

Ahavah Healthcare Limited

Overseal Residential Care Home

Inspection report

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Overseal
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 24 August 2016. This was an unannounced inspection. At our previous visit on the 28 May 2014 the service was meeting the regulations that we checked.

Overseal Residential Care Home provides residential care for up to 30 people. At the time of our inspection there were 25 people using the service.

The service had a registered manager in post. 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 told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. Medicines were managed safely and people were given their medicine as and when needed. The registered manager had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff understood people's needs and preferences and were provided with training and supervision, to support and develop their skills. Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions when possible. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and supported people to maintain their dignity and privacy. People were supported to maintain relationships that were important to them and develop their social interests. The provider sought people's opinions to bring about changes. People knew who the registered manager was and they understood their responsibilities around registration with us. Staff felt listened to and were happy to raise concerns. People knew how to complain and we saw when complaints were made they were addressed. Quality monitoring checks were completed by the provider and when needed action was taken to make improvements.

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.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. There was enough staff available to support people. The recruitment practices in place checked staff's suitability to work with people. People received their medicines as prescribed and they were managed safely. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Good ●

The service was effective.

People were supported by skilled and experienced staff. Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to

follow their interests. People and their relatives were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Overseal 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 visit took place on the 24 August 2016 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider had 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 used all of this to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 10 people who used the service, five people's visitors, three members of care staff, two members of the catering team and the maintenance person. We also spoke with the registered manager and deputy manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People that we spoke with told us they felt safe. One person said, "I feel safe with the staff, they are a nice lot." Another person told us, "They [staff] make me feel safe when they assist me." Visitors told us their relatives were safe. One person said, "The staff around makes my relative feel safe." Another visitor said, "I have no reason to think my relative isn't safe here. All of the staff are nice, there is a nice atmosphere here and everyone seems happy."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "If I had any concerns I would go straight to the manager. I know we can go to the local authority but I have never needed to do that here and I don't think I would have to as the manager is very good." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the process for raising concerns about poor practices.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "I am given my medication regularly and they never forget to give me, and they stand there until I take it." Another person said, "The girls [staff] give me my tablets and I get them on time." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

We saw that staff followed the correct procedures when supporting people to move using equipment to ensure risks were minimised. Visitors told us that the staff were vigilant in ensuring people's safety was maintained. One person told us, "I was trying to lift mum and I was stopped immediately by staff who then told me that I was not lifting her right." Another visitor told us, "I was about to take mum out one day without telling staff my intention. They soon stopped me and reinforced the reason why I should let them know first."

Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans.

The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person, to enable their individual needs to be met.

People told us and we saw that staff were available to support them as needed. One person told us, "There seem to be staff around to meet the needs of the residents here." Another person told us, "I have a buzzer and when I press it the staff don't take long to come." A visitor said, "There seem to be enough staff around looking after and meeting people's needs."

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "The girls [staff] know what they are doing they are very efficient." Another person said, "They [staff] look after my wants and needs." We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff told us that they received the training they needed to care for people effectively. One member of staff said, "We are encouraged to develop our skills, I am level three health and social care trained and the manager wants to train me to a senior post. We get a lot of encouragement from the management team." Staff confirmed they received regular supervision and an annual appraisal. We saw a plan was in place to ensure supervision was provided on a monthly basis.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that some people required support to make some decisions and we saw that this was clearly documented within their care file. This information identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when possible.

At the time of our visit, the registered manager confirmed that five DoLS authorisations were in place and further applications had been made to the Supervisory Body for six people that used the service. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food is good and you are given a choice, if you don't like what they have done they will give you something else." Another person told us, "The food is good, I think that you will hear everyone here say that and we get enough to eat." We saw that a menu was on display to inform people of the meal choices that day. One person confirmed, "A menu is always displayed." We observed the lunch time meal and saw that staff were attentive to people's needs and checked throughout the meal that they were satisfied and enjoying their meal. We saw and people told us that drinks and snacks were provided on a regular basis throughout the day. One person told us, "The staff encourage me to drink fluids." We spoke with two members of the catering team who were knowledgeable about people's dietary needs and their likes and dislikes.

People were supported to maintain their nutritional health. Nutritional risk assessments were in place and people's weight had been monitored regularly. For example we saw that one person had periods when they refused meals and actions were in place to direct staff on prompting and encouraging this person. At the time of our visit this person's records confirmed they were eating well and we saw that this was the case on the day of our visit. One member of staff told us, "There are times when they need encouragement. We monitor this but at the moment they are eating really well." This showed us that staff understood people's needs and supported them effectively.

We saw that referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this. One person said, "If I am under the weather the doctor is called out but the doctor visits every week as well to check on us. It's very efficient here." Another person told us, "The doctor visits every week and we can use the chiropodist, dentist and opticians that visit here or we can go out to our own if we prefer." A visitor told us, "My mother has bandages and they are always clean, they change the bandages often." Another visitor said, "If anything happens regarding mum, they would call me straight away." The registered manager confirmed that the doctors' surgeries people were registered with provided weekly visits to the home to check on everyone's health. They told us, "General observations like blood pressure, temperature and pulse are all done for everyone the day before their GP visit." This showed us that people's health care needs were monitored on a regular basis.

Is the service caring?

