

Ocean Community Services Limited

Overndale House

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 

Overall summary

The inspection took place on 12 May 2015 and was unannounced. At our last inspection in July 2014, we asked the provider to take action to improve the service. This was because the system used to assess and monitor the quality of the service was not up to date. This meant the overall quality of service was not monitored effectively.

After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection, we checked that they had

followed their plan to confirm that they now met legal requirements. We found these actions had been completed and the quality of the service was properly monitored.

Overndale House is one of the services provided by Ocean Community Services Limited. The home is registered to provide personal care for eight people with mental health needs. At the time of our visit there were six people living there.

There was a registered manager for the service. A registered manager is a person who has registered with

Summary of findings

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 felt positive about the staff and the type of support they were given for their particular mental health needs. The staff treated people in a kind and caring way. People and staff interacted positively. People told us they felt able to approach staff whenever they needed to talk with them.

People were supported to eat and drink enough to be healthy and they were actively involved in menu planning and cooking. Menus were planned based on choices and individual preferences.

People's mental health needs were identified and care was planned with their involvement. Staff knew how to support people in a way that met their needs. People were encouraged to make choices about their care and to become more independent in their lives.

Systems were in place so that the requirements of the Mental Capacity Act 2005 were implemented. This

legislation protects people who lack capacity to make informed decisions in their lives. The provider had completed one application under the Mental Capacity Act 2005 and This had been accepted and a DoLS had been in place for the person.

Deprivation of Liberty Safeguards (DoLS). DoLS are authorised to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Staff were properly supervised and supported. They were also able to attend regular training relevant to the needs of people at the home.

The provider had a system that ensured complaints were investigated and responded to properly. People knew how to complain and had access to up to date information to help them to raise concerns.

Regular checks on the quality of care and service were carried out. When needed actions were implemented to improve the service. Checks had recently identified that certain care records needed to be updated This action had been implemented by the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff and people living at the home knew how to report abuse. Staff were also trained so that they understood the types of abuse that occur and how to keep people safe.

People were given their medicines when they needed them. There was a system in place so that medicines were managed safely in the home.

There was a system in place aimed at ensuring staff were recruited safely and were competent to meet the needs of people who lived in the home.

People's needs were met by enough staff who provided a safe level of care and support.

Good



Is the service effective?

The service was effective

Staff understood how to provide people with the care they required. People's complex mental health needs were met by staff who were properly trained.

People received specialist health care support from relevant health care professionals when needed.

The Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards were followed at the home. This helped to ensure that people's rights were protected.

Good



Is the service caring?

The service was caring.

People felt that staff were caring and kind to them. The staff treated people in a polite manner and were respectful in their approach.

People independence was promoted and their privacy respected by the staff who supported them.

People were able to be involved in making decisions about their care if they wanted to be. Care plans reflected people's views and involvement in planning what type of care they received.

Good



Is the service responsive?

The service was responsive

Care plans were written with people's involvement. They showed how to support people with their complex mental health needs.

People took part in a variety of different social and therapeutic activities. People planned what activities they wanted to do as part of their programme of recovery from their mental health issues.

People's views were sought about how the home was run. Surveys were undertaken regularly and feedback was sought. This information was used to improve the service where needed.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

There was a system in place to assess the quality of care. This system was up to date and was used to improve the service people received.

The staff and people who lived at the home felt well supported by the registered manager and the deputy manager. People told us they were able to approach either manager at any time. They also said the home had an open and relaxed culture.

Overndale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

This inspection took place on 12 May 2015 and was unannounced. The inspection team consisted of one inspector.

We spoke with six people who lived at the home. We also spoke with four members of staff. We looked at two people's care records.

We observed care and support in shared areas and also looked at records that related to how the home was managed.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the home. Examples of comments made included “I feel very safe with everyone here”, “The staff make you feel safe if you feel scared”, and “The staff make sure you are alright”.

There was a system in place to identify and respond to the risk of abuse. Staff were able to explain the different types of abuse that could occur. The staff knew how to report concerns. They also said they felt comfortable about approaching the registered manager or other senior staff.

