

Mrs M J Cooper

Overcliff House

Inspection report

Overcliff House
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Dorset
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Tel: 01202424929

Date of inspection visit:
01 June 2016
02 June 2016

Date of publication:
14 July 2016

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

We inspected the service unannounced on 1 and 2 June 2016. Overcliff House provides accommodation and personal care for up to 18 older people who are living with dementia. On the day of our inspection there were 18 people living at the home.

The home had a registered manager who was available during 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.

People's risks were considered, managed and reviewed to keep people safe. All the people we spoke with told us they felt safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home. People participated in a range of daily activities both in the home which were meaningful and promoted their independence. People who used the service, and their relatives, said they felt safe and well looked after.

Staff met people's needs effectively and people told us that they were all kind and caring. Staff told us that they enjoyed working at the home and they were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and told us that they would be confident to recognise and report it.

There were enough staff to provide safe care and social activities. People and relatives we spoke with were satisfied with staffing levels.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home.

Staff managed medicines safely. They gave them as prescribed and recorded, stored and disposed of them correctly. People were able to manage their own medicines if they were able to do so safely. People said staff gave them their medicines when they needed them.

People were supported well with their health needs and the provider sought information and advice swiftly where needed.

People told us they were offered a choice of meals. They said the meals were good and they were offered snacks and drinks, day and night.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's care records were mostly comprehensive and detailed people's preferences. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care was personalised and reflected individual needs.

Activities were in place to stimulate and engage people.

Is the service well-led?

Good ●

The service was well-led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them.

Overcliff House

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 1 and 2 June 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with ten people who used the service about the care and support they received. We also spoke with the registered manager, three staff, the chef, two visiting health professionals and two relatives. We looked at four care records, three staff training and recruitment files and other records relevant to the running of the service. This included policies and procedures. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us "I feel very safe here. I haven't been well and have been in hospital recently so have spent a lot of time in bed. The staff come up and check on me regularly". Two family members told us that they felt people were kept safe at the service. They told us, "I think [person] is safe here. I am kept informed and communication from the home is good."

The staff we spoke with all had good knowledge of safeguarding. Each one told us they had received training and knew where the provider's policy was. The staff were clear about when and who they would refer an incident or situation to.

Risks to people were assessed and managed. Staff were able to describe how they would manage the potential risks and we saw that this was done without putting unnecessary restrictions on people's independence. Where risks to people increased due to health concerns such as weight loss, staff responded and managed these risks appropriately. One person had a diagnosis of epilepsy. Whilst this was documented in the person's care plan, there was no risk assessment in place to instruct staff of actions they should take if the person had a seizure. This was an area for improvement. We discussed this with the manager, who updated this person's records to include a risk assessment during the inspection.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There was a call system in place which alerted staff when people had pressed it for assistance. People who had the capacity to use the call bell had one placed within easy reach in their bedrooms. A person told us that that staff responded to their requests for assistance in a prompt manner. Staff told us they thought there were enough staff during their shifts to safely meet people's needs. Staffing levels had been assessed so there were enough staff available at the times people needed them. Staff were present in communal areas and they took time to engage and talk with people. Duty rotas confirmed enough staff on duty to meet people's needs.

People received their medicines as prescribed. A person told us their medicines were administered on time. They said, "The staff sort out my medicines and as far as I know I get the right medicine when I need it". We observed staff administering medicines to people in a patient manner, asking for the person's consent. Staff did not hurry the medicines rounds and we found the Medicines Administration Records (MAR) were up to date and complete.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, which detailed their employment history and qualifications. Checks were completed on staff character to ensure they were suitable for the role. This included a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held.

Is the service effective?

Our findings

People and their relatives felt that staff had the skills and experience needed to support people properly. One person told us, "I think the staff are well trained. I prefer to have female staff only and staff respect this". Staff we spoke with said they received a comprehensive induction and training. One member of staff told us, "We receive a lot of training and there are opportunities to get additional training". There were also opportunities to attend a number of specialised courses available including a five day dementia training course. Staff had completed training including dementia awareness, diet and person-centred approaches. The manager kept a monitoring system which listed the dates that staff had completed training and when it was due to be refreshed.

People were asked for consent before they were supported. For example, after lunch time we heard staff ask a person, "Would you like to take your medicine?" When necessary, people's mental capacity to make their own decisions was assessed and recorded in line with the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff were trained and had a good understanding of the MCA. The manager gave examples of times they had made decisions in people's best interests in line with the principles of the MCA.

People can only be deprived of their liberty so that they can 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). Referrals for DoLS authorisations had been made when required.

