Podsmead Residential Care Limited

Overleat Residential Care Home

Inspection report

Derby Road
Kingsbridge
Devon
TQ7 1JL

Tel: 01548852603
Website: www.overleatcarehome.co.uk

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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:

Overleat Residential Care Home (known as Overleat) is a residential care home in Kingsbridge providing care to a maximum of 13 older people some of whom may be living with dementia.

People's experience of using the service

People using the service benefitted from caring staff. People and their relatives told us they were treated with kindness, compassion and respect.

People were placed at the heart of the service and involved in decisions as far as possible. People and staff told us they were listened to and care was individualised.

People's care was provided safely. The staff team were consistent, staff knew people well and staff supported people to move safely around the service. People's risks were known and managed well, promoting independence as far as possible. People were protected from discrimination because staff knew how to safeguard people.

People lived in a service which had a positive culture and was led by a dedicated manager. Overleat had good relationships with local healthcare professionals supporting people's care.

Rating at last inspection:
At the last inspection the service was rated as Requires Improvement (The last report was published 16 April 2018). At this inspection the overall rating had improved.

Why we inspected:
This was a planned inspection to look at improvements the service had made following the previous rating. At this inspection we found improvements had been made. People's risks relating to their health needs and the environment were known and care planned. People's human rights were protected because the provider followed the laws in place to protect people. People's views were taken into account. People who wished to be active were supported with social activities. The leadership at the service had improved their monitoring of the service to ensure the quality and safety of people.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

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 caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was Well Led Details are in our Responsive findings below.	Good

Overleat 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. 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 was carried out by one adult care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Service and service type:

Overleat Residential Care Home 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 care home accommodates up to 13 people in one adapted building.

The service has a manager registered with the Care Quality Commission. Registered managers 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 short notice of the inspection visit as the inspection was at the week end and we needed to meet with the registered manager.

The inspection took place on 10 March 2019.

What we did:

Prior to the inspection we reviewed information we held about the service such as provider notifications. A notification is information about important events such as incidents, which the provider is required by law to send us. We reviewed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met everyone currently living at the service, we:

Reviewed 4 people's care records
Reviewed records of accidents, incidents.
Discussed the complaints process
Audits and quality assurance reports
Observed the care of people in the communal areas.
Observed people's care and staff interaction with people

We spoke with:

The registered provider and registered manager
We spoke with two staff
We spoke with five residents
We met and spoke with one relative

Following the inspection we received feedback forms from six families and from the local Gp practice.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had received training in protecting people from harassment, discrimination and harm. A relative told us, "I am very happy with the level of care."
● Team meetings, handovers, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss safeguarding processes.
● Staff supported people to make informed choices in their personal lives. People, where possible, were encouraged to discuss how to keep themselves safe and recognise when they might be at risk.
● People we met in the communal areas of Overleat were comfortable approaching and talking with staff.

Assessing risk, safety monitoring and management

•When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible. For example, people at risk of falls had the equipment they required and staff knew how to support them to move safely. People at risk of skin damage were known and if required had special mattresses and cushions to alleviate pressure.
•Where people were at risk of falls within their home, staff liaised with professionals to minimise risk and considered equipment such as sensor mats which alerted staff people were moving. This meant staff could support people.
•People, if required, had safety devices so they could call for help in an emergency, for example there were call bells.
•The front door was locked at Overleat for people's safety. Staff checked people's identity when they arrived.
•Risk assessments relating to the environment were in place and precautions taken to minimise the risk of falls on the staircase.
•Other potential risks had been considered, for example window restrictors were in place to support people's safety. Radiators were covered to protect people from harm and water temperatures were checked before people bathed. This helped reduce the likelihood of scalding.
•Evacuation plans were in place in the event of a fire. Building work being undertaken had been risk assessed.

Staffing and recruitment

•There were enough staff available to support people according to their changing needs and individual preferences. Some people had complex needs and they were supported by staff who knew them well. One person told us, "There's always plenty of staff around."
•The staff team was small and stable. Some staff had worked at the service for many years.
•Recruitment was values and skills based.
•Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.