A copy of the provider’s procedure for reporting abuse was displayed on notice boards in shared areas of the home. It had been written in an easy to understand format to make it easy to use.

Safeguarding concerns were reported appropriately and notifications had been made when required to the local safeguarding team and to the Care Quality Commission.

Staff told us that safeguarding was always raised at staff supervision sessions. This included making sure that staff knew how to raise any concerns. Staff we spoke with confirmed they had received training in safeguarding adults.

Staff were also able to tell us what whistleblowing at work meant and how they would do this. Staff explained how this meant they were protected by law if they reported suspected wrongdoing at work. The staff said they had been on training to help them understand this subject. There was a whistleblowing procedure on display in the home. This included the contact details of the organisations people could safely contact.

People’s care plans included information about what actions were needed for staff to follow to deal with difficult situations that could arise. For example, one person’s care plan explained how to support them and help them feel safe when they felt scared due to their mental health needs. Staff were observed supporting people in the ways explained in the care plans.

Learning from incidents and investigations took place and the care people received was updated to ensure it was safe. The records showed the registered manager and staff recorded incidents and occurrences that had taken place involving people at the home. Staff recorded what actions had been taken after an incident or accident had

happened. Risk assessments were updated after any incident where a risk was identified. For example, one risk assessment had been updated after one person’s mental health needs had recently changed making them feel anxious in mood.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to safely meet peoples’ needs. The registered manager told us they had a bank of staff they could access during sickness or leave. We were told that agency staff were used if necessary, but that the service were able to use the same staff each time to ensure continuity for people. We observed there was enough staff who were attentively meeting each person’s needs. For example, staff gave people one to one support whenever they needed it.

Medicines were managed safely and people were given them at the correct times. Medicine charts were accurate and up to date. They clearly showed when people were given their medicines or the reasons why not. Medicine stock was stored securely and regular checks of the supplies were carried out. Staff underwent regular training to ensure they were competent to give people their medicines safely.

Some people were learning how to manage their own medicines. There was a system of staff support in place to help them to do this properly.

Checks on the suitability of new staff were undertaken before they were able to work at the home. The newly recruited staff records included references, employment history checks and disclosure and barring service checks. These had been carried out on all staff to ensure only suitable employees worked at the home.

The registered manager said the numbers of staff were assessed and increased when needed. There was staffing information confirming that staff numbers were calculated based on people’s needs and how many people were at the home. This was to make sure there was enough staff to effectively meet people’s needs and to care for them effectively.

Environmental risks were identified and health and safety actions were put in place to reduce risks and to keep people safe. For example, the back entrance had been identified as a suitable area for people to safely smoke. Action had been taken to make this area safe in all weather.

Is the service safe?

Regular checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. There were also checks undertaken so that

electrical equipment and heating systems were kept safe. Fire safety records showed that regular fire assessments had been completed. There were also regular fire drills undertaken.

Is the service effective?

Our findings

People had positive opinions of the support and assistance they received. One person told us, "Coming here has been the best thing that I have ever done". Other comments people made included, "You can just say to the staff can I have a word and they are there for you at anytime", and "My keyworker is brilliant they follow my care and they help me reach steps in the right direction."

People also made a number of positive comments about the staff. Examples of comments made included, "The staff are all entirely approachable" and "They are brilliant".

Staff assisted people in ways that showed they knew how to support them to meet their needs. Staff used a calm approach with people whose mental health needs had caused them to feel distressed. They also offered people one to one time when they approached them and said they need to talk to someone. When people asked staff for help or assistance, this was immediately provided.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that that mental capacity must be assumed unless a person had been fully assessed otherwise.

Mental capacity assessments were in place and best interest decisions had been held in relation to a person who had been assessed as not having mental capacity. The staff were aware that a best interest decision meeting had been carried out for specific practices that related to this person's care.

The registered manager told us how they ensured Deprivation of Liberty Safeguards (DoLS) was used appropriately. They told us that one completed application had been made in the last year. This was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

Staff demonstrated they understood how to provide people with effective support with their complex mental health needs. They told us how they worked with people to

help them to feel calm when were they felt upset due to their mental health issues. Staff were observed supporting people in the ways they explained and which were also set out in people's care plans.

