

Overdale Trustee Ltd

Overdale

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25 June 2018 and was unannounced. This meant nobody at the service knew we were coming. This was the first inspection of the service since the registered provider changed in January 2018.

Overdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Overdale can accommodate up to 24 people that require accommodation and personal care. The home is an adapted building over three floors, with access to a garden. Overdale is a non-profit making voluntary home, run by a committee of Christian people from various churches. At the time of our inspection there were 18 people living at Overdale.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 living at Overdale told us they felt safe. We saw there were enough staff available to meet people's needs in a timely way and to keep people safe. Staff had completed safeguarding adults training and were aware of their responsibilities in protecting people from abuse.

People received their medicines as prescribed and there were procedures in place to support staff in the safe administration of medication. The deputy manager was in the process of auditing medication stock levels as some discrepancies had been identified. We have made a recommendation about the management of some medicines.

People's needs were assessed when they moved into Overdale. Suitable risk assessments were in place, such as moving and handling, use of equipment and risk of falls. People's care records were detailed, person centred and clearly set out what care the staff needed to provide. We saw people's needs were kept under review, as were their risk assessments and care records. People were involved in planning and reviewing their care. Their likes, dislikes and care preferences were clearly recorded.

People we spoke with and their relatives were very positive about the staff at Overdale and the care they received. People told us Overdale was like one big family. We observed positive interactions between people living at Overdale and the staff, which contributed to the friendly atmosphere in the home.

Staff treated people living at Overdale with dignity and respect. Staff were trained in equality and diversity and we saw they promoted and respected people's cultural and spiritual needs.

People had access to a wide range of community based healthcare professionals, such as GPs, district nurses and chiropodists. In the care records we checked we saw people received medical attention when needed.

The service offered a wide range of activities for people living at Overdale. People told us there was always something going on and were enthusiastic about the regular activities which took place each week. People's relatives were encouraged to participate in the activities and people told us their relatives were always welcome at Overdale.

People, their relatives and the staff all spoke highly of the registered manager. Staff told us the registered manager was always available if they needed support. The registered manager completed regular audits of the service to make sure action was taken and lessons learned when things went wrong. This meant systems were in place to support the continuous improvement of the service.

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.

We found systems were in place to make sure medicines were safely ordered, stored and disposed of. People received their medicines at the right time, however we have made a recommendation about the management of some medicines.

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

There were clear policies and procedures in place to support staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction, relevant training and regular supervision to make sure they had the right skills and knowledge to support people.

People were supported to maintain a varied and balanced diet and were supported to maintain their health by accessing a wide range of health and social care professionals.

The service was working within the principles of the Mental Capacity Act 2005. Staff had received training in this area and understood what it meant in practice.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring. They were overwhelmingly positive in the comments they made.

Staff knew what it meant to treat people with dignity and respect, and we saw people had their privacy and dignity

respected by staff throughout the inspection.

People's different religious, spiritual and cultural needs were respected. People were supported to maintain these needs.

Is the service responsive?

Good ●

The service was responsive.

There was a range of activities available at Overdale. People were supported to maintain their hobbies and interests.

The service had an effective complaints policy and procedure in place. People living at Overdale knew how to make a complaint but told us they had never had reason to.

People's care records accurately reflected their needs. People were supported to participate in a monthly review of their care.

Is the service well-led?

Good ●

The service was well led.

Staff were clear about their roles and responsibilities. They told us they felt supported by their managers, who they said were approachable.

The service had effective quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

People were regularly asked for their feedback about the service. The registered manager analysed this feedback to help drive improvements at the service.

Overdale

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 25 June 2018 and was unannounced. This meant nobody at the service knew we were coming.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience in caring for older people and people living with dementia.

Before this inspection we reviewed information available to us about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification is information about important events that the registered provider is legally required to send us. For example, where a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

Due to the timing of this inspection, the provider had not been asked to complete a Provider Information Return (PIR) since the provider changed in January 2018. The PIR contains 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 what improvements they plan to make.