Using medicines safely

•Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
•Some people were able to self-administer their medicines to promote people's independence. Risk assessments had been developed to support this practice.
•Staff were able to describe the action they would take if they identified a medicines error.
•Staff were trained in medicine management and their competency checked.
•There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
•No one at the service had their medicines given without their knowledge.
•There were plans in place to change the way medicines were managed

Preventing and controlling infection

•Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
•People lived in a clean home. Comments we received included, "Always clean and tidy" and, "The environment is clean and safe."

Learning lessons when things go wrong

•Any accidents and incidents were recorded and highlighted to the registered manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
•The provider and registered manager told us they had learned from their previous inspection and taken steps to make sure there were systems in place to monitor the service and continue improving.

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

Good:People's outcomes were consistently good, and people, relative and professional feedback confirmed this.

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 could be met.
•Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
•Equipment available for use at Overleat supported people's health needs to be met, for example access to an assisted bath with a chair hoist. Other equipment such as sensor mats and lifting equipment was available to support people's needs.

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

•The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. Professionals told us, "They highlight problems in a timely manner" and, "They show great willingness to support residents especially when anxious."
•People had routine health checks and were supported to attend hospital appointments if required.

Staff support: induction, training, skills and experience

•Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards which staff complete during their induction.
•All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the registered manager to assure high standards were maintained.
•Staff training covered those areas identified as necessary for the service and included moving and handling, safeguarding and dementia care. The training was updated as required and staff told us they could request extra training if necessary. The registered manager now monitored training more closely.
•Staff had recently been supported by their primary care colleagues to learn how to take clinical observations of people's care for example blood pressure, oxygen levels and temperature.
•Regular supervision (one to one) sessions were now embedded. Staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported and received annual appraisals of their performance.

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

•□People were encouraged to eat a varied and healthy, homecooked diet. People told us, "The food couldn't be better"; "The food is so good" and, "Like hotel meals."
•□A cook was employed and food was freshly cooked. People were given a choice of foods and alternatives were available if they did not like the main meal. Due to the size of the service the cook knew people's likes and dislikes well. We saw one person enjoying a Guinness with their meal.
•□People's nutritional risk was assessed. Referrals to professionals were made promptly when people's needs changed, for example if they had lost weight or their health declined and they were at risk of choking. Staff monitored people's dietary intake and checked people's weight regularly where indicated.
•□We observed people being supported to eat by staff in an unhurried, patient way. Those people who had a poor appetite were encouraged to eat with finger foods.
•□We observed people who were not hungry during lunch being given the option to eat at a later time. People could choose to eat in their bedrooms, in the lounge or in the small dining area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

•□Some people had restrictions in place to keep them safe, for example bed rails and sensor mats. These were care planned and there was evidence to show how decisions to impose restrictions had been made in people's best interests in line with the legislation.
•□Any restrictions were regularly reviewed and removed when it was considered safe to do so.
•□Staff asked people for their consent and explained care procedures to them.

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

•□Signage was in place at the service to support people's orientation.
•□Ongoing maintenance occurred, for example carpets were being replaced
•□A new sun room was being built and enclosed garden space in the grounds of Overleat for people to enjoy.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with confirmed they were well treated and cared for. Comments included, "All the staff put their arms around me to give me a hug"; "Everybody goes out of their way to help"; "People are just treated so well" and, "The staff treat me like I am one of their own family."
- Professionals also commented on how caring the service was, "They show the residents care and compassion, always treating them with dignity."
- Staff were positive and affirming when they spoke to us about individuals who used the service. They recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- We observed the staff approach was gentle and patient for example when encouraging people to eat or engage in social interaction.
- People looked comfortable, warm and cared for in the lounge and those who were now cared for in bed. A relative shared, "The staff members of Overleat treat all their patients with respect and dignity, they deliver a high standard of care."
- People benefited from the care and attention of staff. We observed people and staff sharing a joke together and enjoying having their nails painted.
- Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example one person liked Baileys on their cornflakes.
- People's birthdays were known and celebrated with a cake and party if they wished.
- Staff had undertaken training on equality and diversity and the provider told us everyone was welcomed and respected at Overleat.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example washing the areas they were able to reach, managing their own medicines if possible, and mobility was encouraged where safe to do so.
- Staff were mindful of people's privacy and dignity. Staff supported people if required to make sure they were dressed appropriately for the weather if they were going out. Staff confirmed they knocked on people's door before entering their room. Staff knew to close curtains and to cover them up to maintain their dignity when providing personal care.
- Care was delivered in line with people's religious needs and staff respected people's beliefs.
- People confirmed they were addressed in the way they wished.

