

Podsmead Residential Care Limited

Overleat Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This unannounced inspection took place on 23 May 2017 and was conducted by one adult social care inspector. The service was last inspected on 14 and 15 March 2016 when it was rated overall as 'requires improvement'. This was because improvements had been needed to the level of activities being provided and the newly established quality assurance systems had not been in place long enough to determine if they were effective. At our inspection in May 2016 we found improvements had been made.

Overleat is registered to provide accommodation with care and support for up to 13 older people. On the day of the inspection there were 10 people living there. Nursing care is not provided by staff at Overleat. This is provided by the community nursing service.

A registered manager was employed by the service. 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.

A robust staff recruitment process had not been followed for one member of staff. However, the registered manager and provider rectified this immediately. Systems were in place to support staff and ensure they received the training and support they needed to do their job effectively. We saw, and people told us they had built positive relationships with staff. People's privacy and dignity was respected, and their independence was encouraged as far as people were able. This included supporting people to eat, move and take part in activities as independently as possible.

People were supported by kind and caring staff and we received many positive comments from people and their visitors. One person said "They are all very sweet here, very kind, couldn't say anything bad about them." Another person told us they were "Perfectly happy, well looked after and spoilt." Comments from relatives included "Very caring", "Staff are very good and very patient", "They [staff] are excellent", "The things they [staff] do for mum go above and beyond" and "Staff are marvellous, 10 out of 10". People were supported by suitable numbers of well trained and skilled staff.

People received safe care in an environment that was regularly reviewed and any actions needed were addressed. For example, the lighting in the lounge had been renewed. Risks to people's health and well-being were assessed and minimised. Risks assessed included mobility, moving and transferring, nutrition, and pressure area care. These were regularly updated and specialists, such as dieticians contacted when needed. People received their medicines safely, although record keeping needed improvement.

People were protected from the risks of abuse because staff understood how to identify and report any concerns they may have. Systems were in place for the management of complaints and concerns. While we were told no-one had ever had to make a complaint they were confident it would be addressed if they did.

People's rights regarding capacity to make decisions and consent were understood and supported by staff. Throughout the inspection we heard people being offered choices. People and their relatives were supported to take part in planning their care if they wished. We saw people received person- centred care as detailed in their care plans. A variety of activities were on offer and we saw people enjoying a word game. One person told us how staff supported them to follow their interest in gardening by planting flower pots.

People received a well-balanced and nutritious diet with special dietary needs catered for. Meals were home cooked and people told us how much they enjoyed their food. Where one person was at risk of poor nutrition staff had taken advice from a dietician to support them to gain weight.

The service was being well managed and run. The registered manager and provider had put in place systems and audits to ensure good standards were maintained. The registered manager was working towards a management qualification and regularly updated their practice and knowledge. The registered manager and provider conducted a monthly audit of the environment and the care provided. People and their relatives were regularly asked for their views about the service. Staff told us they felt well supported by the registered manager and one told us "She's the best we have had in a long time." One relative told us "She [registered manager] is an angel".

Records were well maintained, and appropriate notifications had been made to the Care Quality Commission as required by law.

We have made a recommendation in relation to the service's recruitment policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Aspects of the service were not always safe.

People's medicines were managed safely, but improvements were needed to aspects of record keeping.

Robust recruitment procedures had not been followed for one staff member, but this was rectified immediately following the inspection.

People were protected from the risks of abuse as the service had established systems to ensure this.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good 

The service was effective.

People's rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet and good health.

The premises provided a comfortable environment for people to live in.

Is the service caring?

Good 

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care

was provided in private.

People and their relatives were supported, if they wished, to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care that was responsive to their needs.

People's care plans contained details of how their needs were to be met and were reviewed regularly.

People and their relatives were confident that if they raised concerns they would be dealt with.

Is the service well-led?

Good ●

The service was well-led

Systems that been established to monitor the quality of care being provided.

Staff and visitors praised the registered manager and told us they were open and approachable.

Overleat 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 checked whether the provider was 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 23 May 2017 and was unannounced.

