

Overdale

Overdale

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

The inspection took place on 15 January 2016 and was unannounced. The home was previously inspected in January 2014 and the service was meeting the regulations we looked at.

Overdale is a care home providing personal care for up to 25 people. The home is situated in the Nether Edge area of Sheffield, close to bus routes and local amenities. It is a detached villa set in pleasant gardens. Accommodation is on three floors, accessed by a lift. Bedrooms are single and some have en-suite facilities. Communal lounges and a dining room are provided.

The service had a registered manager in post at the time of our inspection. 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.

We saw risk assessments in place regarding risks associated with people's care. However, some risks such as around medication and weight loss had not been identified.

The service had policies in place to manage medicines, but they did not include medicines prescribed on an 'as and when' basis. We saw medicines were stored safely and temperatures were taken of the room and fridge where they were stored.

We looked at policies and procedures in place to safeguard people from abuse and found them to be informative and they offered guidance to staff.

We saw the service had a staff recruitment system in place which had been followed effectively.

We looked at training records and found staff attended training in mandatory subjects such as first aid, safeguarding, moving and handling and food hygiene. Staff told us that training was provided face to face with some practical sessions.

We found the service to be meeting the requirements of the Mental Capacity Act 2005. Staff had received training in this area and were knowledgeable about the subject. We observed staff assisting people throughout the day of our inspection and found staff offered choices and helped people to make a decision. We saw the person's choice was respected.

People were offered a choice of a nutritious meal and we saw drinks and snacks were served at regular intervals throughout the day. Catering staff were aware of people's individual diets and provided appropriate alternatives where required.

People were supported to maintain good health and had access to healthcare services as required. We

looked at care plans and found evidence that other professionals were involved in people's care.

We observed staff working with people and found they took time and were supportive. They ensured people's privacy and dignity was maintained by knocking on bedroom doors before entering and checking if everything was alright.

We looked at care plans and observed staff supporting people and found that people received personalised care which was responsive to their individual needs.

There was a system in place to raise concerns and people felt they would be listened to if they had a problem and it would be rectified.

Leadership was evident at all levels and staff appeared committed to providing a high quality service. Staff knew what was expected of them and when they needed to raise something with the management team.

The service had a quality assurance policy in place to maintain and improve standards which included gathering feedback from people. People we spoke with confirmed that they had the opportunity to comment about the service via a questionnaire and in residents meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We saw risk assessments in place regarding risks associated with people's care. However some risks had not been identified.

The service had policies in place to manage medicines, but they did not include medicines prescribed on an 'as and when' basis.

We found policies and procedures in place to safeguard people from abuse. Staff knew how to recognise, respond and report abuse.

We saw the service had a robust staff recruitment system in place.

Is the service effective?

Good ●

The service was effective.

We looked at training records and found staff attended training in mandatory subjects. Staff found the training valuable.

We found the service to be meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of a nutritious meal and we saw drinks and snacks were served at regular intervals throughout the day.

People had access to health care professionals when required.

Is the service caring?

Good ●

The service was caring.

We observed staff working with people and found they took time and were supportive. They interacted well with people.

We found staff respected people and knocked on doors prior to entering.

Is the service responsive?

Good ●

The service was responsive.

We looked at care plans and observed staff supporting people and found that people received personalised care which was responsive to their individual needs.

The service had a complaints procedure and people felt able to raise concerns if they needed to.

Is the service well-led?

Good ●

The service was well led.

Leadership was evident at all levels and staff appeared committed to providing a high quality service.

The service had a quality assurance policy in place to maintain and improve standards which included gathering feedback from people.

We saw audits took place to measure the quality of the service.

Overdale

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 checked 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.

The inspection took place on the 15 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority to gain further information about the service.

We spoke with six people who used the service and 3 relatives. We spent time observing staff supporting people.

We spoke with two care workers, the deputy manager, the registered manager, a cook and a domestic assistant. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "It is a lovely place and I feel very safe, I would speak to the staff if I was concerned about anything." One relative we spoke with said, "I know my relative is safe here, I don't have to worry about anything. If there was a problem they would call me."

We saw risk assessments in place to which identified risks associated with people's care. These included the hazard and any control measures in place to reduce the risk. For example, one person was at risk of falling and had a sensor mat in their room to alert staff if the person stood. However, one person who self-administered their medication did not have a risk assessment in place so this was not kept under review. We also saw that one person was at risk of losing weight and had lost five pounds in five months, but did not have a malnutrition risk assessment in place.

We looked at records and systems in place to ensure people's medicines were managed safely. We saw the medication policy and found there was no guidance in relation to medicines prescribed on an 'as and when' basis. We looked at records and found quite a few people had been prescribed this type of medicine. We spoke with the deputy manager and found that when this medication was given the senior, the MAR sheet was signed but there was no record of why the medicine was given and what effect this had. We looked at care plans and found they did not include details about this medication, such as when it should be given and why.

