

Oakray Care (Little Hayes) Ltd

# Little Hayes

## Inspection report

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Date of inspection visit:  
12 May 2021

Date of publication:  
27 May 2021

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Little Hayes is a care home which accommodates up to 34 people in one adapted building. Little Hayes is registered to provide accommodation and personal care for adults with dementia or physical health and support needs. At the time of the inspection there were 26 people living at the service.

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

People were happy living at Little Hayes, spoke positively about the care they received and told us they felt safe.

People received their prescribed medicines as required. There were safe arrangements in place for obtaining, storing and disposing of medicines. However, we found some minor concerns with medicines stored in the fridge, which the manager addressed immediately.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. People were protected from avoidable harm and individual, environmental and infection control risks were managed appropriately.

People's care plans and risk assessments contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. These were reviewed regularly to ensure the care and support provided to people, continued to meet their needs.

People were supported to access health and social care professionals when needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

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.

The service had a positive person-centred culture. Both people and staff told us the manager was approachable. The service worked in partnership with other agencies to aid joined up, person centred care provision.

People and their relatives felt the manager was open, approachable and supportive. Everyone was confident they would take actions to address any concerns promptly. There were effective governance systems in place to identify any concerns in the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement published 22 March 2019.

### Why we inspected

This was a planned inspection based on the previous rating. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Hayes on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Little Hayes

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection team consisted of two inspectors.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, the acting manager had started the application process.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service about their experience of the care provided. We spoke with 11 members of staff including the service manager, the health and safety manager, the manager, the service auditor, a housekeeper, a chef and five care staff.

We reviewed the safety of the environment, medicine processes, looked at records relating to staff recruitment, reviewed infection control processes and observed interactions between staff and people.

After the inspection

We reviewed a range of records. This included people's care records and risk assessments and a variety of records relating to the management of the service, such as, quality assurance records, training information, records of accidents and incidents, policies and procedures and additional supporting information provided.

We spoke with one professional who regularly visits the service, one additional staff member and two relatives.

We continued to seek clarification from the management team to validate evidence found.

# 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.

### Using medicines safely

- Staff monitored fridge and room temperatures where medicines were kept to check medicines were stored within safe temperature ranges. We noted that staff had been regularly recording higher than safe temperatures for the medicine's fridge, with no indication of any action having been taken. Following the inspection, the manager undertook to investigate the recordings of these temperatures and why staff had not taken any action, this was addressed to mitigate any further risks.
- With the exception of medicines stored in the fridge, there were safe arrangements in place for obtaining, storing and disposing of medicines. Weekly and monthly audits of medicines records were undertaken, meaning any issues could be promptly identified.
- There were effective systems to ensure prescribed topical creams were managed safely and applied as required.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely.
- People were supported to continue to manage their own medicines where able. Individual risk assessments had been completed and people had been provided with secure storage for their medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments at least every six months.
- People confirmed that they received their medicines as prescribed and that they could request PRN medicines when needed. One person said, "They (staff) always watch me take them." Another person said, "The staff are really good and always bring them in a little pot for me – never seem to run out of them either."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Little Hayes. A person said, "Oh yes, I feel safe, the staff are so lovely." Another person told us, "Safe, yes all good here."
- Staff had received safeguarding training, which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would report any concerns to the manager. If I needed to would report to safeguarding or CQC."
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

### Assessing risk, safety monitoring and management

- Staff had a good knowledge of potential risks to people and how to mitigate these risks.

- There were clear processes in place to monitor risks to people. This helped to ensure they received effective care to maintain their safety and wellbeing.
- People had care plans and risk assessments in place which contained clear and detailed information for staff on how to mitigate and manage risks to people.
- Risk assessments in place were specific to people's individual needs and included areas such as, diabetes management, choking, skin integrity, mobility, falls and behaviours.
- Risk assessments were reviewed and updated regularly, which helped to ensure staff were provided with the most up to date information on how best to support people safely.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.
- Gas and electrical safety certificates were up to date, and the service took appropriate action to reduce potential risks relating to Legionella disease.
- There were plans in place to deal with foreseeable emergencies.

#### Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection, we observed staff were available to people and responsive to people's requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support them in a calm and unhurried way.
- People told us staff were available to support them when required. People's comments included, "The staff are always here, I don't usually need to use the bell, they are always around" and "I know when they are busy, but they do not rush me."
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. Staff comments included, "There is definitely enough of us", "I think there is enough staff, we do have time to sit with people and chat" and "Every day is different and some days are busier than others [even though the number of staff on duty is the same] but I do think staffing levels are ok in general and we do have time for people."
- Staffing levels were determined by the number of people using the service and the level of care they required. The manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs. The management team regularly monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient.
- People were supported by consistent staff. Short term staff absences were covered by a member of the management team, existing staff members or staff members from a neighbouring home also run by the provider. This helped to ensure that people were provided with continuity of care.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed.



- We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a week.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "The cleaner comes in every day." The home was clean, and housekeeping or care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Discussions with the manager and provider's health and safety representative showed they were aware of government guidelines in relation to the management of risks relating to COVID-19. The providers policies and procedures reflected current best practice guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections. Systems were in place to enable people to receive visitors who had undertaken a COVID-19 test and who were supported to use PPE correctly. Similar systems were also in place for any professional visitors.
- 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. New admissions and people who had received care in hospital were isolated on their return to the home and monitoring for symptoms and COVID-19 tests were undertaken.

#### Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

# 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.

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

- People's needs were fully assessed prior to their admission. This was to ensure their care needs could be met safely and effectively within the environment, and in line with current best practice guidance.
- Information had been sought from people, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- Care plans were kept under review and amended when changes occurred, or if new information came to light.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.

Staff support: induction, training, skills and experience

- Throughout the inspection staff demonstrated they had the necessary knowledge, skills and experience to perform their respective roles.
- People described staff as being well trained. A person said, "They [staff] know what to do."
- Staff told us they received appropriate training in a timely way. Training staff had received included; communication, moving and handling, medicines, fire safety, infection control and safeguarding. Staff had also received training specific to people's individual needs and conditions. For example, training in relation to, falls management, diabetes care, dementia and working with behaviours that challenge.
- The provider had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. A review of this system demonstrated that staff received training as required.
- There was a robust induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. New staff spoken with, confirmed they had completed the induction programme and found it helpful.
- Staff received regular one to one supervision with the manager. These sessions of supervision provided an opportunity for the manager to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.
- Staff told us they felt very well supported by the manager, who they could approach at any time. A new member of staff told us, "I can approach [manager's name] at any time, I have only been here a short while, but I do feel really well supported, everyone has been really welcoming." Another staff member said, "The manager is really great, the providers are approachable too."

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. External professionals were involved where required, to support people and staff.
- Individual dietary requirements and their likes and dislikes were recorded in people's care plans and staff knew how to support people effectively.
- People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "Lunch was perfect", "The food is lovely" and "If I didn't like what was offered, they [staff] would always get me something else."
- People were provided with a choice of two main meal options, however, could request alternatives if required. People were provided with drinks and snacks throughout the day. A person told us, "If I want anything at night, a cup of hot chocolate or sandwich, they [staff] will get that – nothing is too much trouble."
- Where required, people were provided with specialist cutlery to help them to eat their meal independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, dieticians, GPs and physiotherapists. A healthcare professional told us, "Little Hayes has access to the 'Nurse Consultant' hotline and access requests for home visits in a timely manner, they request appropriate medical support for the residents they care for."
- Peoples' care records contained clear and detailed information on their specific health needs and how these should be managed and monitored. The staff also demonstrated they identified changes to people's physical and psychological health. For example, it was noted by staff that a person's skin condition had changed. This was promptly discussed with a healthcare professional and resulted in a change in the persons medicine.
- People confirmed they were supported to access doctors, specialist nurses and other health care professionals when required. A person told us, they had a recent video call with the GP, which had been arranged by the staff. Another person described how they had a change to their medication, following a consultation with the GP.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

