

Ahavah Healthcare Limited

Overseal Residential Care Home

Inspection report

Woodville Road
Overseal
Swadlincote
Derbyshire
DE12 6LU

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19 October 2023

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Tel: 01283762728

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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

About the service

Overseal Residential Care Home provides accommodation and personal care for older people who may have dementia. Nursing care was not provided. The service is registered for 30 beds. However, 5 of the 25 bedrooms had initially been used as double rooms. All bedrooms were now used as single rooms due to people's preferences. At the time of our inspection there were 25 people using the service.

People's experience of the service and what we found:

People were protected from the risk of harm as staff knew the procedure to follow to report concerns. Assessments were completed and followed, staff had guidance to support people safely and records were up to date. The home was cleaned to a good standard. Medicines were managed safely, and people received their medicines as prescribed. Staff were recruited safely, and sufficient staff were available to meet people's needs.

People were supported by trained staff and supported to access health care services. People were supported to eat and drink and those at risk of risk of malnutrition and dehydration were monitored, and referrals made to the relevant healthcare professionals.

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

People's equality and diversity was fully respected. People were supported by kind and compassionate staff who understood what was important to them. People said staff were kind and respectful to them. People were encouraged and supported to express their views.

People's support was tailored to meet their needs and preferences and they were supported to engage in activities of their preference. Complaints were used to improve people's experience of care and support. People were supported in a sensitive way to share their wishes in regard to end of life care and support.

People, relatives, and staff were encouraged to feedback into the running of the service. The provider and registered manager worked alongside partner agencies to enhance the support provided to people.

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

Rating at last inspection

The last rating for this service was Good published 1 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Overseal Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Overseal Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Overseal Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We inspected the service on the 19 October 2023. We spoke with 6 people who used the service and 7 members of staff including the registered manager, head of care, 2 senior care staff and 2 care staff and the cook.

We completed observations of care in communal areas. We reviewed a range of records including 2 people's care records, food and fluid charts and other monitoring records. We also reviewed a range of medication administration records, 2 staff recruitment files and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People were supported by trained staff that understood how to safeguard them. Staff confirmed and records demonstrated they had received training about how to protect people from abuse. Staff understood the signs to look for and who to report to, both internally and externally if needed.
- People told us they felt safe at the service. One person told us, "The staff here are lovely, I always feel safe with them". Another person said, "I wouldn't want to live anywhere else. I feel very safe here."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's needs were assessed with expected outcomes identified.
- Information regarding assessed risks were up to date and accurate. Referrals were made to external health professionals as needed to manage people's assessed risk.
- People were supported to maintain good skin integrity, as guidance was in place to support staff. People's skin condition was monitored on an ongoing basis.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff were available throughout the day in communal areas and supported people promptly when needed. One person told us, "There are always staff around if we need them." A member of staff said, "The staffing levels are good. There are obviously times when people call in sick, but we all cover shifts if needed."
- The provider operated safe recruitment processes.
- The provider followed safe recruitment practices. Pre-employment checks had been made before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- Trained staff supported people to take their medicines safely. Processes were in place for the timely ordering and supply of medicines.
- A sample of medicine administration records (MAR) were checked against the medicines in stock and corresponded. This indicated medicines were administered as prescribed.

- People were given time to take their medicine, and this was done in their preferred way.
- Records were in place for controlled drugs and for medicines requiring refrigeration and demonstrated the correct checks were undertaken as required.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- One person told us, "My relative visits regularly, they are always made welcome by the staff."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Changes to practice were made following a communication issue with the GP. This had improved practice and outcomes for people using the service.

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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 assessed, and care and support were delivered in line with current standards to achieve effective outcomes.
- Nationally recognised tools were used to monitor people's health and wellbeing. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.
- People's holistic needs were assessed prior to them moving into the service. People confirmed they were involved in this process.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support.
- People were supported by trained staff and records showed they received the training they needed to meet people's needs. One member of staff told us, "The training is very good. We have a mixture of face to face and online." We saw staff's competency was assessed following training, to ensure they understood the training received.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role.
- Staff were provided with supervision to monitor their performance and enable them to professionally develop.

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

- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- Food and fluid charts demonstrated that people had been offered enough to eat or drink on a regular basis. We observed people being encouraged and supported with drinks and snacks throughout the day.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences. One person told us, "The food is delicious and there is plenty of choice." Another said, "I can't fault the food. It is really good."
- The cook had a good understanding of people's dietary needs and preferences. This ensured people had a diet that meet their requirements.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Systems in place supported staff to provide consistent care. Records were in place to monitor people's health and well-being and enable the management team to follow up on any concerns.
- Staff worked with a range of visiting healthcare professionals.
- Staff had the relevant information to help support people's health and wellbeing.