One Adult Social Care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. Prior to the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We met with all the people using the service and spoke with six people in private. We spoke with three staff, the registered manager, the provider and two visitors. Following the inspection we received information from the local authority's quality improvement team. We spoke with four relatives over the telephone.

During the inspection we looked at the care records for three people with a range of needs. These records included care plans, risk assessments, health records and daily notes. We looked at some policies and procedures as well as records relating to the management of medicines, activities, food, and safety checks on the building and equipment. We looked at three staff files, which included information about their recruitment and supervision records.

Is the service safe?

Our findings

This key question was last inspected in March 2016 when it was rated as 'good'.

People were not entirely protected from the risks associated with the employment of staff who may be unsuitable to work with people requiring help with their care needs. This was because there was not a robust recruitment system in operation. We looked at the files for the three most recently recruited staff. In one file we saw the staff member had not been thoroughly checked to ensure they were suitable to work at the service. The Disclosure and Barring Service (DBS) check for one person had been obtained after they started to work at the service. Although they had a current DBS check from their previous employment. The DBS checks people's criminal history and their suitability to work with vulnerable people. The DBS for this staff member also contained details of a criminal conviction. There was no risk assessment in place to ensure the staff member was suitable to work with people requiring help with their care needs. The registered manager and provider told us they had carried out a risk assessment, but had not recorded it. They told us they had had several discussions with the staff member and had decided the risk to people was extremely low. Also, the staff member had been working in another care setting where there had been no concerns. Following the inspection they sent us a detailed risk assessment which contained details of the way they had minimised the risks to people.

We recommend the provider ensures there is a robust recruitment procedure in place.

People were protected from the risks of abuse. All three staff we spoke with knew about different types of abuse, how to recognise abuse, and what they would do if they thought someone was being abused within the service. They also knew who to contact outside of the service and were confident the registered manager and provider would address any concerns they raised. We asked people if they felt safe at the service. One person said "Oh yes absolutely."

People were protected from risks associated with their care, safety and well-being. Assessments had been undertaken in relation to malnutrition, pressure area damage, falls and moving and transferring. The service had assessed risks and put plans in place to minimise any risks identified. One person had been assessed as being at risk of malnutrition due to them losing weight. Advice had been sought from a dietician and food supplements prescribed. The person had since gained a substantial amount of weight and was no longer at risk. The person's care plan contained full details of the action taken and measures to continually monitor the risk of reoccurrence. Where people had been assessed as being at risk of pressure damage to their skin there was equipment in place to minimise the risks. No-one at the service had pressure area damage. Any accidents or incidents were reviewed to ensure procedures were in place to minimise the risk of re-occurrence. People's care plans were updated as needed.

People's needs were met by ensuring there were sufficient numbers of suitably qualified staff on duty at all times. The registered manager told us that they used a staffing tool to calculate the numbers of staff needed and that they always ensured there was a minimum of three staff on duty during the day time. Rotas showed and staff confirmed there were three staff on duty from 8am to 8pm. The registered manager sometimes

worked 'on the floor' as the third member of care staff. A cook was also on duty from 8am to 2pm. At night times there was one staff member on waking duty and one staff member asleep and available to be called if needed. People, staff and visitors all told us they thought there were sufficient staff on duty and available to meet people's needs. People told us they did not have to wait long if they needed help. Throughout the inspection we heard call bells being answered quickly and saw people received the care they required in a timely manner.

People were supported to receive their medicines safely and on time. Medicine Administration Record (MAR) charts indicated people received their medicines as prescribed by their GP. During the inspection we saw staff offered people their medicines at the specified times, explained to them what the medicine was for and ensured people had a drink to take their medicines with. People told us they always got their medicines on time. Copies of the signatures of staff giving out medicines were available. This helped to ensure it was possible to see who had given out medicine at any particular time. However, we saw that for two people handwritten entries on their MAR chart, for medicines received into the service were not signed by two staff. This meant there had been no check that what was written on the MAR charts was what was on the dispensing label of the medicine. The service's medicine policy and procedure stated there should be two staff signatures on the MAR charts when any medicines were received into the service. We discussed this with the registered manager and provider. They told us they would ensure all staff would be reminded of the service's policy in relation to this matter.