Adapting service, design, decoration to meet people's needs

- Some areas of the home were in need of re-decoration, however, there was an ongoing refurbishment programme in place, which was being followed and actions were being taken as required to address this.
- Some decoration throughout the home supported people living with dementia or poor vision, which included signs on toilet, bathrooms and bedroom doors.
- Floors could be accessed by a lift and stairwells. The provider was in the process of changing floor covering to make it more suitable for people with mobility needs and to enable appropriate levels of cleanliness to be maintained.
- People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.
- People had level access to a flat, enclosed garden area with appropriate seating. This was enjoyed by people during warmer weather.

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.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- The manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety.
- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.
- People all confirmed they have choices and were not made to do anything they did not want to.
- Staff were observed to ask people for consent before supporting them.

# 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

- There was a clear management structure in place which included the directors, a regional manager, a health and safety manager, the manager and a deputy manager. All had clearly defined roles and responsibilities and were actively involved in the running of the service.
- There were robust quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. Systems were in place which allowed the directors and the management team to view the outcomes of audits and reviews remotely and make changes if required. This gave the directors oversight of the service and any actions being taken to drive improvements.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met.
- The manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The previous performance rating was prominently displayed in the entrance of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the management of the service. One person said, "I think it seems well run, seems to be ok to me." Another person told us, "I've been in several care homes and this one seems to be the best." A relative said, "The manager is approachable, I speak to her often and whenever I email, she gets back to me." They added, "[Loved one] is very happy, he says everyone is really kind to him and helpful." Another relative told us, "It's very, very friendly, the staff are always very obliging to help. I'm kept informed and always told I can phone any time with any problems, if I phone and say I've got a problem they usually sort it out straight away."
- A healthcare professional told us, "Little Hayes has greatly improved since the staffing and management in house changed, the team are very caring and meet individual needs of residents in a holistic person-centred approach now."
- The manager, management team and staff, demonstrated they were committed to providing person

centred, safe and effective care to people. A staff member said, "I always read people's care plans, we [staff] need to remember people always had a life before coming into care and it's really important we know the people we support and about the person they are."

- People felt actively involved in making decisions about their care and the running of the service. Monthly residents' meetings were held where people were asked for their views about all aspects of the service, including food, staffing and activities. These meetings also provided the opportunity to share ideas for future activities. A person said, "It's really flexible, we can say what we want."
- Staff spoken with told us they felt supported in their role and felt listened to and valued by the management team.
- The management team consulted with people in a range of ways; these included quality assurance surveys, meetings and one to one discussions. The manager had an 'open door,' so both people and staff felt able to approach them at any time. Throughout the inspection we saw the manager was always available to people when needed.
- There was a suggestions box available for people and visitors, which allowed them to comment on the service anonymously, if they wished.

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

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the manager or wider management team, they would be listened to and these would be acted on.
- The manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- Complaints, accidents, incidents and near misses were robustly recorded and monitored. These were recorded on the services electronic tracking system which could be accessed remotely by members of the management team. This allowed continual oversight of the service as well as robust monitoring to help identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- The service had a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.
- During the inspection the manager demonstrated a proactive approach to make improvements that would have a positive impact on the lives of the people living at the home.
- Staff performance was closely monitored by the manager who worked in collaboration with the staff team and completed regular spot checks of the service. The outcomes of these were recorded and shared with staff.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records.
- The manager told us they had a positive relationship with external professionals and used them for support and advice when needed. This was confirmed by a healthcare professional who told us, "[Name of manager] is very approachable and happy to discuss any concerns I may have to resolve issues. This healthcare professional added, "Since the new managers have been in place, the standard of care has improved so much. They are a pleasure to support, advise and visit."

