

Podsmead Residential Care Limited

Overleat Residential Care Home

Inspection report

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15 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Overleat Residential Care Home is registered to provide accommodation for people who require nursing or personal care. The home provides accommodation for up to 13 older people who were living with dementia. People living at the home were in the early stages of dementia. Nursing care is not provided by the home, the local community nursing team provide this service.

This unannounced inspection took place on 14 and 15 March 2016 when there were 12 people living at the home. The service was last inspected 4 August 2015 when it was rated as 'Requires improvement'. This was because we found there was no robust recruitment procedure in place, there was no system to assess the quality of care provided, there were not always enough staff on duty and people did not receive personalised care. At this inspection in March 2016 we found that improvements had been made in all areas. However, some improvements still needed to be made.

There has been no manager registered at the service since December 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. It is a condition of the registration of the service that a manager is registered. We were told that the acting manager who had been at the home at our last visit had left before they had registered. At this inspection in March 2016 a new manager had been appointed and the provider told us they planned to register that person as manager. Since the inspection an application to register the manager has been received by CQC.

There were effective quality assurance systems in place to monitor care. However, not enough time had passed for some of these changes to be fully embedded into practice and recent improvements needed to be sustained.

Opportunities for social interaction had increased but improvements needed to be made with regard to the provision of activities. Staff told us they had time to spend with people on an individual basis as well as playing word games and puzzles in a group. During the inspection we saw and heard staff chatting to people while looking at books.

People's needs were met in a safe and timely way as there were enough staff available. One person told us "Staff are very helpful, if you want something, just ring the bell and they don't take long to come". Staff told us and records confirmed that they had received training that helped them meet people's needs. Training had included food hygiene, safeguarding adults, moving and transferring and infection prevention and control. Staff had also received more specific training relating to people's needs. For example, pressure area care, prevention of falls and dementia awareness.

People told us staff were kind and caring. One person said "Staff are terrific – this is a happy place with lots of laughter". Staff ensured people's privacy and dignity was respected and all personal care was provided in

private. Staff ensured people received care and support that was responsive to their needs. One person told us that staff always gave them the care they needed and always asked if they were doing the right thing. They told us the staff were "Very good and sweet".

People's care plans contained details of how their needs were to be met. People and their relatives could be involved in making decisions about care provided by staff, if they chose. One person told us they had been involved in planning and reviewing their care. Some care plans contained signatures of the person's representative indicating they were happy with the care provided.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). People were offered choices in all aspects of their lives.

Staff ensured people's health care needs were addressed and there were effective systems in place to manage people's medicines. People were supported to maintain a healthy balanced diet. People told us they enjoyed the food and there was always an alternative if they did not want what was on the menu. One person told us the food was very good "especially the selection of vegetables – all nicely cooked".

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. People were protected from the risks of abuse as staff knew how to recognise and report abuse.

People told us the acting manager was supportive, open and approachable. Staff and people living at the home praised the acting manager for the support they gave and the changes they had made. One staff member said the acting manager was "Very approachable and on the side of everyone. I would trust them with anything". Another staff member said things had changed for the better and "[acting manager] has done a lot in the few months they have been here".

Records were well maintained and people's personal care records recorded the care provided. All records we asked for were kept securely but easily accessible.

We have made recommendations in relation to monitoring staffing levels and the provision of meaningful activities.

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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

Staff ensured people's health care needs were addressed.

People were offered choices in all aspects of their lives.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People and their relatives could be involved in making decisions about care provided by staff, if they chose.

Is the service responsive?

Aspects of the service were not responsive.

Opportunities for social interaction needed to be further improved.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not well led.

There was no manager registered in respect of the service.

The acting manager was supportive, open and approachable. Records were well maintained.

There were effective quality assurance systems in place to monitor care. However, not enough time had passed for some of these changes to be fully embedded into practice and recent improvements needed to be sustained.

Requires Improvement ●

Overleat Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 March 2016 and was unannounced.

The inspection team consisted of one Adult Social Care (ASC) inspector.

Before the inspection, the provider and acting manager completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We also gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the provider. We also contacted staff from the local authority who had commissioned some placements for people living at the home.