People were effectively supported to meet their physical health care needs. Each person had a health action plan. The action plans explained how people were to be supported with their physical health and well-being.

Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment. Another person had been referred to the mental health team for additional support.

People were supported to have a choice of suitable and nutritious food and drink that they enjoyed. The people we spoke with said they liked to prepare and cook their own food. Examples of comments made about the food included, "I cook for everyone," and "The staff help you if you need it".

People made their own lunch and we saw people were able to choose what they had. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example one person needed a high protein diet and this was provided for them

There was information in care records that showed how to assist people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The registered manager told us that the staff team and the chef had recently been on a training course to help them to be able support people effectively with their nutritional needs.

Another person with specific nutritional needs was being advised and supported by a health care specialist. The records confirmed staff monitored people's health and well-being. People told us they were supported to see their doctor if they were concerned about their health.

Staff received training to enable them to support people effectively. Staff spoke positively about the training opportunities that they were offered in a range of subjects relevant to people's mental health needs. The training records showed staff had attended training in a range of

Is the service effective?

relevant subjects. These included a course about mental health issues, health and safety matters, including moving and handling, first aid, infection control and medicines administration.

There was an induction-training programme for new staff. The staff induction programme included a range of areas including how to support people with complex mental health needs and safeguarding adults.

Staff told us they were well supported by the register manager and the deputy manager to effectively support people with their needs. Staff received regular one to one supervision and they said these meetings were useful and helped them to support people more effectively. Supervision records confirmed staff were being regularly supervised in their work and overall performance.

Is the service caring?

Our findings

People spoke positively about the staff and their approach. One person told us, "They have all been so brilliant to me". Another comment made was, "They are all caring".

All of the interactions we observed between staff and the people using the service were positive and friendly. The atmosphere was warm, relaxed and calm. People were laughing and interacting with staff. Staff responded promptly and attentively when people wanted support and time to talk with them. For example, certain people needed one to one time because of their mental health needs and this was provided.

Staff assisted people in a way that demonstrated they were caring in their approach. For example, staff used a calm approach with people who were anxious. They also used warm gentle humour and encouragement to motivate people with household chores. People responded positively to staff when they used this approach and looked relaxed in their company.

Staff told us part of their role was to assist people to gain independence in their daily life. They also said their role was to see things from the individual's perspective and ensure people received care centred on them as a person and what they wanted

Staff told us how they provided personalised care for people that met their needs. This meant they cared for people in a way that respected them as a unique individual and put them at the centre of all decisions made. For example, people got up at times of their choosing and they were supported to plan their day in the way they preferred. This also meant they got to know people very well and as a result were able to meet their full range of needs. The staff also said this meant they built up close trusting relationships with the people they supported.

People were supported to be as independent as possible. For example, people made drinks and snacks for themselves. People at the home also had their own part time employment. They told us this helped them with their self-confidence.

There was an open plan kitchen for people and their visitors to use. People used the kitchen and made themselves drinks and meals. This showed how the environment supported people to do things independently.

The people we spoke with told us they had a keyworker who supported them with their care needs. They told us the staff sat down with them regularly and discussed their care plans. One person told us they were being helped to become more independent. They said this included meal planning and building up their confidence in the community. People told us staff were supportive and worked with them to try and help them plan their own care.

People told us they met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received.

There was a courtyard and garden where people could walk safely. There was a dedicated activities area and quiet rooms. People were sat in the different shared areas in the home. This showed that they were able to have privacy as they could lock their door and be alone when they wanted.

Each bedroom was a single room and this gave privacy as each person had their own key to their room. Rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely.

There were notices displayed on notice boards in shared areas informing people about advocacy services. Advocacy services are independent organisations that support people to have their views represented. At the time of our visit, there was no one using these services.

Is the service responsive?

Our findings

People were supported to take part in a variety of social and therapeutic activities. Each person was encouraged to complete a timetable of weekly activities that they wanted to take part in. Every person we spoke with said this was a positive activity to complete. This was because it was part of their programme of recovery. These included social activities, going to the gym, voluntary work, college courses and cooking. The staff encouraged and supported people. One person we spoke with told us, "I like to cook for everyone". The person concerned made cookies for people during our visit.

