

Ahavah Healthcare Limited

# Overseal Residential Care Home

## Inspection report

Woodville Road  
Overseal  
Swadlincote  
Derbyshire  
DE12 6LU

Tel: 01283762728

Website: [www.oversealcarehome.com](http://www.oversealcarehome.com)

Date of inspection visit:  
12 November 2018

Date of publication:  
30 November 2018

## 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

Overseal Residential Care Home residential is care home that provides residential care for up to 30 older people. Bedrooms are provided over two floors with three communal seating areas and a dining area on the ground floor. A patio and garden area is available at the front of the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

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 registered manager oversaw the running of the home and was supported by a deputy manager, senior support workers and support workers.

People continued to receive safe support. Sufficient staff who understood their role in protecting people from the risk of harm were available to support people. People were supported to keep safe because risks were identified and minimised to maintain their safety. Assistive technology was in place to support people to keep safe. People received their medicines in a safe way. The staff's suitability to work with people was checked before they commenced employment. People were protected by the systems in place for the prevention and control of infection.

People continued to receive effective support. People were supported by staff who received the right training and support to meet their needs. People were supported to have maximum choice and control of their lives. People were supported by staff who understood the importance of gaining their consent regarding the support they received. People were supported in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to eat a balanced diet that met their preferences and assessed needs and were supported to access healthcare services. People received coordinated support that met their needs and preferences because the registered manager worked with other organisations and healthcare professionals to achieve this.

People continued to receive caring support. There was a good relationship between people using the service and the staff team and their independence, privacy and dignity were respected. People's visitors were made welcome which supported people to maintain relationships with those who were important to them.

People continued to receive responsive support. People were supported to develop and maintain interests

and be part of the local community. People were enabled to receive support in their preferred way because they were involved in assessment and reviews of their care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

People continued to receive well led support. A warm and friendly culture was in place that promoted good outcomes for people. People and their representatives were encouraged to give their views of the service; which promoted an open and inclusive culture. Staff understood their roles and responsibilities and were encouraged by registered manager to develop their skills. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Further information is in the detailed findings below.

## 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.

# 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 comprehensive inspection took place on 12 November 2018 and was unannounced. The inspection visit was carried out by one inspector.

Overseal Residential Care Home is a care home located in Overseal, South Derbyshire. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Overseal Residential Care Home is registered to provide a care home service without nursing for up to 30 people in one adapted building; with bedrooms provided over two floors and three communal areas and a dining area on the ground floor. A patio area was available at the front of the home. At the time of the inspection there were 24 people using the service.

The inspection was informed by information sent in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information from the local authority regarding their monitoring visits at the service and statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used all of this information to formulate our inspection plan.

During the inspection we spoke with five people who used the service and observed how staff interacted with them. We also spoke with one person's relative and a visiting professional. We also spoke with the

registered manager, five members of the care team, the activities coordinators, a member of the laundry team and a member of the domestic team. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person told us, "All of the staff are very nice, no question about that. I do feel safe here." Another person said "I am going home today and I will miss it. I have felt very safe here. The staff are lovely and made me feel very welcome." This person's visitor told us, "I can't believe the improvements in [Name's] mobility in the short time they have been here. The staff have supported [Name] so well and maintained their safety whilst helping them to be mobile." Throughout the day the atmosphere at the home was warm and friendly. One person that used the service told us, "It is a nice place, like one big family really."

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I wouldn't hesitate to report anything. I would tell the senior if I had any concerns and they would go to the manager or deputy. We saw the local authority safeguarding procedures was in place and the registered manager had a good understanding of these and had made safeguarding referrals to the local authority when needed and informed us of these."

People were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the equipment they needed to keep safe. For example, some people used walking frames to maintain their independence with walking.

Risk assessments provided staff with guidance on how to support people and we saw that these were followed. For example, where people were at risk of falls, equipment was in place such as sensor mats. Equipment was maintained and serviced as required to ensure it was safe for use. Personal emergency evacuation plans provided information on the levels of support each person needed in an emergency situation. The information recorded was specific to individual's needs and staff knew how to support people if an emergency happened.

People and staff told us there was enough staff available to support them. One person told us, "They are always available if I need them." People confirmed that staff responded promptly when they pressed their call bell. One person said, "They are pretty quick to come if you call them." There was sufficient staff with varying levels of skills available to support people. This included senior carers and care staff and an activity coordinator. Discussions with the registered manager confirmed that the staffing levels were continuously assessed against people's needs. For example, since the last inspection they had increased the night staffing levels to three staff and told us, "There are some people that need two staff for their personal care needs. I wanted to make sure there was an additional member of staff available to other people during these periods, in case they needed support also."

