

Overstone Retirement Home Ltd

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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

The inspection took place on 17 August 2018 and was unannounced. This is the first inspection of Overstone Retirement Home Limited since the location registered in October 2017.

Overstone Retirement Home Limited is a 'care home'. 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. Overstone Retirement Home Limited accommodates 15 people in one adapted building. At the time of the inspection there were 15 people living at the home.

The location was also registered as a domiciliary care agency, however at the time of this inspection this was solely to provide personal care to people living in bungalows on the care home grounds. Not everyone living within the five bungalows received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there was only one person receiving regulated activity.

At the time of the inspection a new manager had recently been appointed but had already started her application to register with the commission. 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 told us they felt safe and were happy living at the home. We saw appropriate training was in place to ensure staff were knowledgeable about safeguarding procedures. In addition to safeguarding, staff received regular training as part of a mandatory training program. Areas included dementia care, fire safety, health and safety and nutrition.

Staff recruitment followed a clear process and completed appropriate checks to ensure staff were safe to work with vulnerable people. The rotas we reviewed showed staffing levels to be consistent and both people and staff told us there were sufficient staff on duty each day.

People were complimentary of the food provided. The cook told us they had flexibility with the menu. They said if people requested specific foods the menu could always be adapted.

The manager and staff were knowledgeable about the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of the inspection there was no one deprived of their liberty but the staff were aware of the processes they needed to complete if they felt someone did not have capacity.

Family and people were very complimentary about the staff and the management team. One person we

spoke to described the home as a hotel, with another saying this was their home now and they were happy there.

The home had regular activities available, such as daily film night and a weekly exercise class. In addition to that people described on off activities that took place such as a magician or family Christmas buffet.

The manager had appropriate audits in place to ensure the care provided was safe and the service was meeting all the required standards. Every eight weeks, people were asked their opinions on a number of areas of the service such as staffing, housekeeping, laundry and food.

Medicines were managed safely. People were supported with their medicines in a caring manor, where people had the capacity to manage their medicines they were encouraged to do so.

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.

Medicines were managed safely and where applicable people were supported to manage their own medicines.

Staff were knowledgeable about types of abuse and were confident about what they would do if they were concerned about a person.

The manager had a clear recruitment procedure which included appropriate checks to ensure staff were safe to work with vulnerable people.

Health and safety checks were completed regularly to ensure the building was safe and fit for purpose.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported. The provider had a mandatory training program and the manager completed regular supervision and yearly appraisals with the staff team.

The manager was aware of the principles of the Mental Capacity Act. Where people had a Lasting Power of Attorney in place this was clearly recorded with appropriate supporting documentation.

People were complimentary about the food that was provided. The lunch time meal we observed was a social experience.

Is the service caring?

Good ●

The service was caring.

People and relatives were all complimentary about the caring nature of the staff, the manager and the provider.

People told us how the provider played an important part in the home, and was key to the caring atmosphere.

The home had a new puppy and everyone played a part in looking after the dog and caring for it.

Is the service responsive?

The service was responsive.

The care records we reviewed were person centered and described in detail the routines people preferred and their individual likes and dislikes.

Regular activities were provided in the home. People told us they were all to their taste and particularly enjoyed their evening film together.

There had been no complaints since the service registered.

Good ●

Is the service well-led?

The service was well led.

Everyone (people, relative and staff) we spoke to were very positive about the inclusive culture within the home.

The manager had a range of audits and quality surveys to ensure they were monitoring the service and driving improvement.

The provider played an active role in the daily running of the home.

Good ●

Overstone Retirement Home Limited

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 inspection took place on 17 August 2018, was unannounced and was carried out by one inspector.

Prior to the inspection, we checked information which we had received about the service. This included notifications which the provider had sent us.

We contacted the local authority's safeguarding adults team and contracts and commissioning teams. We also contacted the local Healthwatch. 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 their feedback to inform the planning of this inspection. During the inspection we also spoke to district nurse who was visiting the home.

We spoke with three relatives and five people. We spoke with the nominated individual, manager and five staff. We examined three care files and records relating to staff. In addition, we checked records relating to the management of the service such as audits and reviews. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

Is the service safe?

Our findings

When asked, people told us they felt safe living at Overstone Retirement Home. One person said, "I couldn't ask for anymore, they look after me fantastically." One relative said, "I can now go on holiday knowing he is in safe hands as I know the staff have his best interest as their priority."