Before this inspection we contacted social care commissioners who help arrange and monitor the care of people living at Overdale. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the comments and feedback received to inform our inspection.

During this inspection we spoke with nine people living at Overdale, one person who accessed respite at

Overdale and four of their relatives. We spoke with a health professional visiting the service on the day of our inspection.

The registered manager was not present during this inspection, however we were able to speak with them over the telephone. We spoke with six members of staff. This included the deputy manager, the business manager, two senior care assistants, one care assistant and a kitchen assistant.

We looked at three people's care records, three medication administration records and three staff files. We looked at other records relating to the management of the home and the quality of the service provided. This included quality assurance audits and training and supervision records.

We spent time observing the daily life in the service, including the care and support being delivered by staff. We walked around the home and looked in the communal areas, including the bathrooms, the kitchen, the lounges and the dining area. With their permission we also looked in several people's bedrooms.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at Overdale. Relatives also told us they had no concerns about their family member's safety at Overdale.

During this inspection we saw there were enough staff available to meet people's needs in a timely way. People living at Overdale and their relatives told us there was always enough staff available when they needed them. One person commented, "There's always enough staff. They bring in staff from an agency if needed and they're good too". A relative commented, "The care is on tap. It's the biggest relief". We saw staff had time to sit and talk with people living at Overdale and this created a pleasant, friendly and relaxed atmosphere. A health professional visiting the service on the day of our inspection told us, "This is the only place I see staff sat talking, actively talking, with residents. It's just lovely."

We saw in staff meeting minutes the registered manager asked staff for their feedback regarding staffing levels. Staff were encouraged to tell the registered manager if they felt there were not enough staff on shift. The registered manager told us they kept people's dependency levels under review so they could increase the staffing levels if required. We checked staff rotas and saw staffing levels were consistent and that the service usually had more staff on shift than the registered manager assessed to be necessary. This allowed the staff to spend more time with each resident and contributed to the relaxed atmosphere in the home.

The service had appropriate systems in place to safeguard people from abuse. We saw the service had a safeguarding vulnerable adults policy, as well as a policy for safeguarding children in an adult setting. The staff had been trained in their responsibilities for safeguarding and knew what action to take if they witnessed poor care practices or abuse. The registered manager and deputy manager knew when incidents or allegations of abuse should be reported to the local safeguarding authority and to the CQC. A staff member told us, "The management take it seriously if you raise concerns." This meant systems were in place to protect people from abuse.

The registered manager kept a record of any incidents and accidents, such as if someone had a fall. The registered manager reviewed the records every month to identify any trends and common causes, so action could be taken to reduce the risk of them happening again. This meant the service had a process in place to learn from any incidents and take steps to improve the service to keep people safe.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. We saw risk assessments were person centred and provided clear guidance to staff on how to manage risks in a consistent manner. For example, risks around moving and handling, use of equipment and falls were assessed. If a person was assessed to be at risk of falls, we saw a falls prevention plan was implemented. We saw evidence that risk assessments and care plans were reviewed regularly and updated when necessary. The care records showed there was an emphasis on promoting people's independence whilst keeping them safe.

Safe recruitment practices were followed. We looked at three staff files to check how staff had been

recruited. We saw for each staff member the service obtained two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. The service also considered the person's employment history and staff had to complete a pre-interview questionnaire and a formal interview. This helped to ensure the people employed were of good character and had been assessed as suitable to work at the home.

People received their prescribed medicines when they needed them from staff who were assessed as competent in medicine administration. We observed part of a medication round and saw the staff member administering medicines to people in a patient and professional manner. Appropriate policies and procedures were in place to support staff in managing and administering people's medicines safely.

Medicines were stored safely. Temperatures were checked daily in both the storage area and the fridge used to store medicines, in accordance with good practice guidelines for the safe storage of medicines.