The provider checked staff's suitability to work with people before they commenced employment. Staff confirmed they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two 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.

People told us and we saw the senior carers supported them to manage their medicines safely. When people had medicines that were on an 'as required' basis we saw this was offered to them first. There was guidance known as PRN protocols available to ensure people had these medicines when needed. Effective systems were in place to store medicines to ensure people were safe from the risks associated to them. Records showed that audits were undertaken on the medicines in stock to ensure they were managed, administered and stored safely.

The home was kept clean and there were systems in place to ensure the prevention and control of infection was managed. Staff had access to personal protective equipment such as aprons and gloves and we saw these were used when needed. A cleaning schedule was in place and infection control audits were undertaken to identify any areas for improvement. The provider had been rated five stars by the food standards agency in June 2018. This rating means the hygiene standards of the kitchen, at the time of inspection were considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment, to ensure hygiene standards were maintained.

Accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support; such as referrals to the falls clinic for assessment. Accidents and incidents were analysed to identify any patterns or trends so that actions could be taken as required to improve outcomes for people.



## Is the service effective?

### Our findings

The management team continued to assess people's support needs prior to using the service. We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

People confirmed they remained happy with the support they received and felt the staff were well trained. One person told us, "I would say the staff are trained; they certainly know how to look after everyone." Another person said, "The staff know the help I need, they are very good."

Staff told us they continued to receive the training they needed to support people. One member of staff said, "The training is very good and includes a knowledge test. The manager encourages us to develop and gain qualifications. I am going to start my health and social care diploma at level 4 soon." The registered manager confirmed that staff new to care completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The skill mix of staff ensured people were supported by a staff team that had the knowledge and skills to meet their needs and maintain the home to a good standard. A senior member of staff was available within the home 24 hours a day to support care staff. An activities coordinator was available to support people's social needs and promote their well-being. Housekeeping staff were on site seven days a week to maintain standards of hygiene. Staff confirmed supervision was provided to them on a regular basis. The registered manager confirmed that supervisions included providing staff with constructive feedback and identified any training needs.

People told us they continued to enjoy the food and we saw they were provided with drinks and snacks in between meals. One person said, "There is plenty to eat and drink, you never go hungry." We saw that the daily lunch menu did not clarify the alternative option that was available to people if they didn't want the meal. We discussed this with the registered manager and the cook who confirmed they would include this on the menus, that were in the process of being amended. Discussions with the cook demonstrated they were clear on people's preferences and provided them with alternatives of their choice. For example, they were aware that one person would not want the main option for lunch on the day of the inspection and they had prepared an alternative for this person that they liked. The cook confirmed they were provided with information regarding people's specific dietary requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their care plans.

People told us that they continued to have access to health care professionals. One person said, "The doctors come in and the chiropodist. If you feel under the weather they don't mess about here." On the day of the inspection one person required emergency medical support and the staff were quick to call the emergency services to support this person. One health care professional told us they had no concerns regarding the home and worked well with the manager and staff team in meeting people's needs.

The provider ensured people were protected under the Equality Act. This was because the barriers that people faced because of their disability had been reduced to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities, to enable people to move around the home independently.

The Mental Capacity Act 2005 (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". We saw that assessments had been completed with best interest decisions where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. One person had a DoLS which had been authorised and the staff were aware of this and the reason for the authorisation. Discussions with staff demonstrated they had an understanding of the Act and DoLS and we saw they had received training.

## Is the service caring?

### Our findings

People told us they liked the staff. One person said, "I can't fault any of them, they are all lovely. We have a bit of a laugh and joke together." Another person said, "They are all lovely, very nice people and always happy to help me."

We saw that people were treated with consideration and respect. For example, people were supported to follow their preferred routines. One person chose to eat their lunch after everyone else had finished there's. They told us, "I like to eat in the dining room when it's quiet and I can be on my own." Two other people preferred to eat their main meal in the evening and a light lunch and we saw this was accommodated for them.

People and their visitors confirmed they were involved and consulted in their care. One person told us, "The staff know me but they always check with me before they do anything." Staff respected people's dignity and privacy. One person confirmed that staff always knocked before they went into their bedroom. We saw staff discreetly offering assistance to people when they needed to use the bathroom.

People were supported to be as independent as they could be. One person told us, "I do a lot for myself and I go out regularly with my friend which is good. It's nice to get out and about." Another person told us, "I can do somethings for myself and the staff know that and just support me when need it." Staff told us how they supported people to be as independent as they could be. One said, "I would never do things for a person that they can do for themselves. It's important for people to maintain their independence."