During the inspection we met everyone who lived at the service. We then spent time speaking with eight of those people, three staff, the manager and registered provider. Following the inspection we received an email from a visiting social care professional which gave their views about the service.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

Many people living at the home were living with some level of dementia. Some people were able to make their own decisions and only needed a little help with their personal care. Others were in the early stages of dementia but were still able to communicate their needs and wishes. Some were completely reliant on staff to recognise and meet their needs.

At our inspection in August 2015 we found that staff recruitment procedures were not safe. Staff were working at the home without Disclosure and Barring Checks (DBS) being completed. The DBS checks to see if staff applying for jobs have a criminal record. This lack of checks meant people were at risk of being cared for by unsuitable staff. At this inspection in March 2016 we found that improvements had been made. Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. We looked at three staff files. All contained the required pre-employment documentation including DBS checks, photo identity and references. They also contained an application form with a full work history.

At our inspection in August 2015 we also found that staffing levels at weekends were not sufficient to meet people's needs. At this inspection in March 2016 we found that there were sufficient staff on duty. There were three staff on duty from 8am to 8pm every day of the week. Ancillary staff such as a cleaner and a cook were available during the mornings. One day each week the acting manager was not counted as one of the day time carers. At other times they worked 'on the floor'. From 8pm to 8am there was one staff member awake and one staff member on 'sleep in' duty each night. The acting manager told us that people's needs at night were very low and that 'sleep in' staff were very rarely called for help. If they were needed the awake staff member would either knock on the door or ring the emergency bell to summon help.

No specific tool was used to determine staffing levels. However, staff and people living at the home all told us they thought there were sufficient staff on duty at all times. Throughout the inspection we saw and heard staff attending to people's needs in a timely way. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty.

At our inspection in August 2015 we found that information on how to safely evacuate people from the building was not available. Information relating to the maintenance of the fire protection was also not available. At this inspection in March 2016 we found that improvements had been made. Personal emergency evacuation plans were in place for everyone living at the home. Each plan contained details of how staff would evacuate the person as well as contact details for their next of kin and GP. Records showed that the fire protection system was being regularly maintained. A new fire risk assessment had been completed in February 2016.

At our inspection in August 2015 we found that records in relation to risk assessment and management were incomplete. Also records relating to people's nutritional intake were not robust. At this inspection in March 2016 we found that record keeping in these areas had improved. People's personal risk assessments contained good details on how risks were managed. Moving and transferring, falls and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment

was used when needed. People's freedom was respected while risks to them were minimised. The room of one person who used an electric wheelchair had been risk assessed, and a plan was in place to ensure the floor was kept clear. There was also a note to staff to remind the person to always use their seatbelt when in their electric wheelchair. When people had been identified as being at risk of malnutrition or dehydration, daily records showed that they were supported to receive sufficient food and fluids.

Those people who were able, told us they felt safe. We observed how people who could not tell us if they felt safe reacted towards staff. Throughout the day we saw them interact with staff in a relaxed manner, smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company. People were protected from the risks of abuse. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. Staff knew they could contact the police or the local safeguarding teams and told us the contact numbers were displayed on the staff notice board.

Medicines were stored safely and records were kept for medicines received and disposed of. Medicines were stored in a locked cupboard in a locked room and only staff who had received training administered medicines. Medicines that required refrigeration were stored appropriately and fridge temperatures were recorded and checked. People received their medicines safely and on time. Some people's medicines were monitored by the community nursing team who visited daily. Clear records were maintained by the service as requested by the nursing team. However, hand written entries on MAR sheets were not always double signed. This meant there was not always an audit trail to show that checks had been conducted to ensure that what had been written on the MAR sheets was what had been prescribed. The acting manager told us they would address this issue with staff. Following the inspection they sent us audits that showed they had checked this issue.

We recommend that the provider sources a recognised tool to enable them assess and monitor staffing levels within the home.

Is the service effective?

Our findings

At our inspection in August 2015 we found that the environment was not entirely suitable for people living with dementia. Bedroom doors had no identification and there were few signs indicating where toilets were located. There was limited access to outside space and the rear access was uneven. There were some seats at the front of the property, but people could not access this without the support of staff. We also found that although there was a system that showed when staff had received training, there was no way to identify when updates would be required. Staff had not received training in the Mental Capacity Act 2005 or in the Deprivation of Liberty safeguards.