The registered manager completed a monthly audit of the medicines records and systems to check staff were completing medication administration records correctly, to check staff remained competent in administering medicines and to check medicines were stored safely. The deputy manager had started an additional audit in April 2018 as discrepancies in the medication stock levels were identified. This audit was also completed monthly and we saw discrepancies in stock levels were identified in April, May and June 2018. This showed that the audits were effective in picking up errors, however further work was required to identify the cause of the errors to prevent them continuing. The deputy manager informed us this work was ongoing and action would be identified to address the errors, such as additional training and spot checks on staff.

We found that the night staff were not trained in medicines administration and were therefore unable to provide people with medicine in the event they needed some in the night. An "on call" system was in operation. This meant if someone required medicine during the night, staff would contact the registered manager or deputy manager who would attend the home to administer the medicine. During the inspection we found no evidence to suggest that people living at Overdale had been adversely affected by this system or experienced any delays in receiving medicine at night. However, we recommend the service reviews its system for medicine management at night, to ensure people's medication needs will always be met promptly.

The service was responsible for managing the personal allowances of people living at Overdale. There was a policy and procedure in place for finance management and we saw the service kept an individual financial transaction sheet for each person. The registered manager regularly checked the balances on the transaction sheets against the money held in the office safe to make sure they tallied.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We checked the service had relevant safety certificates for the equipment they used, such as hoists. We found the certificates were up to date. A health and safety audit was completed every month which looked at the safety of the premises and equipment within the building. During the audit the fire alarm system and fire equipment was checked and we saw weekly testing of the fire system was undertaken. We also found personal emergency evacuation plans were kept for each person so staff knew how to support a safe evacuation in an emergency.

We found Overdale to be clean and we saw the service had an effective infection control policy in place. People living at Overdale and their relatives told us the home was "always very clean". All staff were trained

in infection control and we saw plastic gloves and aprons were readily available throughout the home. The business manager completed a monthly infection control audit to check the policy and cleaning schedules were being followed. This meant there were systems in place to reduce the risk of the spread of infections.

Is the service effective?

Our findings

People living at Overdale and their relatives spoke very highly of the staff and the care they received. Comments included, "It's good, I was somewhere else before and there's no comparison", "The care is excellent here, a lovely, friendly, homely atmosphere", "The carers are lovely. They can't do enough", "The staff are great" and "I was really lucky to find this service for my [relative]."

We saw people's needs were assessed when they moved into Overdale. A detailed care plan was then written, which informed staff what care the person needed and how they wanted to be cared for. This supported staff to provide person centred care to each person living at Overdale. People's needs were reassessed at least every 6 months or sooner if required.

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care to people. All new staff completed an induction and we saw completed induction records on staff personnel files. The mandatory training for care staff included moving and handling, first aid, health and safety, fire safety, safeguarding, the mental capacity act, infection control, food hygiene, dementia and medication. The deputy manager told us that the training took place within the home and was provided by an external training company.

Staff told us the training was good and was regularly refreshed. Comment's included, "It's really good here for training" and "They're always offering more training". People and their relatives also told us the staff were well trained. One relative told us, "[relative] is so much more independent since they came here. They get lots of care. The staff are innovative with problems. They get anything they can to help, not just physically but psychologically too. The level of care is excellent."

The service had arranged for various staff members to become champions in particular areas, such as dementia, privacy and dignity, infection control, pressure area care and moving and handling. The champions were supported to complete an additional qualification via distance learning. Each champion was given a written profile which set out their responsibilities as a champion. The champions were tasked with bringing best practice into the home, sharing their learning and acting as role models for other staff.

The service had a supervision policy in place which required staff to be supervised at appropriate levels depending upon their qualifications, experience and their own identified need. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. We checked staff files and saw staff received regular supervisions from their manager and an annual appraisal. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff told us they found the supervisions useful.