Medicines were stored safely. Only staff who had received training administered medicines. Training was delivered by the local pharmacist and staffs' competency to continue to administer medicines was checked by the registered manager. We checked the balance of medicines held for three people. All quantities were correct. There was a process to ensure any medicines not required were safely returned to the pharmacist. The management of medicine systems allowed for an audit to be completed recording the receipt, administration or return and disposal of prescribed medicines. The audits had failed to identify the lack of two signatures on hand written entries on the MAR chart and the registered manager told us they would ensure this was looked at during future audits.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the service. There was information available for staff on how to safely evacuate people from the building should the need arise, such as in a fire.

People were protected from risks associated with their environment. There were maintenance contracts in place for the servicing of equipment such as hoists and gas and electrical installations. The equipment had been tested in line with current regulations.

Is the service effective?

Our findings

This key question was last inspected in March 2016 when it was rated as 'good'.

People received effective care from skilled and knowledgeable staff. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid, infection control and moving and transferring to help them meet people's needs. They had also received more specific training such as caring for people living with dementia and pressure area care. The registered manager told us new staff undertook a detailed induction programme, which included two weeks working alongside established staff. New staff who had not had previous care work experience were to be enrolled on the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed and staff confirmed they received regular supervision. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. In order to assess staffs' competency, senior staff also observed the care practice of staff when they were meeting people's needs. Record showed that where there had been issues with staff's competency this had been discussed and plans put in place to ensure they achieved the required standard. Two staff had received a yearly appraisal and the registered manager told us they had arranged for the rest of the staff to receive theirs.

Some people living at Overleat were living with some level of dementia and this could affect their ability to make significant decisions about their care and treatment. 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.

People were supported by staff who had received training in, and had an understanding of the principles of the MCA. This ensured people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People were able to make some day to day decisions, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and always asked them what they wanted. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff knew an assessment would be needed if they thought the person did not have capacity to make a decision. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then discussions should be held to determine what would be in the person's best interests. No such decisions had needed to be taken on behalf of people.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had locked doors and not everyone was free to leave the service unaccompanied for their safety. However, one person who had been assessed as safe to leave on their own told us they had been given a key in order for them to do so. Because of the restriction on leaving the service the registered manager had made applications to the local authority to deprive six people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to eat, drink and maintain a healthy balanced diet. People told us they enjoyed their food and there was always an alternative if they did not want what was on the menu. We saw people enjoying the sandwiches they had for tea, and they told us they had been asked what fillings they wanted. We spoke with the cook who told us they were aware of people's preferences and any dietary requirements. For example, they told us how they provided full fat milk and added cream and butter to potatoes for one person who needed a high calorie diet.

People were supported to have access to good healthcare. We saw one person received a visit from the community nurses each day to support them with their health condition. Other people had been referred to specialist teams such as dieticians where required. People's care plans showed they had received visits from their GP or chiropodists as required.

Improvements had been made to the environment to make it comfortable for people to live in. The radiators in the entrance hall had been removed to give more room for wheelchair access. New radiators had been fixed near the ceiling to ensure the hallway had heating. The lounge and dining areas were furnished in a homely manner and were free from offensive odours. Lighting had been improved in the lounge by replacing the ceiling and wall lights. The provider was decorating the hall ways and told us they would be replacing the carpets once the redecoration was complete. One relative told us that although some of the decorations could be improved, the quality of care being provided outweighed "A few chips in the paintwork." The garden was tidy with planted borders and flower pots. There was a pleasant seating area where people could enjoy sitting outside.

Is the service caring?

Our findings

This key question was last inspected in March 2016 when it was rated as 'good'.

People and their visitors told us they felt the staff were kind and caring. One person said "They are all very sweet here, very kind, couldn't say anything bad about them." Another person said "Best home around, couldn't get a better one." One visitor told us they knew their relative was happy because they didn't want to go out for Christmas. Another visitor told us they were very happy with the way their relative was cared for. They told us "Staff are very approachable and will always help anyway they can. I wouldn't want him anywhere else." Following the inspection we spoke with four relatives on the telephone and all praised the quality of care the staff provided. Comments included "Very caring", "Staff are very good and very patient", "They [staff] are excellent", "The things they [staff] do for mum go above and beyond" and "Staff are marvellous, 10 out of 10".