Our findings

People told us that the staff team were caring and friendly. One person told us, "The staff here are very nice and friendly." Another person told us, "They [staff] are all nice. I haven't come across any that aren't. I get along with them all and they get along with me. It's a nice place." Another person said "I feel happy; they look after you here." A visitor told us, "My relative always looks clean and well dressed."

We observed staff talking to people throughout our visit and they talked with people in an open and friendly way. We saw that the staff team knew people well and chatted with them about their lives and the things they had done. For example, one member of staff was talking with a person about places of interest they had visited and we saw they were asking the person which was their favourite place.

Staff spoke with people in a calm and friendly way and we saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

We saw that staff were attentive towards people when they became confused. For example, one person who appeared confused spent time throughout the day walking around the home. We observed the staff supporting this person in a caring way and ensured their safety by guiding them away from any obstacles and chatting to them about what they would like to do. On each occasion a staff member stayed with this person until they were sure the person was happy with the choice they had made.

People told us staff supported them to maintain as much independence as possible. One person told us, "I do most of my own personal care although the carer's support me with my showers." Another person said, "I choose my own clothes to wear." Everyone we spoke with told us they were able to decide when they got up and went to bed. One person said, "There aren't any rules like that, we can have a lie in if we fancy and stay up late if we want to, there's no work to go to. Most people are a bit set in their routine but it's their choice."

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "I am fully involved. The staff are top notch here, they support my relative very well and I am kept informed about everything."

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. People told us that staff respected their rights to privacy when they wanted it and supported them to maintain their dignity. One person told us, "The staff always close the door and curtains when administering care." Another person said, "Carer's treat me with respect, they speak to me when looking after me."

People told us they were supported to maintain relationships with family and friends that were important to them. One person told us, "I go out with my family quite a bit." Another person said, "I have a choice if I want to go out with my family." Visitors told us they were made to

feel welcome by the staff. One visitor told us, "I am always greeted with a smile. The visiting is open but they do ask us to respect meal times, which is fair enough. I wouldn't want visitors when I'm eating."

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. Discussions with staff as to how they cared for and supported people matched what we read in the care plans. One person told us, "I remember the care plan, I was assisting with this and I was able to comment and it has been revisited a couple of times." People and their visitors confirmed that their preferences were met. One person told us, "The staff know what I like and what I don't like but they never assume, they always ask me." A visitor told us, "My friend likes fruit on her salad and she told the staff and now they always put fruit on her salad."

We saw that opportunities were provided for people to participate in recreational activities. We saw that people participated in craft work on the day of our visit. One person told us, "There is always something going on if you want to take part but it is optional." Another person said, "I read lots of books and newspapers, I always have. I still do it now." Another person told us, "We do have activities but I choose not to take part." People's spiritual well-being was supported as required. One person told us, "The local minister comes in to visit twice a week and we also have a service every month." This was confirmed by the registered manager. People told us that a hairdresser came in to the home every week. One person told us, "It's very handy but you can go out to the hairdressers if you prefer."

We saw that people were enabled to decide how they spent their time and who they sat talking to. One person told us, "The company is good here and I have made new friends." Another person said, "I feel that I have come a long way since coming here."

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. One person told us, "If I felt concerned I would speak to the staff." Another person said, "If I wasn't happy about anything I would tell the manager, she would sort it for me, she is very good." A visitor told us, "It's a friendly place, so any concerns get sorted quickly." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

A registered manager was in post. People and their visitors knew who the registered manager was and told us that they felt the home was well led. One person said, "I think it is well led, I came for respite and decided to stay." Another person told us, "The manager seems efficient; it's a very pleasant and friendly place to be." Comments from visitors included, "I think it is well led, if I had to choose a home to go to it would be here." And, "The manager seems very pro-active; I think it is well led." And, "The manager is very good with residents, the manager and staff are lovely and approachable."

We saw that consistent leadership and direction for staff was in place. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed. Staff told us they enjoyed working at the home and one member of staff said, "I love this job, it's brilliant. The team are really supportive." Another member of staff said, "Both the manager and deputy are approachable, we have regular staff meetings and supervisions. I feel very supported."

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through satisfaction surveys and meetings with people. People also confirmed that they were provided with newsletters to keep them up to date with planned events.

We looked at the action plan that had been developed from the results of the surveys completed in April 2016, this included incorporating exercises into the activities programme, the ongoing refurbishment of the home and the purchases of furniture. We saw that some actions had already been met such as the purchase of 15 new coffee tables.

We looked at minutes of recent meetings held for people that lived at the home and saw that actions had been taken to address suggestions made. For example, the people that sat in the smaller lounge had requested the television was moved to make it more accessible for everyone to see and we saw this had been done. People told us that they had been involved in choosing the colour scheme when the lounges were painted last year. This demonstrated that people's views were valued to enable the home to make improvements that met their preferences.

Audits were undertaken by the registered manager to monitor the quality of the care and services provided. This information was fed back to the provider and actions were taken as required to drive improvement. This included audits of people's care plans, medication administration records, visual checks on equipment used, kitchen and housekeeping audits, including spot inspections by the manager. We saw that staff were also observed in practice as part of the provider's quality monitoring to identify any areas for improvement. Accidents and incidents were audited and analysed to check for any patterns and trends. We saw that when a pattern was identified the manager had taken action, such as referrals to the relevant health care professionals to minimise the risks of a re-occurrence.

We saw people's confidential records were kept securely which ensured only authorised persons had

access. Staff records were kept securely and confidentially by the registered manager. The registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.