At this inspection in March 2016 we found that improvements had been made. People had been able to choose the picture to be displayed on their doors in order to identify them. Some signage had been placed around the home to enable people to find toilets and more was planned. The outside of the home had been tidied and staff were heard discussing where people could sit outside when the weather improved. One person told us they had their own key fob so they could go out any time they wished.

Staff training had increased since our last visit. Staff told us and records confirmed that they had received training in food hygiene, safeguarding adults, moving and transferring and infection prevention and control. They had also received more specific training relating to people's needs. For example, pressure area care, prevention of falls and dementia awareness.

Staff told us they felt well supported by the acting manager to do their job well. They told us that they had begun to receive regular supervision and records confirmed this. New staff were undertaking the care certificate as part of their induction. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

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.

Some people living at Overleat were living with dementia, and this could affect their ability to make decisions about their care and treatment. Staff told us they had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were aware of the principles of the legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff asking people for their consent before providing personal care. Staff told us they always asked people if they were happy for them to provide care, and people we spoke with confirmed this.

Where people had been assessed as not having the mental capacity to make decisions, discussions had been held in order to decide what was in the person's best interest. For example, one person was living with

a level of dementia that reduced their capacity to make decisions about their care. Records showed that discussions had been held between staff, relatives and health care professionals about whether it was in the person's best interests to have their medicines crushed. It was decided it would be in their best interests.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service had locked external doors preventing some people leaving the home. This was because it was unsafe for them to leave the home without someone with them. The acting manager had made applications to the local authority to deprive these people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to maintain a healthy balanced diet. The cook told us they knew people's preferences with regard to food and drink. They showed us a folder containing people's preferences that they used to plan menus. They told us there were no restrictions on the food budget and they were able to order fresh meat, fruit and vegetables as required. Special diets for those who needed low sugar or a soft diet were prepared as required. People told us they enjoyed the food and there was always an alternative if they did not want what was on the menu. One person told us the food was very good "especially the selection of vegetables – all nicely cooked". Another person told us "they will always do you something else if you don't want the meal. All home cooked and the sweets are lovely". We heard hot and cold drinks being offered to people throughout the day.

People were supported to maintain good health. Records showed people received care from a number of visiting healthcare professionals. Care notes indicated people had received visits from GPs, community nurses, chiropodists and dentists. One person also regularly visited the optician for digital eye screening due to a particular medical condition.

Is the service caring?

Our findings

People told us staff were very good and caring and all the interactions we saw between people and staff were positive. Staff were seen supporting people in an easy, unrushed and pleasant manner. One person said "Staff are terrific – this is a happy place with lots of laughter".

Staff at Overleat treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard one staff member reassuring a person about their finances. The person was spoken with respectfully and given time to air their views.

All staff carried out their duties in a caring and enthusiastic manner. There was much friendly banter between staff and people while staff were carrying out their duties. Staff genuinely cared for people's happiness and wellbeing. One staff member told us when they got home they looked back on their time at work and thought "Oh that was lovely".

People were supported by staff that knew them well. They were able to tell us about people's preferences. For example, staff knew what people liked to eat and when they liked to get up and go to bed. People looked clean, well-cared for and well dressed.

Not everyone living at Overleat was able, or wanted, to be involved in planning their care and were happy for staff or their representatives to do that. One person told us they had been involved in planning and reviewing their care. Some care plans contained signatures of the person's representative indicating they were happy with the care provided.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in respectful and appropriate language.

We were not able to speak with any relatives during the inspection. However, we saw some 'thank you' notes that had been sent to staff. Comments on the notes included, "We would always recommend Overleat for the quality of care you are able to offer", "Everyone has been so kind – we do appreciate it" and "When I come to visit such love and kindness is shown to all".

Is the service responsive?

Our findings

At our inspection in August 2015 we found that people were at risk of not having their needs met, as care plans were confusing and did not give staff good directions on how to meet people's needs. At this inspection in March 2016 we found that improvements had been made.

Care plans contained good descriptions of people's needs and how they liked their care to be delivered. One person's care plan gave staff detailed instructions on how to manage a specific health condition. Another person's care plan instructed staff on how to help the person with their personal care. One person told us that staff always gave them the care they needed and always asked if they were doing the right thing. They told us the staff were "Very good and sweet". Another person told us "Staff are very helpful, if you want something, just ring the bell and they don't take long to come".

Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. The acting manager was looking to improve the information contained in the care plans and in particular the social histories of people. They intended to introduce a 'key-worker' system to help staff collect this information. A key-worker system is one where each person has a particular member of staff responsible for their care, and helps provide more person-centred care.

Following the inspection we contacted a social care professional for their opinion of the service. They wrote in an email 'My most recent involvement has all been positive. I felt the home had a very homely feel to it and I was pleased with what I saw'.

Staff responded to people in a sensitive manner. One person asked staff who the Prime Minister (PM) was and staff asked them "can you tell me?" There was much laughter when the person replied "No, that's why I'm asking you!" The conversation continued in a light hearted manner and eventually the PM was named. While we were sat in the lounge with people, staff popped in and out asking if there was anything people wanted.

One person told us that they didn't like to have their bedroom door closed when they were in there. They were very pleased that the provider had fitted a closure to their door so they could have it open, but it would close automatically if the fire alarm sounded. Another person told us they were very grateful they had been able to bring their pet with them when they had moved into Overleat. They said they were "Perfectly content".

At our inspection in August 2015 we recommended that meaningful activities were provided for people. At this inspection we found while there were more opportunities for social interaction, improvements could still be made with regard to the provision of activities. For example, there were still no individual activity plans to ensure people had meaningful activities to promote their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people. However, staff told us they had time to spend with people on an

individual basis as well as playing word games and puzzles in a group. During the inspection we saw and heard staff chatting to people while looking at books. There was a lot of chat about what was on TV later in the evening and people were deciding what they were going to watch.

The registered manager took note of, and investigated any concerns raised. Only one complaint had been recorded in the complaints file and this had been investigated and concluded satisfactorily. People told us they felt able to raise any concerns. One person told us if they had any concerns they "would complain to [acting manager], but I've never had to".

We recommend the provider finds ways to improve the level of social interaction and meaningful activities within the home.

Is the service well-led?

Our findings

It is a condition of the service's registration that a manager is registered with the Care Quality Commission (CQC). Overleat did not have a registered manager. The last manager to have been registered at Overleat had left in October 2014. Since that time two managers had been appointed but had left without registering with CQC. An acting manager had been appointed but was not registered. Following the inspection in March 2016 an application to register has been received by CQC. The registered provider spent most of the week at the service and since the inspection in August 2015 had been more involved in the day to day management of the service.

At the inspection in August 2015 we found there was no system in place to monitor the quality of care provided at the home. At this inspection in March 2016 we found that improvements had been made. However, not enough time had passed for some of these changes to be fully embedded into practice and recent improvements needed to be sustained.

Following the inspection in August 2015 the local authority's quality improvement team had been working with the service. This had resulted in improvements being made to all aspects of the management of the service which have been highlighted in other areas of this report.

Staff and people living at the home praised the acting manager for the support they gave and the changes they had made. One staff member said the acting manager was "Very approachable and on the side of everyone. I would trust them with anything". Another staff member said things had changed for the better and "[acting manager] has done a lot in the few months they have been here". Following the inspection we contacted a social care professional for their opinion of the service. They wrote in an email I have found the new manager to be very approachable, communication is very good and they are realistic over the level of needs they can meet at Overleat.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture in the home. One staff member told us they thought Overleat was "A very old fashioned home, not institutional at all". Another staff member said staff always remembered "We work in people's home. They don't live in our work place".

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and equipment. The provider and acting manager carried out a monthly inspection of the service. A report was produced following the inspection that highlighted and issues and outlined how they were to be dealt with. For example, it was found that lighting levels in the main lounge needed to be improved. The main light was to be replaced after electrical work was completed.

A system was in place to ensure the building was well maintained. Staff recorded any issues in a 'maintenance book' and this was signed when completed. For example it was recorded in the book that a toilet seat was cracked and had been replaced.

Records were well maintained and people's personal care records recorded the care provided. All records we asked for were kept securely but easily accessible.

The acting manager was aware of the need to notify the Care Quality Commission of all significant events which occurred within the service. No such notifications had needed to be made.