One person told us they were working towards increasing their levels of independence because they wanted to move to a supported living service. Care plans also included goals that people had set such as building up confidence. Another person told us they had recently gained employment. They told us it had helped them with their self-confidence and that they enjoyed being part of the local community.

Some people were carrying out daily tasks in the home and staff were observed supporting people to tidy their rooms. Staff and people they were assisting looked engaged in the tasks together. Care plans reflected how to support and encourage people with activities of daily living. The staff were providing assistance in the ways that were explained in the care records.

People who lived at the home had a key worker. A key worker is a member of staff who provides additional support for a named person at the home. People knew who their key worker was and spoke positively about the extra support they gave them.

People's care plans showed they were encouraged to plan and decide what sort of care and support they wanted. The

care plans set out what actions were required to assist each person with their mental health needs. For example, care records explained that some people needed motivation with their personal care.

People received personalised care that was responsive to their needs. The care plans showed that people had been asked about their individual preferences and what goals they wished to reach. These were called personal recovery plans. Care plans included personal histories about people including information about their family and friends and life before they came to the home. This information had been used to ensure people were supported in the way they preferred.

People, their families and professionals involved in their care were sent a survey form at least once a year to find out their views of the service. The registered manager and a senior manager reviewed the answers people gave. Examples of the areas people were asked for feedback about included their views of the staff and their attitude and approach, did they feel involved in planning their care, what activities they were interested in, and the menus. When people had raised matters of concern, we saw that actions were identified to address them satisfactorily.

All of the people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the registered manager. One person said, "I go to my keyworker". Another person told us "I would see either of the managers".

Each person was given a copy of a welcome pack about the home. This included their own copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them. Each person was given a copy of the home's service user guide. This contained key worker details, useful phone numbers, a client charter of rights, safeguarding contact details and a copy of the complaints procedure.

Is the service well-led?

Our findings

At our last inspection in July 2014, we asked the provider to take action to make improvements. This was because to the system used to assess and monitor the quality of the service had not been kept up to date. This meant the overall quality of service people received had not been effectively monitored. At this inspection, we found that the quality of the service was being properly monitored.

Health and safety audits and quality checks on the care received were carried out regularly in the home. Action was taken where risks were identified. For example, items in the kitchen utensils that could cause harm were stored securely. They also showed that people were regularly asked to give their views about their care. One person had made a suggestion around meal planning and this had been addressed by the registered manager and staff.

People told us that the registered manager was, “A very approachable person.” Another comment made by people was that both managers were “Very good”. The registered manager and deputy manager spent plenty of time with people and staff.

The registered manager and deputy manager were open and accessible to people and the staff. People who lived at the home went to the office to see the managers during our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them.

Staff meetings were held regularly. Staff told us they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. Subjects included people’s current mental health needs to ensure they could still be met.

The registered manager kept up to date with best practice in mental health care by attending meetings and provider forums to keep informed of current best practise and

guidance. These meetings were attended by other professionals in the mental health care field. They also told us they shared information and learning from these meetings with the staff team. They also told us they read journals about health and social care topics.

The staff were able to tell us what the provider’s visions and values were. They explained the values included being person centred and inclusive. The staff told us that they made sure they considered these values when they supported people. They said this meant ensuring people were respected and encouraged to make their own decisions in their daily life.

People told us that they were asked for their views about the service and they had regular house meetings. There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people’s comments. For example, plans were being put into place for a number of house events and trips to take place.

The registered manager told us that people who lived at the home were represented on recruitment panels when new staff were employed. This was one way that people were actively involved in the running of the home.

Staff completed a staff survey which asked for their views of working at home and if suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the management.

A senior manager visited the home on a regular basis to audit the service. They met people and staff as part of this process. They wrote a quality audit report each time they visited. They had highlighted actions for the registered manager to take after their last visit. These included the need to ensure certain care records were up to date. The registered manager had acted upon these recommendations after the last visit.