We saw people were asked about their dietary needs and food preferences when they moved into Overdale. People received a range of good quality food and drinks in accordance with their preferences. We saw that where people required a special diet, such as gluten free, this was catered for and was clearly recorded in their care plan. People were very complimentary about the food at Overdale. Comments included, "There is

a choice of food, usually one traditional and one modern meal. I choose the more traditional. The cook's meat is wonderful", "I like it... very good food", "I've managed to congratulate the cook today. The food's so good, I've often thought I should" and "I can't fault them, the food's good. You get a choice of two. I don't eat pork, so they get me pies instead."

Relative's comments about the food included, "They ask me if I want to stay for my dinner. It's proper good home cooking" and "The food is excellent. I've eaten here and it's lovely." People were asked for their feedback about the food and they told us the cook asked them each day what their meal preferences were for the following day.

During our inspection we observed lunch which was served in the dining room. Most people ate in the dining room but we saw that people could also choose to have lunch in their rooms if they preferred this. The dining tables were neatly set and there was a relaxed atmosphere throughout the meal time. People were served their meal choice and were supported to serve themselves vegetables and gravy so they could have as much or as little as they wanted. People were offered second helpings and a choice of different drinks. When desert was served we observed people commenting how delicious it was.

People had access to healthcare services. We saw various health professionals visited the home regularly such as the GP, district nurses and chiropodists. Each care record contained a record of all visits a person received from various health professionals and the outcome of those visits. We saw the service made appropriate referrals to health professionals when required. For example, referrals were made to the falls clinic when the falls prevention plan identified this was necessary. People and their relatives told us staff supported them to access healthcare. One person said, "They have all other professionals coming in. The atmosphere is great."

We checked the design and decoration of the premises was suitable for the people living there. The communal areas such as the lounges and dining areas were homely and comfortable. There was a separate smaller lounge on the top floor where people could sit with their visitors, which was peaceful and quiet. People living at Overdale could access outdoor space at both the front and back of the property. During our inspection we saw garden seats and parasols were set up outside so people living at Overdale could enjoy the sunshine. People and their relatives were happy with the premises, saying "It's like being at home, very relaxed." Some people residing at Overdale were living with dementia and we checked the premises were appropriate for them. The home was well lit throughout and had signage displayed to help people navigate their way around. We saw the doors on people's rooms had their names on and people's bedrooms were personalised with their own possessions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. At the time of our inspection, nobody living at Overdale was deprived of their liberty, however the registered manager had appropriate procedures in place in case this issue arose. They knew how and when to seek authorisation. We found that

all staff had completed MCA training. We saw staff asking for consent when providing care for people living at Overdale. The care records we looked at demonstrated people's mental capacity had been considered and assessed where appropriate.

Is the service caring?

Our findings

People living at Overdale and their relatives spoke very positively about the staff. They told us all staff were very kind and caring. Comments included, "Staff are unbeatable, always a smile, nothing is too much trouble", "They are marvellous. I couldn't fault them", "The staff are so kind and caring to everyone" and "The staff can't do enough for you... They're brilliant. [Deputy manager] is brilliant".

All staff we spoke with said they would be happy for a family member or friend to receive care at Overdale. One staff member had already recommended Overdale to a friend. The staff told us they enjoyed their jobs. We saw most of the staff had worked at Overdale for a number of years and there was a stable staff team. This meant staff had spent time developing good relationships with people and this was evident during our observations. One relative told us, "The staff are happy so they stay".

People were treated as individuals and their choices and preferences were respected. Staff were trained in equality and diversity and we saw the service had an effective equality and diversity policy in place. We observed staff treat people with kindness, dignity and respect throughout the inspection. Staff provided reassurance to people in a patient manner when they were feeling anxious.

Staff respected people's privacy by knocking on doors and waiting for a response before entering. The service also had systems in place to ensure people's personal information remained confidential. Care records were kept securely in the office and a system was in place for the secure disposal of records when necessary.