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

- People were supported to live healthier lives, access healthcare services and support.
- Everyone was registered with a local GP and had access to support from their surgery as needed. Monthly visits to the home were also undertaken by the GP practice to manage and monitor people's health needs. People were also supported to access health care professionals such as chiropodists, opticians, and dentists.
- We saw people were supported to access vaccines to protect them from illness. Referrals were also made promptly as needed to healthcare professionals to support people in maintaining good health.
- Staff were attentive to people regarding their health needs. One person was concerned regarding their health, and we saw the head of care undertaking some observations and reassuring them.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- All areas of the home were maintained and decorated to a good standard and were accessible to people who used a wheelchair.
- Bedrooms were personalised, and communal areas included quiet spaces for people to use if they wished. However, we saw that most people chose to sit together in the main lounge.

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 MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Staff had received training in the MCA and understood the principles of the act. Staff understood the support people needed to make decisions about their care, and this was reflected in their care plans.
- People were supported to make their own decisions and helped to do so when needed.
- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. □
- People told us they liked the staff. One person said, "Staff are lovely, nothing is too much trouble". Another person said, "This is a lovely home, the staff are always smiling and having a laugh and a joke with us."
- From discussions with staff, it was evident that people were supported by staff who knew them well and understood their preferred routines and preferences. For example, one person was known to become anxious when they were tired, and staff were aware of this, and the person's daily routine was adapted to ensure they had rest in the afternoon to alleviate their anxiety.

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

- People were supported to express their views and make decisions about their care.
- People confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received.
- Staff explained what they were doing when they supported people. For example, with meals or supporting with medicine administration and this support was provided at the person's own pace.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People confirmed their privacy and dignity was respected by staff. Some people told us they were able to do a lot for themselves and that staff respected this and only supported them when needed.
- People were supported to maintain their independence. One person told us, "The staff are very good, they don't take your independence away from you. They help when its needed but don't try and take over."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- Care plans were reviewed regularly with people, or as their needs changed.
- At the time of the inspection no one wished to participate in any religious or faith worship. The registered manager confirmed that in the past when people had wished to practice their faith, they had been supported to do this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to support people's understanding. For example, food menus were available for people in alternative formats such as picture format and picture cards were available to aid communication. This ensured information was accessible to all people who lived at the service.

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 relationships, follow their interests and take part in activities that were relevant to them.
- Opportunities were available for people to participate in activities on a daily basis. An activities coordinator was in post and provided a variety of activities. One the day of the inspection several people were involved in creating Halloween pumpkins. People were encouraged to participate in the many activities available. However, this was a personal choice and we saw some people preferred not to participate in communal activities.
- People confirmed their family and friends were made welcome by the staff.

Improving care quality in response to complaints or concerns

- People told us if they had any complaints they would tell the registered manager. One person said, "If there was any issues [registered manager] would sort it out. They are very good."

- A procedure was in place to manage complaints and information was available on how to make a complaint. The registered manager told us no formal complaints had been made. We discussed recording informal complaints and how these had been resolved, to demonstrate that all complaints were addressed.

End of life care and support

- No one using the service was being supported with end-of-life care at the time of the inspection. The registered manager and staff team knew who to involve at this important time of people's lives, such as palliative care teams and GP's.
- Information regarding people's wishes and preferences on where they preferred to be cared for, and their religious and faith needs were recorded in their care plan.
- We saw some information was recorded regarding if people had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care wishes in a future emergency.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The service was well-led. The registered manager and staff team understood the key risks and priorities for the service. This enabled them to support people to achieve good outcomes.
- People using the service told us they were happy living at the home. One person said, "I wouldn't want to live anywhere else." Another person said, "I love it here. I have lived in another care home that was okay but not as nice as this, I don't think there is anywhere better. It is friendly, well run and I am very comfortable here."
- Staff were positive about working at Overseal Residential Home. Feedback from staff about the service and management was positive. Comments included "The registered manager and head of care are really supportive to me. I love working here." Another staff member said, "The home is run really well. I have worked in other care homes, and they don't compare to this. The teamwork is really good, and we all support each other."

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 was aware of, and there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager understood their role. The management team completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities and felt listened to, valued, and supported.
- Systems were in place to provide oversight of the service. Weekly and monthly audits were carried out. This included people's care records, infection control, accidents and incidents and medicines management.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and their relatives had opportunities to provide feedback to the registered manager on an informal basis and during care reviews. The registered manager confirmed they were due to send out satisfaction questionnaires to people and their relatives.
- The management team shared their knowledge with staff through staff meetings, supervisions, handovers, and communications.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager had a positive attitude towards learning and making improvements to achieve good outcomes for people.
- Continuous monitoring through audits and involving people using the service, staff and other professionals, enhanced the support people received.

Working in partnership with others

- The provider, registered manager and staff team worked in partnership with health and social care professionals to achieve good outcomes for people. The local authority quality monitoring team confirmed they had no concerns regarding the management of the home.
- The registered manager confirmed they had a good working relationship with the GP practice and visiting professionals.