We saw people's care plans included the support they required around receiving their medicines. For example, one person liked their tablets to be placed on a spoon and some people self-administered their medicines and kept them in a locked cabinet in their bedrooms and their care plans reflected this.

We looked at Medication Administration Records (MAR's) and found that all medicines administered had been signed for. We saw the file containing the MAR's had a sheet containing everyone's photos, so they could be identified. We held a discussion with the deputy manager about creating a more individualised sheet for people, to include photo, any allergies and how the person liked to take their medicines. The deputy manager told us they would look at introducing this.

We saw medicines were stored safely in a locked and secure medicine trolley. We also saw a fridge in place to store medicines which required cool storage. Temperatures were taken on a daily basis of the room and the fridge to ensure medicines were stored at the correct temperature.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were stored correctly and a controlled drug book was in place to record stock held. We checked these medicines and found the stock balance was correct.

We looked at policies and procedures in place to safeguard people from abuse and found them to be informative and offer guidance to staff. Staff we spoke with were able to explain the different types of abuse

and how they would recognise signs of abuse. Staff told us they would report any concerns of this nature to the registered manager straight away, and felt confident they would be dealt with.

We saw there were sufficient staff available to meet people's needs. At the time of our inspection there were 21 people using the service and they were supported by two care workers and a senior carer. The deputy manager and the registered manager were also available. We observed staff assisting people and they did so in a timely manner. People who called for assistance did not have to wait long before a care worker assisted them.

We saw the service had a staff recruitment system in place. We looked at staff files belonging to three people and found the recruitment process had been followed effectively. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and found they had confidence in the staff team. One person said, "The staff know what they are doing, they are good at what they do." A relative said, "I think the staff have a lot of training here, they are all very good."

We spoke with staff and they told us they received training and that it was worthwhile. One care worker said, "I learn a lot on training and it gives me the skills I need to do my job." Another care worker said, "The training is good, and you can ask a lot of questions. We have a form to complete after the training to show how much we have learned."

We looked at training records and found staff attended training in mandatory subjects such as first aid, safeguarding, moving and handling and food hygiene. Staff told us that training was provided face to face with some practical sessions for subjects such as moving and handling and first aid. We saw that some people living at the service had been diagnosed with dementia. However, no training had been provided to help staff understand this subject. We spoke with the registered manager who told us this training had been arranged and will take place in May 2016.

Staff felt supported by their managers and felt able to talk to them whenever they needed to. Staff confirmed that they received supervision sessions on a regular basis. (Supervision sessions were one to one meetings with their line manager). One member of staff said, "The senior team are very supportive and helpful."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that staff completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We spoke with staff who were knowledgeable about the subject and confirmed that training had taken place.

We found the service to be meeting the requirements of the MCA and DoLS. Care plans we looked at had a section for assessing a person's mental capacity and if this affected the way they made decisions about their care. We spoke with the registered manager and were told that she had applied for a deprivation of liberty safeguard for some people and had confirmation from the authorising body that the applications had been received.

We observed staff assisting people throughout the day of our inspection and found staff offered choices and

helped people to make a decision. We saw the person's choice was respected.

We spoke with people who used the service and were told the food was very nice. One person said, "The food here is nice and there is always a choice." Another person said, "The food always looks nice and it is served well."

We observed lunch being served and found people were offered choices. Staff were also aware of portion sizes and knew who liked a larger meal and who might be over whelmed by that. After people had finished their meal were asked if they had eaten enough and if they would like any more.

We also saw drinks and snack on offer throughout the day and people told us that snacks such as crisps, fruit, homemade cakes and biscuits were available if people needed a snack.

We spoke with the cook and found them to be knowledgeable about different dietary requirements of people living at the home. For example the cook explained how they cater for gluten free and diabetic diets and also blended diets. The cook explained that people complete a meal time questionnaire and their responses were used in forming the menus.

People were supported to maintain good health and had access to healthcare services as required. We looked at care plans and found evidence that professionals were involved in people's care. For example we saw a physiotherapist had been involved in someone's care following a series of falls. Another person had been seen by a speech and language therapist in relation to their eating and drinking.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and people felt staff were very caring. One person said, "The staff are brilliant and they work extremely hard." Another person said, "I'm quite happy here, the staff are lovely and they don't tell you what to do." A relative said, "The staff are extremely kind and caring."

We looked at care records and found they had detail about the person's likes and dislikes. They also contained a detailed life history about the person. This enabled staff to get to know the person better and provide care in line with their personal interests and choices.

