Isle of Wight Council

Overbrook

Inspection report

92 High Street
Wootton Bridge
Ryde
Isle of Wight
PO33 4PR
Tel: 01983 883390
Website:

Date of inspection visit: 23 July 2015
Date of publication: 18/09/2015

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

Overall summary

Overbrook is a local authority run residential home which provides accommodation for up to four people with learning disabilities who need support with their personal care. At the time of our inspection there were four people living in the home.

There was 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.

The inspection was unannounced and was carried out on 23 July 2015.

The families of people living at the home told us they felt their relatives were safe. Staff and the registered manager

Summary of findings

had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided enough information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. They were patient when speaking with people, who often used a variety of signs to express themselves. Staff were able to understand people and respond to what was being said.

People's families were involved in discussions about their care planning, which reflected their assessed needs. Each of the care plans had an 'easy read' section supported by pictorial representations suitable for the needs of the person they related to.

There was an opportunity for families, health professionals and regular visitors to become involved in developing the service and were encouraged to provide feedback on the service provided. They were also supported to raise complaints should they wish to.

People's families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

There were systems in place to monitor quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

Summary of findings

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.

The registered manager had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People's families felt their relatives were safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's families were involved in discussions about their care and support.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People's families were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs and encouraged them to maintain friendships and important relationships.

Care plans and activities were personalised and focussed on individual needs and preferences.

People were allocated a keyworker who provided a focal point for their care and support.

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People's families, health professionals, visitors and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The registered manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

Overbrook

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 was unannounced and was carried out by one inspector on 23 July 2015.

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 information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We met with the four people staying at the home and spoke with the relatives of two of them. We observed care and support being delivered in communal areas of the home. We spoke with three members of the care staff and the registered manager. We also spoke with a visiting health professional.

We looked at care plans and associated records for the four people using the service, staff duty rota records, six staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in July 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

The families of people using the service told us they did not have any concerns regarding their relative's safety. One family member said their relative was, "a very safe at the home". Another person's relative told us "I have no worries at all. If they have any concerns they [the staff] call me straight away". We observed the people who were unable to tell us verbally about their experiences and they were relaxed and engaged fully with the staff who were supporting them. A health professional told us they felt the people in the home were safe.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us, "If I have any concerns I would report them to the manager and then check that something had happened". They said that if they felt nothing was happening they would report it to the Care Quality Commission. There had been no safeguarding alerts at the home over the previous 12 months. The registered manager was able to explain the action they would take if a safeguarding alert was reported; this included ensuring that incidences of safeguarding were notified to the appropriate authority within a timely manner.

The registered manager had assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were personalised and written in enough detail to protect people from harm whilst promoting their independence. For example, one person had a risk assessment in place in relation to their use of the stairs. We saw staff following these guidelines, walking behind them, giving verbal prompts and reminding them to use the hand rails. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. One person had recently had a series of falls. Following a review of the incidents, a new risk assessment was put in place, which included the action to be taken to reduce the risk of further falls. Since the new risk assessment was implemented no falls had occurred. Each person's care plan contained a 'grab sheet' which provided the information necessary for health professionals to support that person should they be taken to hospital in an emergency.

There were enough staff available to meet people's needs. The registered manager told us that staffing levels were based on the needs of people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people promptly and an additional staff member was available to support people attending activities away from the home. A health professional told us there were always plenty of staff around when they visited.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and bank staff employed by the provider. The registered manager was also available to provide support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed on all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely; medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had a clear protocol in place to support staff to understand when these should be given. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock

Good

Is the service safe?

management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines.

Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in the way the person could understand and sought their consent before giving it to them. For example one member of staff supporting a person to take their medicines said, "You have a new tablet today, a pink one to make your head better. Do you want it?" The person agreed to take it.

There were appropriate plans in case of an emergency situation. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. One member of staff told us "We do a fire drill at the end of each staff meeting so we understand what we have to do".

Good

Is the service effective?

Our findings

The families of people using the service told us they felt the service was effective and that staff understood their relatives' needs and had the skills to meet them. One family member said, "staff understand [their relative's] needs probably better than anyone". Families told us that staff asked their relatives' for their consent when they were supporting them. One family member said their relative "won't do anything they don't want to. For example they went sailing, which they really enjoyed but didn't want to put her lifejacket on. Staff were excellent they didn't pressure them. They left it for a short while and tried again and in the end she agreed and put it on".

