

# Ocean Community Services Limited

# Overndale House

## Inspection report

192 Overndale Road  
Bristol  
BS16 2RH

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### Ratings

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

# Summary of findings

## Overall summary

Overndale House provides accommodation and personal care for up to 8 people with mental health needs. At the time of the inspection, 6 people were living at the home.

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

Staff were trained to recognise signs of abuse or risk and understood what to do to safely support people. People had risk assessments in place to help keep them safe. The home was clean and tidy. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the home. Accidents and incidents were recorded, and lessons learnt to prevent recurrences. Medicines were safely administered to people by appropriately trained staff, who had been assessed as competent.

The registered manager and the staff team were knowledgeable and enthusiastic about the home. They felt supported within their role. Staff described working together as a team, they provided person-centred care and helped people to achieve their true potential. There was a programme of audits in place to assist the management team to identify and address shortfalls. There was clear evidence of collaborative working and effective communication with other professionals in health and social care.

Rating at last inspection and update

The last rating for this service was good (published 05 September 2017). The rating at this inspection remains good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected two key questions, Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Overndale House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Overndale House is a care home without nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last 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 spoke with 3 people who were receiving care and support from the home.

We spoke with 3 staff members, the maintenance person, registered manager and an area manager.

We looked at a range of records. This included people's care records, medication records, two staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

# 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 for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable with the staff who supported them. One person told us, "I am getting to know the staff but so far they seem really nice." Another person told us, "I really like my keyworker and I also like the other staff."
- Staff had received training in safeguarding adults. They showed a good knowledge of the types of abuse people could be exposed to and what their responsibility was in reporting any concerns they had.
- The registered manager understood their responsibility to work with the local safeguarding team and investigated any concerns raised to them. Referrals had been made by the registered manager where they felt people's safety had been compromised.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place which explored their known risks. They gave the staff clear guidance on how to reduce these risks. For example, people at risk of self-harm had risk assessments and protocols in place with actions that should be taken to reduce any risks.
- The registered manager took action where things had gone wrong. For example, where a person had self-harmed, professionals involved in the person's care were involved. Risk assessments were reviewed, and support was given to people.
- Changes in people's daily wellbeing was monitored and reported. The staff were aware of people's triggers. Where people experienced episodes of emotional distress, there was guidance in place for staff to enable them to safely support the person. This helped to mitigate any risks or further distress. Information on how to de-escalate situations was recorded. People's care plans detailed they had been referred to community mental health teams.
- People had Personal Emergency Evacuation Plans (PEEPS) in place so staff knew how to support people in the event of an emergency, such as a fire. Fire drills took place with staff and people.
- Environmental risks, including fire safety risks and of the health and safety of the building, were assessed, monitored and reviewed regularly. Equipment was maintained and had been regularly tested to monitor effectiveness and safety.

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 when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- The registered manager and care staff we spoke with demonstrated an understanding of the principles of the MCA and how to work in people's best interests. Consent forms were included within people's care records. People were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority. One person's DoLS had been authorised previously and was in the process of being reviewed.

#### Staffing and recruitment

- The registered manager told us the home had enough staff employed. A successful recruitment drive had taken place with good staffing resources to call upon. Minimal agency staff was used with the staff team helping to cover annual leave and sickness. One person the home supported required 24 hour care which was 1:1. The staff team were rotated over a 24 hour period to help support the person.
- People that we spoke with confirmed the home had safe levels of staffing. Their comments included, "Yes I think we have enough staff. They are always happy to sit and talk to me." Another person told us, "I really like the staff and the team that support me are consistent."
- We spoke with the staff who felt enough staff were employed to help keep people safe. One staff member told us, "Yes, the staffing seems very safe here. Some days are busier than others, but we manage well." Another staff member told us, "I have been able to complete lots of shadowing of other staff. I feel we have enough staff."
- Recruitment practices were safe. References were followed up and Disclosure and Barring Service (DBS) checks completed before new employees started work. 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

- Medicine Administration Records (MARs) were completed to evidence people had received their medicines as prescribed. Daily and weekly checks of MARs were completed so any errors would be quickly identified, and action could be taken to mitigate any risk.
- We reviewed the controlled drugs prescribed to people. These were safely stored and double signed by two staff in a controlled medicines book. On two occasions the staff had written 'N' for the time the medicines were administered. We spoke to the registered manager about the importance of recording the exact time given. We noticed a recording error with two people's liquid-controlled medicines. This was immediately corrected by the staff.
- Some people had medicines for use 'as required' (PRN). There were PRN protocols in place to guide staff on when these should be administered and the appropriate dosages and gaps between administration.
- Staff responsible for administering medicines had received training and competency checks were completed regularly to ensure their practice remained safe.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

#### Learning lessons when things go wrong

- The staff and the registered manager managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# 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 for this key question 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

- Staff supported people in a person-centred way. Staff got to know people well through a transition period before people were admitted to the home. They had the opportunity to meet other people at the home and got to know the staff well.
- People's care plans offered guidance to staff on how to deliver care in line with people's preferences, likes and dislikes. Care plans were detailed with comprehensive information recorded about people's background and how care should be tailored to individual needs.
- Some people the home supported had spent long periods of time in hospital. The staff supported them to adjust to living at Overndale House. They had encouraged them to make their rooms person-centred. One person loved bright colours and they were happy when they were told the walls could be painted bright purple. They had made a sensory corner within their room.
- The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared their vision.

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 registered manager understood the duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.

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

- The registered manager regularly carried out a range of audits at the home. The audits enabled them to identify issues and take action to improve things if necessary. If any shortfalls were identified then they were actioned promptly.
- An area manager supported the registered manager and undertook monthly governance audits of the home. They were visiting on the day of the inspection and carrying out an internal audit. They told us they had no concerns regarding the home.
- Staff were positive in their comments about the management of the home. They told us there was an open and welcoming culture, focussed on achieving high standards of person-centred care for people and good outcomes for them. One staff member told us, "The manager is really supportive and is creative with ideas to help support people."
- The registered manager was aware of their duty to submit notifications to CQC about key events that

occurred at the home.

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

- People were supported to engage with the staff, their key workers and the registered manager to give their opinions on the way the home was run. House meetings were held bi-monthly. A variety of subjects were discussed. The included re-decoration of the home, house rules and staff changes.
- The staff, registered manager and a team of professionals engaged with people daily. This was supporting their recovery through both individual and group activities.
- Staff meetings were held at the home and the staff were involved by making suggestions about the home. The also discussed the people they supported, staffing updates and any changes in guidance was shared.
- Some people had no contact or limited contact with friends and family. Other people were supported to engage with their family and the staff supported them with this. One person showed us a present the staff had helped them to purchase. This was for a family member they had contact with.
- Staff and the registered manager only engaged with people's family's and shared information where they had given consent.
- Handover meetings were held at the start of each shift. This was to discuss people's daily needs and any issues or concerns that had arisen.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, clinical psychologists, care coordinators, safeguarding teams and commissioners.
- There was a strong emphasis on helping people to build life skills and reach goals. The model of care was based on person-centred recovery. People were supported to integrate within the local community. The registered manager continuously looked at how people's wellbeing could be enhanced.
- The home had links with the local church which some people chose to attend.