Staff were knowledgeable about safeguarding processes and could describe different types of abuse and what they should be looking out for. One staff member said, "We have all been trained and we know what to look out for." Another said, "We have a good team, I'd speak to the manager or the owner if I thought there was anything wrong". The manager told us they would discuss any concerns they had with the local authority safeguarding team. We noted that when potential safeguarding concerns arose, the manager and staff team did their best to ensure people were protected from abuse.

The manager had a checklist for recruitment that she worked through for each new starter. It included things such as two written references, an application form or CV and a disclosure and barring service (DBS) check. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two new staff members were in the process of going through the recruitment procedure so the manager talked us through their checks and where each person was up to.

People living at the home and staff all told us without question that there were sufficient staff. One staff member said, "There's always enough staff and two new people are joining the team as well, so that will be great." We reviewed the staffing rotas and noted they were consistent, with some staff working both day and night shifts to provide flexibility if cover was required.

We observed some people receive their medication during the lunch time period. For each person's medicines the staff member explained to them what their medicines were.

The medicines room was well organised and clean. Each person had their own labelled box, and a separate box was available for any returns. At the time of the inspection two people administered their own medication. As they received a months' worth of medication from the pharmacy at once they had agreed with the home they would keep a week's worth in their room and the remaining would be stored securely in the medicines room. This meant people were able to remain independent whilst minimising potential risks of having a large volume of medication in their room.

All items that were required to be stored in the fridge were, and with appropriately labelling with the expiry date and the date the medicines were open. The fridge temperatures were checked and recorded each. The recording sheet had the appropriate temperature range documented so this could be cross checked on a daily basis.

The manager or senior care staff completed a stock check every month. During this process they checked all the medicines boxes, that labels were correct and they listed all of the medicines for each person alongside

the issue date and the quantity. In addition to this, we saw there were monthly medication administration record (MAR) audits completely monthly.

Between the maintenance person and the manager there were appropriate safety checks in place to ensure the premises were safe. The fire alarm, fire escapes and fire doors were all checked weekly. We saw the checks were all recorded and signed. The fire extinguishers were all checked monthly and there was a supporting list of all locations where fire extinguishers were located and their types. As well as the internal audits, the provider had arranged for an external company to complete an annual test. We saw this was completed in August 2018 and included the fire alarm, emergency lighting and door closer checks.

Staff told us they had also received up to date fire evacuation training. One staff member said, "The fire training course was really good the other day, I like how we are kept up to date." We also spoke to the maintenance man who was very proud of the home. They said, "Everything is done right, the most important thing is the residents and their safety. I do a fire alarm test every week. I keep it to a Thursday as the residents like a routine. I still tell them before I'm due to do it. Every time I'm walking around the home I do visual checks. We want it always to be right for them."

The manager had an accident recording form which was used to document any accident or incident. This included a full description of the incident, any first aid action that was taken and whether GP and relatives were informed. The manager had a monthly review form where they produced charts and graphs for both falls and weights to help review any trends. From the records we reviewed they were detailed. We noted the manager retrospectively filled in the documentation for any incidents that had taken place out of the home, for example, when people were out with their family, to ensure that a full picture was always available.

Where people were at risk, for example at risk of falls, we saw that detailed risk assessments were available and the information was also referenced in the care plan. For example, one person was at risk of falls. The risk assessment included the risk level, the existing control measure and any additional control measures to control the risk. For example, the control measure was they used a walking frame, the additional control measure was to ensure they received all their medication appropriately and remind them of their buzzer so they could request support if needed.

Is the service effective?

Our findings

People we spoke to were very complimentary of the food at the home. We observed the lunch time meal and found it a very relaxed and welcoming atmosphere. People were very chatty and shared stories about their morning and asked about their relatives. One relative said, "The food is excellent and my [relative's] appetite has improved and he often tells us he has clean plates!" One person said, "The food is always lovely, I can't recommend it enough." One staff member said, "The food always looks lovely, it's so appetising."

We spoke to the staff member in charge of the kitchen. They were very happy in their role and had worked at the home a long time. They said, "I have the freedom with the menu but the residents all get involved. People request certain foods. They'll come and chat and say, 'do you fancy doing this?' or 'You know what you haven't cooked in a while?'"

On the day of our inspection the lunch time meal was cod loin topped with leek and mushroom and crispy cheesy crumbs, with baked potatoes or mange tout, broccoli and sweetcorn medley with buttered spinach. As the staff were clearing the tables, people were very complimentary about the food. There was a lot of, "That was lovely thank you," and "I really enjoyed today's fish."