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

•□People were encouraged to make decisions about their day to day care and routines where possible. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately.
•□Questionnaires, informal discussions, seasonal newsletters and individual meetings with staff and the registered manager were used to gather people's views.

Good

Is the service responsive?

Our findings

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

Good: 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

•□People were assessed prior to their move to Overleat. The assessment checked people's needs could be met by the service and their preferences for care were known.
•□Care plans were detailed and contained information which was specific to people's individual needs and the routines they liked.
•□There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
•□The service provided an individualised service able to flex as people's needs changed. For example, as people's health deteriorated the service worked closely with people's district nurses and doctors so they could continue to live at Overleat.
•□Staff noted people's needs and arranged reviews when required. For example, where people's mobility had changed, occupational therapists were involved to review how people were moved.
•□People took part in the local community and used nearby facilities if they wished. For example, some people enjoyed a walk in the local park and a person attended the local dementia group. Other people enjoyed trips out with family.
•□Most people enjoyed activities within the service. Staff spent time talking with people, played games and watched films. Occasional external entertainment was arranged, for example musicians. People also benefitted from a visiting reflexologist.
•□People told us, "There's always something going on"; "I like it when we have the singer coming in"; "I just enjoy sitting in my room and reading magazines" and, "A person told us, "I enjoy painting in my room."
•□Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.
•□People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff knew people well and adapted their communication style accordingly. For example, if people were living with dementia staff knew to keep information and choices simple to support their understanding.

Improving care quality in response to complaints or concerns

•□There was a complaints policy and process. This was visible to people who used the service. There had been no complaints since the previous inspection.

•□We asked people what they would do if they were worried or unhappy and they told us they would speak with staff. Some people were able to name particular members of staff they would be comfortable talking to.

End of life care and support

•□People had discussed and planned their end of life wishes with staff and their doctors.
•□End of life plans care was compassionate and person centred. The service worked closely with people's health care professionals to ensure people were comfortable and pain free.
•□Staff had undertaken training in end of life care.

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.

Good: 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; and how the provider understands and acts on duty of candour responsibility

•□People told us, "You just can't better it"; "X (The Manager) is always around"; "I just feel so good living here" and, "From the manager to the cleaners, everybody is so dedicated."
•□Relatives shared, "It's just wonderful service." Professionals told us, "The manager is proactive and frequently the person who liaises with the GP's, follows instructions through, ensures appropriate follow up and appears to lead the team well."
•□Staff were positive about the management of the service. They told us the registered manager was honest, approachable and always available for advice. We found the registered manager was knowledgeable about all the people they supported.
•□The culture and atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first. The provider's values included integrity, quality, reliability and commitment.
•□The provider and registered manager were visible and known to people, professionals and staff at the service.

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

•□Roles and responsibilities were clearly defined and understood. The registered manager was supported by a provider. The provider was well known and often at the service talking to people, family and staff.
•□Systems had been developed to ensure performance remained good. For example, there was an annual auditing schedule and a monthly managers audit. Training was now monitored and staff support systems in place.
•□The registered manager was aware of their regulatory responsibilities. For example, notifications were made appropriately and the Provider Information Return had been submitted on time.
•□The governance system included regular checks on the environment, medicines, care plans and risk assessments; asking people and families for their views on the service and maintaining policies and procedures.

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

•□People's views and that of their relatives, were sought out.

•□Newsletters helped to keep people and their families updated on service developments.

Continuous learning and improving care

•□Links with the local community were continuing to be built to continue to provide the range of new and on-going opportunities.
•□The provider and registered manager attended local conferences when possible to stay abreast of changes. Care magazines and the Commission's website supported the provider and registered manager to stay up to date.
•□The registered manager was undertaking a leadership course and told us they felt the service had benefited from their learning.

Working in partnership with others

•□The service had close working relationships with the local primary care service. Feedback was positive.
•□The provider and registered manager had worked with the Commission and the local authority improvement team to improve the systems in place to assess and monitor the quality of care.