People and staff had formed positive relationships. We saw people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. Staff were mindful of people's needs. They offered plenty of fluids and discreetly asked if people needed help with personal care. They walked with people at their pace and knelt down to be on people's level when chatting to them. One staff member sat on the floor while looking at photographs with one person. One person told us how staff had made their birthday "Really special" by having a party with their family and a special cake.

Staff displayed a caring attitude. The registered manager told us staff often brought in shopping for people which they had done in their own time. They also said staff brought in flowers and little treats like bars of chocolate and pop-corn for people to enjoy.

People were treated with respect. One person told us, "Care really comes into it here, anyone can wash and dress you, but they [staff] respect my wishes." When speaking with people staff used people's preferred names. We heard staff communicating well with people, giving them their full attention and talking in a pleasant manner. There was much laughter and smiles between people and staff. One staff member told us they thought it was their job to "Make their [people's] lives as full as possible."

People had their own bedroom, their privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way and ensured we could not be overheard.

Not everyone was able to be involved in planning their care. We saw that where people or their relatives wished to take part in planning their care they could. Some people told us how staff talked to them about their care and asked them what they wanted. We saw that some people or their relatives had signed their care plans to say they agreed with the content. Relatives told us they could visit at any time and were always made welcome. One relative told us they had not always been informed of GP visits to their relation, but this

had improved since they had spoken with staff. Other relatives told us they were kept well informed of any changes in their relation's welfare.

People's preferences were recorded on their care plans and staff were able to tell us about these. For example, staff knew one person always liked to wear make-up and look nice. We saw the person looked well groomed.

People were supported to maintain their independence. We saw care plans indicated activities of daily living people could do for themselves and any equipment that may support them to maintain or improve this. One person's plan guided staff to encourage the person to wash their face and hands themselves. Staff told us about one person who was able to eat their meals independently with the use of a 'plate guard'.

Is the service responsive?

Our findings

At our inspection in March 2016 we rated this key question as 'requires improvement'. This was because there was a lack of social interaction and activities for people to participate in. At this inspection in May 2017 we found improvements had been made.

People received person centred care that was personalised to their needs and wishes. One person told us they were "Perfectly happy, well looked after and spoilt." One relative told us "Staff have been excellent at helping mum in a difficult situation," and wished this to be "Put down on record." They went on to say "Put me down for an A star."

Everyone had a plan of care, based on assessments that were regularly reviewed and updated. The care plans contained details of people's life histories and interests as well as their personal care needs. For example, one person's care plan detailed their interest in gardening and they had contributed gardening advice in the service's newsletter. They told us they were unable to help with gardening due to their poor health, but had been pleased to give advice in the newsletter. Another person who also had an interest in gardening told us how they helped water the plants they had helped to plant. Staff told us they tried to encourage people to join in with household jobs, but that no-one was interested at present.

There was a programme of activities on offer at 3pm each afternoon. These included crafts, word games and other armchair exercise type games. Outside entertainers also visited the service to sing and play music. During the inspection we saw people enjoying a word game in the lounge. There was much laughter and chatter about the game and other staff who were really good at finding words. People told us they really looked forward to the activities. Staff told us about Sunday afternoons when they held a 'film club', when people chose a film to watch and staff provided dinks and pop-corn.

Throughout the inspection staff and people were chatting and we saw people receiving individual attention from staff. Staff spent time with people talking about their interests and looking at photographs. Some people preferred not to socialise in the lounge and spent time in their rooms. They told us they were always invited to join in the activities but didn't want to. They said they liked to spend their time in their rooms watching TV or reading and said staff spent time with them in their rooms.

People's care plans contained details of how they needed to be supported by staff with their personal care. People had varying needs with some people being active and able to get out into the local town independently. Others needed more help with their care needs and spent most of their time in bed or needed extra help at night. We saw directions to staff to ensure their call bells were in reach in case they needed to call staff. One person told us staff always checked they could reach their call bell before they left the room. Staff demonstrated they knew the needs of the people they supported and they were able to tell us how they helped one person with their moving and transferring needs.

