peel off.

Supporting people to live healthier lives, access healthcare services and support

• Referrals to health care services were made in a timely way and staff knew how to spot if a person was becoming unwell. For example, we saw staff discussing a person needing to be tested for a urine infection.
• Details were in care plans about how to support people to better manage their health needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the home was working within the principles of the MCA and where conditions were in place these were being met.

• Staff were asking people for consent before supporting them with their care needs.
• Best interest decisions were documented.
• DoLS applications were appropriately made, there were a number still awaiting review by the local authority due to a high number of applications.

Good

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

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
• A relative we spoke with said, "Definitely treated with dignity and respect," when talking about their loved one.
• We observed staff being kind and gentle when talking with people. People who were supported to eat had staff sitting next to them, making eye contact and gently reminding people if they needed to open their mouths or to encourage them to eat more.
• Staff were respectful of a person receiving end of life care and acknowledged their full range of needs. We saw them stroking their face with a soft teddy bear the person was attached to. Staff were able to offer some sensory stimulation in this way for this person who could not pick up the bear to feel its soft fur themselves.

Supporting people to express their views and be involved in making decisions about their care
• Relatives said they were involved, and always informed of any incident or if their family member became unwell. One relative said "They used to bring the care plan down every time we visited."
• We saw staff offering choices to people so they could decide how their care was provided. One staff member said, "Yes clients are always given choices. Due to their diagnosis we have to make choices easier for them i.e.; showing them pictures, allowing them to write things down or by physical or emotional movement."

Respecting and promoting people's privacy, dignity and independence
• Staff knocked on people's bedroom doors before entering and told us how they covered people up when delivering personal care so they didn't feel exposed.
• Records containing personal and sensitive information were stored securely.
• We observed staff encouraging people to take positive risks to be more independent. For example, people being encouraged to move around and walk without support where they did not need it.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Staff knew people's needs well. One health and social care professional fed back to us the staff team, "Knows the residents very well, and I believe that this familiarity enables them to provide a very good level of service."
• Information was provided in different format for people to use to communicate and make choices easier. For example, a new pictorial breakfast menu had just been put into use.
• Care plans contained some personalised information such as how people liked to be supported during personal care, what family relationships they had, their religion, and previous employment.
• A staff member was employed to support with activity provision. We had mixed feedback about activities. People told us they would like to go out more. Staff said there was lots of encouragement within the home to take part in in-house activities but some more stimulating outings could be arranged to provide opportunities to leave the home. Relatives told us they had no concerns about how much their family members were supported to take part in activities.

We recommend the home review its activity provision and involve people and staff in this review.

Improving care quality in response to complaints or concerns
• Relatives felt comfortable making a complaint and said they would happily approach the care manager. One relative told us, "I asked them to do something and they did it straight away."
• There was a complaints policy and process in place that was being followed.
• People told us they would approach a senior staff member or care manager if they had a concern.

End of life care and support
• People's end of life wishes were recorded in their care plans. Where there was no record for one person there was a note in their file to say why.
• One person receiving end of life care was being checked on regularly. Staff offered them drinks, mouth-care, changed their position to prevent pressure ulcers and gave them time and company. We saw staff stroking the person's hand and singing to them.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The provider understood their responsibilities around duty of candour and relatives and relevant professionals were being told of any significant incidents or changes in needs.
• The care manager was hands on, took part in the care rota when necessary and had been in the home for many years supporting staff in their care practise.
• Staff interactions with people reflected the culture the provider was promoting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The care manager had a good oversight of risks in the home and an awareness of where performance and outcomes for people could be improved.
• There were several audits taking place to check on the quality of care and that care tasks were being completed.
• The requirement to notify us of any significant event in the home was being met.

Engaging and involving people using the service, the public and staff
• Staff told us they enjoyed coming up with ideas of how to improve the home. However, the morale of staff was at a low point but was gradually getting better. Staff told us they felt supported but would benefit from more acknowledgement and appreciation from the provider. The provider told us there had been a difficult time where some staff had left and this may have affected the staff team.
• People and relatives were asked their views and the home arranged events to involve family members.

Continuous learning and improving care
• There had been the introduction of several improvements in the six months before the inspection, including upgrading a bathroom into a shower room, creating a nature walk in the garden, replacing worn floors and general redecoration.
• The home was researching electronic care planning with the goal of reducing recording time for staff and increasing recording accuracy.

Working in partnership with others
• The home worked in partnership with health and social care agencies to achieve positive outcomes for people.

• One health and social care professional said, "I have always thought the home to be of a very good standard…the home has been and continues to be a valuable resource in the Bay."