Staff encouraged people to make decisions and supported their choices. For example, a member of staff who was supporting a person asked them if they would like them to put their eye drops in. They agreed and the member of staff checked "Shall we do your right eye first?" which the person agreed to. During the process the member of staff was supportive, patient and caring. A health professional told us the staff sought peoples' consent and respected their choices. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests.

The registered manager, unit managers and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Where best interest decisions were made staff consulted with health professionals and family members before making the decision. For example, a best interest decision was made in conjunction with the person's family and a health profession to give them a sedative before attempting to take a blood sample. The records for another person showed a best interest decision had been made to agree that they did not need to undertake a regular minor medical procedure.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had applied for a DoLS authorisation for all of the people, as they were subject to constant supervision at the home. Staff understood how the DoLS applied to people in the home and the need to support them and keep them safe in the least restrictive way.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. The manager told us that for new staff recruited since April 2015, the principles of the Care Certificate would be followed. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medication training, safeguarding adults and first aid.

Staff had access to other training focussed on the specific needs of people using the service. For example, diabetes awareness, dementia awareness and autism awareness. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with dementia to make choices and maintain a level of independence.

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One member of staff said, "I have regular supervisions with my senior where I can raise concerns, give my opinions and ask for training". Staff said they felt supported by the registered manager. There was an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. Family members were complimentary about the food and told us their relatives' were supported to eat the food they liked. One family member said their relative, "Enjoys her food. She has a special diet and they [the staff] make sure

Good

Is the service effective?

the food is right for her. They know what she likes and dislikes". Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. For example, one person chose to get up late and was offered their breakfast when they were ready.

Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. For example, one person required assistance with their meal and staff supported them in a relaxed and unhurried way, sitting beside them, engaging them in conversation and waiting until they had finished what they were eating before offering the next mouthful. Staff encouraged people to drink throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments to be seen by health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional told us staff called them when they were needed and followed up on any action they were asked to take.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. Family members told us they did not have any concerns over the level of care provided or how it was delivered. Their comments included “The staff are fabulous”, “I think the staff are great there”, “The staff are very caring” and “I couldn’t wish for a better home or better more caring staff”. One family member said, “I am very happy with the service, I think the staff are committed to providing excellent care for [their relative]”.

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff responded promptly to people who required assistance. One person, who was sat at the table had a wet sleeve and wanted to change their blouse. Staff tried to support her to go into her bedroom or a bathroom to change but she declined to move. Staff patiently reminded her of the need for privacy and encouraged her to get changed in private. She continued to decline and started to remove her top, staff respected her choice and shielded her to ensure her dignity was respected, while offering her a choice of tops until the right one was found.

Staff understood the importance of respecting people’s choice, and privacy. They spoke to us about how they cared for people and we observed that personal care was provided in a discreet and private way. Staff knocked on people’s doors and waited before entering.

People’s families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people’s preferences and views were reflected in their plans, such as the name they preferred to be called. Staff used the information contained in people’s care plans to ensure they were aware of people’s needs and their likes and dislikes. The care plan for one person, who was blind, stated that they liked their food cut up in bite size pieces and ‘please explain what is on my plate and do not mix my food together’. We saw their lunch had been prepared in accordance with their care plan and heard staff explaining what had been prepared for them.

A health professional told us that the staff took an individual approach to meeting people’s needs. They added staff were caring and showed a good understanding of individuals and were consistent in their approach.

Good

Is the service responsive?

Our findings

The families of people using the service told us they felt the service was responsive to their relative's needs. One family member said staff, "do brilliantly; I have seen a lot of changes in [their relative] since they have been there". They added, "Their improvement is due to the hard work and devotion of the staff".

Although people were not able to verbally communicate with staff, they were able to demonstrate their understanding of what they were being asked and make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said. One family member said their relative used gestures to respond to staff, "They tap their face for a drink and put their hand on their plate to say they are ready for their meal. Seeing how well they are doing and staff understanding their gestures really puts a lump in my throat".

