

Ocean Community Services Limited

Overndale House

Inspection report

192 Overndale Road
Bristol
BS16 2RH

Tel: 01179560877

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23 July 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Overndale House is registered to provide personal care for eight people with mental health needs. At the time of our visit there were four people living there. One person was visiting their family for the weekend.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive. Comments from people confirmed they were happy with the service and the support received.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Overndale 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 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.

This comprehensive inspection took place on 23 July 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one 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.

On the day of the inspection we spoke with three people, one visitor, two members of staff and the registered manager.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, audits, supervision and training records.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us; "I feel safe living here. Staff are helping me by being there."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable and met the needs of the people. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as assisting at mealtimes and being available to provide advice when requested.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as personal vulnerability, physical health, relationships and substance misuse. Assessments were reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Medicine Administration Records (MARs) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were completed accurately. Staff had received training in the administration of medicines and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken and these had been clearly documented.

The service was committed to promoting independence for people. Where appropriate and safe to do so they actively promoted self-administration of medicines. Risk assessments were in place to manage people's self-medication. People's medicines were signed out on a weekly basis following an agreed self-medication protocol.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included

water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety, water and building maintenance.

Is the service effective?

Our findings

Staff in the service had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are not able to make decisions independently about their care and treatment. DoLS provides a framework to assess the needs of a person when it is felt that they need to be deprived of their liberty in order to receive safe care and treatment. The registered manager told us that they were aware of their legal responsibilities and explained that no-one in the service was subject to a DoLS authorisation. People were free to leave the service if they wished.

The service enabled people to make their own decisions and assist them to understand the decision making process. Consent had been agreed by the person regarding their level of care and the areas of consent were documented in their support plan.

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as mental health law and positive behaviour support.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People cook for themselves and have the choice to eat together in the evenings. People and staff were having Sunday lunch together. The registered manager told us that they all also go out for a meal once a month. One person told us their cooking skills were improving and had cooked fajitas, cottage pie and pasta bake. Another person told us they were good at cooking and they were making a crumble for lunch.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, psychiatrist, psychologist, care coordinator and social worker.

Is the service caring?

Our findings

People were supported by a small committed experienced team. Enabling relationships had been established between staff and the people they supported. Recovery support plans to enhance people's independence were promoted by the service and staff members. Each plan held essential living plan needs which specified the support required by the individual to keep them safe and aid their recovery.

To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans. One person told us that their key worker "helps with lots of things. She helped me with my trip home. The first time I went I was escorted. Now I go on my own. I feel confident now to do it on my own. They're good on getting me to do things."

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. Staff told us that they would offer hands on support when requested or required. Staff enabled people to undertake tasks themselves.

Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans. People came to the staff room to speak to staff and they were welcomed. One person called the registered manager whilst they were on a home visit. They were chatting about their visit to home, food and activities. The person was also encouraged to take their medication and the registered manager promised they would have a proper catch up on the person's return.

Staff respected people's privacy. People were able to have time alone and their personal space was respected. There was a requirement for people to be responsible for the cleanliness of their room and they agreed that staff could enter their room once a week for a room check.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people were content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, risk areas, incidents, events, community access and professional visits. Staff responded to any issues identified by the person by amending plans of care, changing activity programmes and reviewing medicines.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed with their keyworker and included what was important to the person and how best to support them. People undertook activities personal to them. For one person this included going swimming and being creative. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. A visitor told us; "I'm having lunch here today. It's nice to be included. I feel welcomed." Other activities included voluntary work, shopping, cinema and going out with staff.

The provider had systems in place to receive and monitor any complaints that were made. During 2017 the service had not received a formal complaint. People told us they would speak to staff if they were unhappy.

Is the service well-led?

Our findings

At the time of our inspection there was no 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. The current manager has processed their registered manager's application for consideration with CQC.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service made appropriate notifications to the Commission.

Staff described the registered manager as supportive. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular team meetings were held to discuss operational issues and people's needs. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as assisting with people's goals to become more independent.

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as house maintenance, medication and the food. People had access to the service handbook regarding the provider's commitment to them and details of the service offered to them regarding their recovery.

To ensure continuous improvement the provider conducted regular compliance reports. They held discussions with staff and people and reviewed issues such as; record of events and people's files, premises, incidents and training. The observations identified compliant practice and areas where improvements were required. At their most recent visit the provider reported that the place was; "quiet, subtle and a pleasant experience." There had also been a reduction of incidents owing to a better mix of people.