In the dining room we noticed there was a fruit bowl with fresh fruit available for people to take at any time throughout the day. There was also a coffee machine and individually wrapped biscuits so people and visitors could access drinks whenever they preferred. We saw people were regularly offered drinks throughout the day. Staff told us that people who chose to stay in their room throughout the morning often came down at 11am and used the opportunity to have a cup of tea together and to socialise.

Staff were very complimentary about the training and support that was available to them. The provider had a set training program which included first aid, safeguarding, the Mental Capacity Act, equality and diversity, fire safety, food hygiene and end of life care. The manager was passionate about ensuring the staff team had the appropriate skills to provide the right level of care. She explained that all of the staff team had received dementia training and that as and when a new person moved into the home they would ensure the skills of staff were up to. For example, at the time of the inspection there was no one at the home who required input from the speech and language therapy team or needed a soft diet because of a choking risk. The manager advised that if a person required this support they would ensure all of the staff received refresher training to ensure they were up to date.

Staff we spoke to were very happy in their job. One said, "The change in manager is always unsettling but we are in a good place. I get all the training and support I need." Another said, "I had a lot of training when I started but have been doing refresher training too. I got support from other staff members when I started, it's a team effort here."

The manager completed supervisions four times a year. This included observation of practice, including areas such as hygiene, nutrition and general care and support observations. Appraisals were also conducted

yearly, based upon the staff members start date. A new appraisal document had recently been launched which included professional and personal attributes as well as practical skills. Staff were complimentary about the supervision and appraisal process. One said, "Supervisions and appraisals are relaxed, you feel as though you could come to them."

People's needs were assessed and care and support was delivered in line with best practice guidance. During our visit a district nurse was visiting to support one person. They said, "We have an absolutely fantastic relationship with the home. All of the staff are approachable. If they have any issues they always talk to us." We observed the handover between the professional and the senior care work and noted it was very detailed and the senior care worker asked questions to ensure they knew what was expected of the home in between visits.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no one at the home required a DoLS and the home was working within the principles of the Act to ensure everyone could make choices about their care and was involved in deciding the care and support they received.

Where people had a lasting power of attorney (LPA) in place we saw these were clearly documented within the care documentation and a copy was available. The home had an emergency pack in the front of each care plan which had relevant information in should the person be admitted to hospital. We noted LPA and whether the person wishes to be resuscitated had also been documented appropriately.

People were very complimentary about the home and its décor. One relative said, "It's a lovely home, everything is always immaculate." People appeared very relaxed in the environment and could navigate themselves around. People were keen to tell us how accessible the garden was and how most people in the home enjoyed spending time outdoors.

Is the service caring?

Our findings

People living at the home told us how happy they were and compared it to staying at a luxury hotel. One person told us, "It's like a maid service, they make my bed and have everything in my room perfect." One relative said, "You feel so welcome. [Family member] gets great care. Everyone knows people, it's all so personal." Another relative said, "When my [relative] came to the point of needing care it was my first choice because I had experienced first-hand the care and attention given to my friend."

People told us how relaxed they felt. One person said, "Honestly, this is my home now and I wouldn't have it any other way. I get to relax and read my book and look out at the lovely garden." Another person told us how they liked to have a glass of sherry with their lunch time meal. They said, "They look after every little detail."

People all talked to us about the provider and how they played an important part in the home and the caring atmosphere. One relative said, "I must mention [the owner] who makes it her business to get to know the residents personally and helps to create the warmth and fun that is a part of everyday life." The manager also talked to us about how the provider supported them in being able to provide personalised care. They described how one person had been saying how they used to make ginger marmalade and they really fancied some. The manager rang the provider and asked if they could get some on their way in. The manager described the story with passion, that they were able to provide the person with something "they fancied".

The home had a new puppy and we saw how much joy and laughter this brought to everyone. One person said, "It's terribly funny watching the dog. It's been the highlight of my morning." We observed staff, the manager and the provider ensuring that everyone was a part of discussions if they chose to be. One person was registered blind, whilst everyone was laughing and playing with the dog, the provider ensured the person remained involved, they described to them what the dog was doing to make everyone laugh so much. They then continued to talk about the dog's food and eating habits. They felt the dog food and discussed its texture. They appeared really relaxed and a part of the discussions.

One relative described how important the atmosphere was to the home. They said, "It's like a family place, we always know people are cared for here." Another relative said, "My [relative] has settled incredibly well for which we are very grateful to the staff. When I say staff, I don't just mean the care staff, who are very warm and friendly but I include the cleaners and the handyman." We noted this to be true when we spoke to all of the staff team during our inspection. For example, the handyman said, "I always work hard to meet their needs. It's the little jobs that maybe they can't do on their own, like putting a battery in. We might find it easy but it's important to remember that others might need support. Anything to help them receive care and support."