The registered manager told us that none of the people that used the service were being supported by an independent advocate at the time of the inspection. They confirmed that they were aware of how to access independent lay advocates and independent mental capacity advocates if this was needed for anyone. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us, "My family come when they can but they can visit at any time." A relative said, "The staff have been very welcoming to us; it's a wonderful place." We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

## Is the service responsive?

### Our findings

We saw that social activities were provided and people told us they enjoyed these. An activities coordinator was employed and we saw they supported and encouraged people to participate in a variety of activities. For example, we saw that the activities coordinator had brought into the home items that were used by soldiers in the first world war. This provoked conversation and some people could remember similar items their relatives had kept from the second world war. We saw other activities that promoted people's cognitive ability were provided such as card games and carpet games such as noughts and crosses, we saw there was much laughter and humour and people told us they loved the activities provided. One person said, "We have such a laugh with [name of activities coordinator]." Another person told us, "We do something everyday, it's a bit of a laugh and keeps our brains active."

The activities coordinator told us of their plans to develop an activities programme that was suited to each person's wishes, abilities and potential. They had developed a questionnaire for people to complete; to assess people's wishes regarding activities, and their perception of what they could and couldn't do. There were areas of the home that were not used frequently and the activities coordinator had some ideas of how these rooms could be better used by people. They told us they planned to consult people about this and work with the registered manager to manage these changes. At the time of the inspection the activities coordinator worked for two hours a day. This limited the time they had to affect these changes and support people in social and therapeutic activities, to promote their well-being. The registered manager told us they were looking to increase these hours.

Staff demonstrated a good understanding of people's individual needs and responded to people with consideration and empathy. We saw that staff had a laugh and a joke with people which was received well and supported a homely and friendly environment. People's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. The registered manager confirmed that people's spiritual needs were met by a visiting minister.

At the time of the inspection people who used the service could communicate their needs and preferences. The registered manager confirmed if people needed information in a different format such as large print or pictures this would be provided for them. We saw in people's care records that people's communication needs were assessed prior to admission and this was reviewed on an ongoing basis.

People confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One person told us, "If I had a problem I would tell the manager and she would get it sorted but I am happy with everything." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and were addressed in a timely way. A system was in place to audit the complaints received to identify any patterns or trends. We saw that no trends had been identified as only one complaint had been received in the last 12 months.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life; this included information regarding pain relief to ensure people were supported to be pain free and comfortable. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was supporting people who were nearing end of life care and we saw they were comfortable and supported with care and consideration by the staff team.

## Is the service well-led?

### Our findings

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.

People and their relatives were clear who the registered manager was and confirmed they could speak to them when they needed to. One person told us, "The manager is very good, she is here most days and will come and have a chat with me and make sure I'm alright." A relative told us, "The manager has been very helpful and the home seems very well run." A member of staff told us, "The manager is very good, you know where you are with her." Another member of staff said, "The manager is very approachable and has time for us. If we have any problems she is always available."

The registered manager continued to demonstrate a good standard of leadership. A team of support was in place for the registered manager; this included the deputy manager, senior carers and carers, catering and housekeeping services and maintenance support. Staff demonstrated they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said, "The last home I worked at was bigger, here it's more personal. There is more time to spend with people. We can sit and chat with people, which is how it should be."

The views of the people living at the home were sought on a regular basis through reviews of care and satisfaction surveys. We saw that where improvements had been identified these were addressed. For example, the survey undertaken in February 2018 had shown that people had requested more entertainment and activities. The registered manager had increased the number of outside entertainers that visited the home and a new activities coordinator was in post. They were in the process of developing a bespoke activities programme in consultation with people that used the service. People were very positive about the activities provided.

Staff were also encouraged to give their views through questionnaires and we saw improvements had been made following this, such as an increase in the staffing levels at night, new equipment and new activities. Staff confirmed they also attended team meetings on a regular basis to keep them up to date with developments in the service. We saw and staff confirmed that minutes of meetings were taken for staff that were unable to attend.

The registered manager continued to conduct regular audits to check that people received good quality care. This included audits of care plans, people's weights and skin condition, medicines management and health and safety practices and staffing levels. Clear records were in place to show the actions taken when improvements were identified. For example, In the January 2018 audit it was identified that two new fire extinguishers were required. The audit for February 2018 recorded that two new fire extinguishers had been purchased. We saw that people's care plans were kept up to date to ensure staff had the correct information to support people in accordance with their needs. The registered manager and staff team worked in

partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.