The service had a keyworker system in place where all people living at the home were allocated a care worker who assisted them with shopping, tidying their room and who were more involved with the person's care. The name of the person's keyworker was displayed in each person's room so they knew who to talk to. One relative said, "My relative's keyworker involves me in my relative's care and I feel I could talk to them about anything."

Keyworkers completed a monthly update with the person about what had happened in the previous month, such as activities and outings.

We observed staff working with people and found they took time and were supportive. They ensured people's privacy and dignity was maintained by knocking on bedroom doors before entering and checking out if everything was alright. We spoke with staff about how they ensure they respect people. One care worker said, "It's all about making sure the person is happy and content, and that you respect their choices." Another care worker said, "I make sure I close doors and curtains when carrying out personal care. I try to think, how would I feel and what would I want."

People were supported to maintain friendships and family members and friends were welcome at the home. We spoke with relatives to find out if they felt welcome when they visited. One relative said, "The staff always make us feel welcome, no matter what time we call, it's very homely." Another relative said, "It's simply lovely here the staff can't do enough. When I visit I am always asked if I would like a drink and If I have visited near lunch time I have been invited to stay for my lunch."

The service had certain staff who were champions, meaning they attended training and cascaded information to all staff about a particular area. They also promoted their area of interest throughout the home. There were champions for dementia, pressure care, infection control and privacy and dignity.

Is the service responsive?

Our findings

People we spoke with felt involved in their plan of care and said they were able to contribute to their care plan. One relative said, "I am involved in my relatives care plan and we meet with the staff every six months to discuss it and to make sure it is up to date." Another person said, "I have read my care plan and signed it in agreement, I can change this if I want to."

We looked at care plans and observed staff supporting people and found that people received personalised care which was responsive to their individual needs. Care plans we looked at included a full assessment of the persons needs and were reviewed on a monthly basis to ensure they were still reflective of the person's needs. For example, one care plan stated that the person had poor vision and staff were to make sure the person had access to everything they needed.

The service did not employ an activity co-ordinator but the registered manager told us that the deputy manager arranges an activity and all staff join in. This took place at 3pm every day. We spoke with people who used the service and their relatives about activities and one relative said, "Activities are a bit sparse, they don't seem to do much, however they do have outings and sometimes entertainers come in." Most people we spoke with were happy entertaining themselves. One person liked to knit and there keyworker had made sure they had wool available. Others liked to spend time chatting to other people and watching television. One person told us they enjoyed the church service on a Sunday and most people joined in with this.

The service had a complaints procedure in place and displayed throughout the home. People we spoke with told us they would raise concerns if they needed to and felt confident it would be addressed. People told us they had never needed to complain. One relative said, "The staff are very approachable and would listen if I raised a concern." Another person said, "I have nothing to complain about, if I was marking the home I would give it ten out of ten."

We saw the registered manager kept a log of concerns indicating the nature of the concern and how it was resolved. Only one complaint was listed from about four years ago. The registered manager told us that no one had complained since then. However, we saw in the minutes of the residents' meeting that some minor issues had been raised, but not logged anywhere. We spoke with the registered manager about how she logged low level concerns and were told there was nothing in place to do this. The registered manager told us that she would start a record of low level concerns and include the outcomes.

Is the service well-led?

Our findings

People we spoke with and their relatives felt there was a very strong management team in place. One person said, "The manager is very good and easy to talk to, she is very thoughtful." Another person said, "I filled in a survey to say what I liked about the home and what I didn't like. We can give our opinion and it counts." Another person said, "I would recommend this home to anyone." A relative said, "The office door is always open and the manager is very approachable."

The management team consisted of the registered manager, a deputy manager and a team of senior care workers. Everyone we spoke with told us the management team were approachable and effective in sorting problems out.

Leadership was evident at all levels and staff appeared committed to providing a high quality service. Staff knew what was expected of them and when they needed to raise something with the management team. Staff we spoke with respected the management team and felt empowered to voice their own opinions and ideas. Staff meetings took place regularly and staff felt able to contribute to the agenda and the meeting.

We spoke with a visiting professional who spoke highly of the service. They told us the management team and all staff were very friendly and helpful and they had no concerns about the service. The professional had asked the registered manager if she would take part in a new initiative and the registered manager was keen to engage.

The service had a quality assurance policy in place to maintain and improve standards which included gathering feedback from people. People we spoke with confirmed that they had the opportunity to comment about the service via a questionnaire and in residents meetings. Residents meetings took place regularly and were well attended.

We saw monitoring of internal processes took place to measure the quality of the service. For example, a series of audits were in place to look at this. Audits included hand hygiene, infection control, medication and care plans. Action plans were created where necessary to address any outstanding actions.

We looked at the procedure in place for reporting accidents and incidents. We saw accident forms were completed and the nature of the incident was recorded. However, it was not clear what lessons had been learned as a result of the incident. We discussed this with the registered manager who said she would start a process to capture this information.