People told us they had enough to eat and drink and that the food was good. One person said, "The food's quite good actually." Another person told us, "The food is good and if you would like something that isn't on the menu you only have to ask".

People had a choice where they ate their meal, for example, in the dining room or their bedroom. The dining room tables were nicely set with table cloths, napkins and condiments. People were offered a choice of drinks with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food.

People's needs in relation to nutrition and hydration were assessed by the service. This included details of their conditions and the level of support they required during mealtimes. People's weights were recorded monthly and we saw if people lost weight they were promptly referred to a GP and if necessary a speech and language therapist (SALT).

The chef confirmed they had information on people's dietary requirements. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy

balanced diet. They also talked us through the different types of diet and consistency people with swallowing difficulties required. They understood the importance of SALT recommendations and how to transfer this guidance to food that people liked.

The environment was suited to people's needs. The rear garden was readily accessible to people living in the home. The service has a proactive approach in adopting best practise guidance. The manager showed us the home's 'sweet shop' and 'telephone'. They explained that this had been designed in accordance with best practice guidance in dementia care.

People were supported to maintain good health and to access health care facilities. Staff and the manager told us that people were registered with a GP whom they visited as and when needed. People were also supported with regular dental, chiropody and optical appointments. A visiting professional told us that they had no concerns about the home. They explained that the home made appropriate referrals and staff followed their guidance.

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. One person said, "All the staff are really nice caring people. [Manager] bought me these flowers, aren't they lovely." Relatives' comments included, "I think the staff are really caring, I go to the home unannounced frequently." and "The care my relative receives is very good."

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth, laughing and joking with them. Staff were attentive to people and checked whether they required any support. For example, during lunchtime a person started to become anxious. A member of staff quietly reassured the person. Another person was preparing to go out for the morning and staff checked they had everything they needed and whether they wanted any support getting ready.

Relatives said they were kept up to date with any changes regarding their family member. They told us they felt included with their family member's care and support needs. There was frequent contact between the home and relatives. One relative told us, "I am kept up to date with [person]. The manager is always available if I need to speak with them".

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture, pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and how they wished to spend their day.

The service supported people to make wishes and choices for their end of life care needs. People had advance care plans in place, detailing their wishes for the end of life and how they would like their end of life care needs to be met.

Is the service responsive?

Our findings

Staff were attentive to people's needs. During our inspection they talked with them, assisted them to mobilise, provided them with drinks, and made sure they were comfortable. One person told us, "The staff here are really helpful."

Prior to moving in to Overcliff House people's health and social care needs were assessed by a senior member of staff to ensure the service was suitable and able to meet their needs.

Following the assessment process a care and support plan was developed with information from the assessment and the input of the person who had been assessed if this was possible. If appropriate family members were also part of the assessment and admission process.

Care plans were reviewed monthly or more frequently if the person's needs changed. Daily records were completed by staff as a means of ensuring the information about people who lived in Overcliff House was up to date.

Care plans were centred on people's assessed needs and included information about what was important to the person and how they wanted their care and support to be delivered. Preferred routines were documented and, wherever possible, personal histories were included to give guidance to staff about what people liked or disliked.

People had a range of activities they could be involved in. This included ball games, music for health, exercises, reminiscence and one to one time with a member of staff. There was a TV screen in the main entrance that showed activities that people participated in.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

A copy of the complaints policy was on display. Most people who were able to speak with us, and their relatives, were aware of the complaints process. The provider had not received any recent complaints in the past 12 months. The provider also kept copies of compliments received. One relative wrote, 'Dear [manager] and everyone at Overcliff House. Thank you so much for the kindness and compassion you showed [person] and us her family during her time with you'.

Is the service well-led?

Our findings

People, relatives and professionals said they thought the home was well managed. People told us that they knew the manager and said she was "always available" if they wanted to speak to her. People who lived in the home and their visitors were well acquainted with the manager and were confident speaking to her.

Staff told us that the manager was approachable and that they were confident in raising any concerns with them. They told us that the home was a happy place to work and all of the staff in the home worked well together.

Quality assurance audits were completed by senior staff. Medication audits were completed on a monthly basis. In addition other audits that took place, such as a general manager's audit, monthly internal inspection audits and health and safety audits. Action plans were in place with timescales to address any lower scoring areas.

We saw records that showed that each person living at Overcliff House had a monthly review undertaken by the manager. The manager explained that there was an opportunity during this process for people to give feedback regarding the service provided. They explained that they also sent copies of the reviews by post to those involved in the person's care. Records showed that people, their relatives or representatives had been involved in the reviews and had signed them.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of certain incidents and when safeguarding referrals had been made to the local authority.