Staff spoke with knowledge about people's needs and preferences. People's life histories, likes and dislikes were documented within their care records and each person had a key worker who was able to spend time getting to know them. The deputy manager told us they tried to allocate key workers to people living at Overdale based on the likely compatibility of the staff and resident. This supported people living at Overdale to build positive relationships with staff.

We saw evidence of people being involved in the planning of their care. Staff had time to regularly chat to people about this and we saw that each person's key worker completed a monthly summary of how the person had been that month and whether there were any issues.

Throughout the day of the inspection, people living at Overdale consistently told us how comfortable the home was, that it was like one big family and that they felt like they were at home. Comments included, "It's a home from home", "It's like being at home, very relaxed", and "It's very good. Very, very friendly and jolly. Everyone is jolly most of the time". We saw how naturally the staff and residents interacted with each other. The staff echoed these comments saying, "It feels very homely here. It feels like we live here all together. Staff don't wear uniforms so everyone looks equal."

Relatives told us staff made them feel welcome whenever they visited. One relative commented, "We like it because we can pop in whenever we like." The service actively encouraged people and their relatives to

access the wider community together, rather than visits always taking place within the home. Family and friends were also encouraged to attend events and gatherings at Overdale, with an ethos that these events should bring the outside community into the home.

Is the service responsive?

Our findings

People's care plans accurately reflected their needs. We saw people were asked to complete an 'all about me' booklet explaining their likes, dislikes and their normal daily routine. A 'resident profile' was also completed which explained the person's reason for moving to Overdale, their feelings about this, their personal history and how they wanted to be supported to maintain contact with friends and family and their links with the community. This information helped staff to provide person centred care to each person.

We saw evidence that care plans were reviewed every month by the registered manager or deputy manager. The deputy manager told us they talked with each person living at Overdale every month to check they were happy with the care they received. If their care plan needed updating the deputy manager would check the person was happy with the way the update had been written. This showed people were actively involved in planning and reviewing their care and support.

People took part in a range of activities according to their personal preferences. The service organised a variety of regular activities such as a quiz, a relaxation exercise class, various games and bingo. People were actively supported people to maintain their individual hobbies within the home. For example, the service had a computer and 'large key' computer keyboard which was used to write stories.

People told us, "[Deputy manager] is full of energy. She has really revived the activities in the home" and "There's always something going off and something to do. Every so often there's a singer. There's reminiscence." Relatives were also encouraged to participate in the activities. One relative told us they were involved in running the quizzes each week and another said, "Everyday there's some activities and entertainment." During the morning of our inspection we saw a competitive game of scrabble taking place and people we spoke with were particularly enthusiastic about the 'reminiscence' sessions held every Friday.

The service ensured everyone living at Overdale had equal opportunity to participate in activities, regardless of their level of need. For example, the relaxation exercise class included a combination of 'armchair exercises' and also dancing for those more physically able. People told us they thoroughly enjoyed the relaxation exercise class. One person commented, "They call it 'relaxation', but that's a con as we all work hard at it! We do a lot of exercises and we all enjoy it."

We saw a church service took place every Sunday and people were free to participate in this but were not obliged to. A relative told us, "[Relative] is comforted by the Christian ethos. However, there is no pressure to join in for people who are not of Christian faith". People were also encouraged to retain links with their own local churches. People's preferences, interests and religious needs were recorded in their care plans so staff could support and promote them.

The service had an accessible information and communication policy in place which set out how it would support people with a sensory impairment, for example those with sight or hearing impairments. We saw there was a collection of large print books available for people to read and the deputy manager explained

she made large print documents, such as minutes of meetings, so that all residents were able to participate. We saw staff promote effective communication for people with hearing difficulties by getting down to their level and speaking clearly and directly to them.

The service had an appropriate complaints procedure in place. The complaints procedure was clearly displayed in the entrance to the home. It stated that the registered manager would initially deal with any formal complaints. The procedure also gave details of who to complain to outside of the service, such as the CQC. This showed that people were provided with important information to promote their rights and choices.