The registered manager had started to produce an occasional newsletter to keep people in touch with activities and items of interest. In the Spring newsletter there was a quiz, a list of birthdays and an article

written by a person who had stayed at the service for two weeks respite care. Within the article they stated "The care and attention which is given to all residents commands my utmost respect as does the patience which is daily displayed."

The newsletter also advised visitors of an upcoming meeting where they could 'throw ideas' at the registered manager. The registered manager told us they were very disappointed that no-one had attended, but they continued to liaise individually with relatives. People told us the registered manager often chatted with them and asked if they were happy with everything.

A complaints procedure was displayed in the hallway along with a request for suggestions on how to improve the service. The registered manager told us they had so far, not received any suggestions for improvement or complaints. We saw the complaints file for the service contained a complaint received via the local authority. The local authority was looking into the complaint. People and their relatives told us they knew how to raise concerns and complaints, but that they had never had to. They told us they would either speak with staff, the registered manager or the provider and were confident any matters would be dealt with efficiently.

Is the service well-led?

Our findings

At our inspection in March 2016 we rated this key question as 'requires improvement'. This was because the recent improvements to the systems for monitoring the quality of care provided had not had time to be established. At this inspection in May 2017 we found the improvements had been sustained.

Since our inspection in March 2016 the current manager had been registered with CQC. They were supported by senior care staff and the provider.

Systems had been established to monitor the quality of service being provided. These included audits of maintenance of equipment, medicines and infection control. We saw the infection control audit in March 2017 had identified some staff needed their training updated. At the inspection in May 2017 we saw staff had received the updated training. The registered manager and provider also conducted a monthly audit of the service when they looked at the environment and spoke with people. One audit had highlighted the need to improve lighting in the lounge and we saw this had been completed. While the systems had not identified issues with recruitment and medicines the registered manager and provider rectified these matters straight away.

Following the inspection we received an email from the local authority's quality assurance team. They told us they had last had involvement with the service in February 2016 when they felt the service was "heading in the right direction". However, they did feel the then acting manager, who is the current registered manager needed more management training. The registered manager had since enrolled on a level five management training programme and was working to complete this. They told us they kept up to date with changes in the care industry by reading trade magazines, articles on the internet and the CQC website.

People and visitors praised the registered manager and told us they saw them regularly and could talk to them about anything. Following the inspection relatives we spoke with on the telephone told us how much they valued the registered manager. One told us "She is an angel". We saw the registered manager communicating well with people and visitors.

Staff also praised the registered manager and told us they felt well supported in their role. One told us "She's the best we have had in a long time." They went on to say that the registered manager was very fair and they could talk to her at any time. The registered manager also worked alongside staff on occasions to help ensure they were aware of people's needs and to ensure staff remained competent to do their job. Staff also said they felt the registered manager and provider worked well together to provide a good service to people.

There was a warm and welcoming atmosphere within the service and people and their visitors told us they were happy with the quality of care being provided by the service. During our inspection there was much laughter around the service. A recent survey of visitors showed a high level of satisfaction with the level of care being provided. Responses indicated they felt the general atmosphere was excellent and staff were always approachable.

Staff told us they felt there was an open culture within the service where they could raise concerns and make suggestions. One staff member told us about suggestions they had made for activities within the service. They said they had spoken with the registered manager about the British Gymnastics initiative that had been shown to be helpful for people living with dementia. Staff were due to start the exercise routines with people the week of our inspection.

Staff spoke positively about the people they supported and told us how much they enjoyed working at the service. One told us the philosophy of the service was to make people "Comfortable and loved." Another told us "It's a nice little home, very personal."

The registered manager had submitted, as requested, a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and what improvements they plan to make. The PIR told us 'We are aiming to improve activities above those that we already have' and the service would 'strive to make care plans even more person centred.'

Records were well maintained and stored securely, but were easily available when we requested them. The registered manager had notified the Care Quality Commission of all significant events which had occurred within the service in line with their legal responsibilities.