People's families were involved in discussions about their care planning, which reflected their assessed needs. The support plans described people's routines and how to provide both support and personal care. Each of the care plans had an 'easy read' section supported by pictorial representations suitable for the needs of the person they related to, which was used to encourage people to become involved in developing the care plan. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. One family member told us "I am [their relative's] representative so I am involved in their care reviews".

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a communication book, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

Each person had an allocated keyworker, whose role was to be the focal point for that person and help them to plan and shape the support they need. Each of the key workers carried out a monthly review with the person of the activities they have engaged with and they activities they might like to try, their health needs and to seek the person's views about their support. One member of staff told us they sat at the table with the person they provided keyworker support to and, "when doing their reviews etcetera I ask for their views. I use closed questions and she can indicate yes or no". A copy of each month's review is sent to their representative to keep them informed of what has been happening and seeking feedback about the care being provided. One family member said, "They send me a monthly update that tells me what she has been doing and what has been happening with her".

Staff were knowledgeable about people's right to choice and the types of activities people liked to do, and knew what activities they would likely choose. People had access to activities that were important to them. Staffing levels meant that staff were able to respond to individual recreational needs. These included going to musical events, visiting local places and parks, going to the barbers and going out for meals. One family member told us their relative, "Does lots of activities, she goes out more than I do. She is very happy there". Another family member said, "I sometimes ring first [before visiting] because she has a busy social life". There were activities available for people in the home, such as aromatherapy, body awareness massage therapy and participation around the home. There was a specially designed trough in the garden to support people to participate in growing vegetables, which they were then able to eat. People were also encouraged to participate in community events such as a village sun flower growing competition. A health professional told us there were always activities going on when they visited.

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. Family members told us they could visit at any time and they could talk with their relative in private if they wanted to.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints, if they were dissatisfied with the service provided at the home. The provider sought feedback from people's families', health professionals and regular visitors to the

Good

Is the service responsive?

home, such as the aromatherapist, through the use of quality assurance survey questionnaires. We saw the results of the latest survey which were all positive and included comments such as 'Overbrook is very caring', 'I am always impressed' and 'I don't give top marks easily. Overbrook is outstanding and particularly well led'. The registered manager also used the monthly care review document sent out to families as a means of receiving feedback on the service being provided.

The provider had arrangements in place to deal with complaints and provided detailed information on the action people could take if they were not satisfied with the service being provided. There was also an 'easy read' version supported by pictorial representations suitable for the needs of the needs of people using the service. The registered manager told us that people's keyworker would support them to raise any concerns initially and people also had access to independent advocacy services if they needed them. All of the family members knew how to complain but told us they had never needed to. Since our last inspection the service had not received any complaints. The registered manager explained the action they would take to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

The families of people using the service told us they felt the service was well-led. One family member said, “The manager knows what she is doing; the home is well led, they all work as a team”. All of the families we spoke with said they would recommend the home to the friends and family. A health professional told us they did not have any concerns about the home.

There was a clear management structure with a registered manager, senior care staff and group manager. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon.

Staff were aware of the provider’s vision and values and how they related to their work. Regular staff meetings provided the potential for the registered manager to engage with staff and reinforce the provider’s value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed. One staff member said, "I feel very engaged with running the home. I feel any ideas I have are listened to. [The registered manager] is very approachable”. Another member of staff told us, “There is a staff meeting every month and we are encouraged to make our own notes so we feel fully involved”. The registered manager told us all of the people using the service can sit in on the staff meetings if they wish and they also sometimes sit in on the training given to staff so they feel it is their home and they are part of what is going on.

There was the potential for people’s families to comment on the culture of the home and become involved in developing the service through regular feedback opportunities such as the monthly review process, the annual feedback survey and speaking with the manager informally when they visited the home. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment. These included regular audits of medicines management, infection control, care plans, health and safety, and fire safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines, water temperatures, cleaning sheets and the medicine cupboard temperatures. Where issues or concerns were identified remedial action was taken.

The provider had suitable arrangements in place to support the registered manager, through the Group Manager for Learning Disabilities Homes. The registered manager told us they felt supported by the group manager. They said, “If I need them I can phone them. I have one to one supervisions every two months and access to training if I need it”. The registered manager was also able to raise concerns and discuss issues with the registered managers of the other learning disabilities services owned by the provider and at a regular managers meeting.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider’s registration.