The service had not received any complaints in the last 12 months however we saw the service also kept a record of minor concerns. The deputy manager told us that if complaints were made, they would be analysed by the registered manager to see if there were any trends. This would help the service to drive continuous improvement. People we spoke with told us that they had not had any reason to complain, however they knew who to speak with if they needed to. People were surprised that anyone would want to complain about Overdale. One person said, "Honestly... I can't think of anybody who'd knock this place".

We saw people consistently received the care and support they needed, including at the end of their life. The service had a detailed end of life policy in place. Where it was appropriate we saw people's care records contained an end of life care plan so staff knew what action they needed to take and how people wanted to be cared for when nearing the end of their life. This meant people were supported to have a comfortable, dignified and pain-free death in accordance with their own wishes.

Is the service well-led?

Our findings

Staff said the registered manager was very supportive and approachable. Comments included, "[Registered manager] is fantastic", "[Registered manager is there for the staff and the people. They regularly check on everyone and they are very approachable" and "It's definitely a well-run service."

We found a welcoming and positive culture at the service that was encouraged by the registered manager and deputy manager. Staff told us they worked together as a team. Comments included, "All staff are great. Everyone gets on as a close-knit group", "We're really good at communicating about people's changing needs. We talk on a daily basis in handover", "We always communicate well within the building" and "Everyone gets on and works well together."

All staff told us they liked working at the service. Comments included, "It doesn't feel like working. I enjoy my job" and "This is the best job I've had. It's a home from home". A relative told us "You can tell the staff are so happy here, they've been here ages and because they're happy it rubs off."

We saw staff meetings took place where the registered manager raised any issues with staff and where staff were given the opportunity to provide feedback about the service. Staff told us they felt like they had a say in the service provided by Overdale. They told us the management team were approachable and operated an open-door policy.

People living at Overdale were regularly asked for their feedback about the service. We saw 'residents meetings' were held throughout the year between the managers and the people living at Overdale. In these meetings the managers shared information about the service and obtained people's views. The last meeting took place on 19 June 2018 and was attended by 10 residents. People living at Overdale gave feedback on the care they received, the atmosphere in the home, the environment, the food and the activities which took place. The minutes showed positive feedback was given in all areas. One person said, "Because the home isn't too big and everyone is close, we are all like one big family who care for each other as well as being able to have a laugh and a joke."

The registered manager sent annual satisfaction questionnaires to people living at Overdale, their relatives, staff and visiting professionals. We saw the registered manager analysed the results of the questionnaires. The last analysis of the surveys returned from people living at Overdale completed in August 2017 showed people were predominately "satisfied" or "very satisfied" with all aspects of the service.

People, their relatives and the staff told us the registered manager and deputy manager were very hands on. This enabled the people living at Overdale and their relatives to have a positive relationship with the management team. The registered manager told us they observed staff's care practices daily and if any issues were identified these would be addressed through staff supervisions and in staff meetings. We saw the registered manager also completed a weekly walk around where they spoke with residents and made observations of the home to check there were no issues. During the inspection we saw the deputy manager was always visible and available to people living at Overdale.

The service had comprehensive policies and procedures covering all aspects of the service. We reviewed these policies and procedures and found they were up to date and compliant with current legislation and good practice. The business manager kept the policies and procedures under review to ensure they reflected good practice.

The registered manager, deputy manager and business manager monitored the quality of the service. We saw a number of quality assurance audits were completed every month, including infection control, health and safety, medication administration and medication stock levels. Quality assurance audits help registered providers to assess the safety and quality of their services, and help to ensure they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the audits were effective in identifying any issues and action was taken to address those issues to help the service continuously improve.

The registered manager was aware of their obligation to submit notifications about various occurrences to CQC, in accordance with the Health and Social Care Act 2008. During the inspection we found no evidence of any incidents that the CQC should have been notified about, where a notification had not been made.