At the time of our inspection no one was receiving support from an advocate but the manager had information available and knew how to support people if the service was required.

Is the service responsive?

Our findings

People told us how activities were arranged based upon the requests of people within the home. One person told us about how each night the majority of people watched a film at 7pm. They said, "It's 7pm and we pick a film and all watch it together. It's lovely to have the company."

The manager told us about how one person had expressed they would like a talk about Northumberland and its history so they were in the process of arranging for the talk to take place. One staff member told us about how there were chair exercises or yoga each Thursday. Everyone we spoke to was happy with what was available and that they could always suggest new ideas if there was anything that came to mind.

The manager told us how they had received an advert for a magician and how they weren't sure whether people would enjoy it but they asked everyone whether they wanted the home to book him. All except for two had shown an interest so the home arranged for the magician to come.

Lots of people told us how they loved to spend time in the garden. During our visit we saw people making the most of the landscaped garden and enjoying walks. One person said, "The path is perfect, lots of people use the garden and have a walk around." Another said, "It's the most lovely garden. Even if it's damp outside the path goes all the way round. We've had some glorious days outside recently, even our meals too."

Staff told us about the recent summer fate the home had hosted. The manager said this year's summer Fate was all to raise money for the Air Ambulance service, and how they picked a different charity each year. People living at the home made cards in the weeks before the Fate so they could be sold to raise money. They also made cakes and had a guess the name of the scarecrow.

Staff we spoke to were very knowledgeable about the people living at home. We saw the care records had sufficient information so that any new staff member would also know the key details important to the person to care and support them. For example, one care document included the person's daily routine, including their morning, afternoon, evening and bedtime preferences. They were specific to each person. For example, One record noted, "[Name] likes to put pin curls in her hair before bed" and "[Name] does not sleep very well and is often lying listening to her radio on checks."

During our visit the district nurse was visiting the home so we discussed the home and the care delivered with them. They said, "It's very much a home. People are well looked after and safe."

The manager told us since the registration of the service they had not received any complaints. They explained that when anyone moved into the home they discussed complaints and concerns with them and their family to ensure people felt comfortable discussing and providing feedback.

At the time of the inspection no one was receiving support with end of life care but the manager advised that staff had been trained and people had received care and support during their end of life whilst living at the home.

Is the service well-led?

Our findings

People told us how the home had a welcoming atmosphere and everyone was involved in the running of it. One relative said, "Everyone is a part of the home, it's the most lovely atmosphere." Another relative said, "We are all a part of the home and the family atmosphere."

People who lived in the bungalows often spent time with people living at the home. One person came to the home for most of their meals. They told us it was nice to have the choice and how they always felt a part of things that were going on.

The manager had recently been appointed in to her position but was knowledgeable about the service as she had worked there for 10 years prior to her promotion. At the time of the inspection, the manager was in the process of registering with the commission, and had submitted their application. People and staff were positive about the change in management. One staff member said, "It's always difficult when there is a management change but we are in a good place."

The manager issued a "resident quality assurance questionnaire" every eight weeks. The questions included all different areas of the home and whether there was anything they would like to improve. Areas included, people's rooms, laundry, the care staff, management, maintenance, catering, the garden and entertainment. We sampled the returned forms and noted positive feedback from people, including 'A good hotel with a very nice room and food', 'Bedding and towels changed once a week, clothes returned and ironed within 24 hours, mended when necessary' and 'Well satisfied, the food is always lovely'.

The manager had a range of audits in place to ensure the home was delivering a safe and quality standard of care. For example, premises checks included six monthly smoke detector checks and monthly checks on cleaning extractor pipes on the tumble dryer. The house keeping checklist included electrical appliances, as well as checks whether the windows could be opened and if the window restrictors were secure.

Staff and people described how the provider was regularly involved, and visited daily, how the manager was open to people's involvement and how people felt a part of decision making. One person said, "It's up to us what we want, they ask how things are all the time. It's always good though." One relative said, "Me and the family are a part of it all." One staff member said, "It's lovely, it's more like a family than a care home. The relatives come in and out, it's a family atmosphere. Residents get whatever they want, they can do whatever they want. In the summer they've been out planting in the garden, they had a garden club going on." Another staff member said, "The provider is in every day. She's part of the big support network."