

Overington Care Limited

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Inspection report

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Overall rating for this service	Outstanding
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Outstanding

About the service

Overington Care provides personal care and support to people in their own homes. At the time of inspection, 10 people were using the service who had a variety of needs

People's experience of using this service and what we found

People received care and support that was highly responsive.

Each person needs and wishes were placed at the centre of how their care was planned. The manager had created and championed a compassionate and innovative service.

The service had won numerous awards for the quality of care and 'customer' service.

The service worked closely with other professionals and organisation involved in people's care.

There were many different innovative ways people were supported. These were to prevent the risk of social isolation and enhance the quality of people's lives.

People were supported to be engaged in activities away from their homes.

The service worked closely with healthcare professionals and provided outstanding end of life care.

The manager was a dynamic and prominent role model. They took a leading role conveying values and standards they expected staff to embrace. They did this by focussing on continuous improvement leading to positive outcomes for people.

The service took a key role in the community. They had built up strong links with local hospitals.

Regular social activities, events and networks were held. People who lived in isolation were encouraged to attend. The service had built up strong links with the community. They regularly supported charity events. The manager always aimed to improve the quality of service.

There were effective ways used to seek people's views on the service.

The quality of the service was properly checked and monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was Good (published October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We always ask the following five questions of services.

Is the service safe?	Good
The service was safe	
Details are in our Safe findings below.	
Is the service effective?	Good
The service was effective	
Details are in our Effective findings below.	
Is the service caring?	Good
The service was caring	
Details are in our Caring findings below.	
Is the service responsive?	Outstanding
The service was exceptionally responsive	
Details are in our Responsive findings below.	
Is the service well-led?	Outstanding
The service was exceptionally Well Led	
Details are in our Well Led findings below.	

Overington Care Ltd

Detailed findings

Background to this inspection

The inspection:

• We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two 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. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults and people with dementia.

The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us. The manager was also the registered provider of the service.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because we needed to be sure that people and staff would be in.

The Inspection site visit activity started on 26 February 2019 and ended on 1 March 2019. We visited the office location on 27 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the public, local authorities and clinical commissioning groups (CCGs).

We asked the service to complete a Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and four relatives.

We spoke with the registered manager, a care coordinator and five three care workers.

We reviewed three care records, three staff recruitment files, and audits.

We also checked many records related to how the service was run.

We requested additional evidence to be sent after the site visit. This was received and the information was used as part of our inspection.

Our findings - Is the service safe? = Good

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe. One person said, " I feel safe all of the staff are trustworthy."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these.
- Staff demonstrated a good insight and awareness of safeguarding procedures.
- The staff also knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed.
- People's needs and type of care and support they wanted had been assessed prior to them beginning to use the service.
- Each person had a risk assessment to guide staff on how to protect them.
- Potential risks health, safety and welfare had been clearly identified.
- Risks which affected people's daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly recorded.
- Risk assessments relating to people's homes were in place. These included use of the stairs, and any equipment to be used in the home.

Staffing and recruitment

- Visits were well planned and staffing rotas were appropriate to safely meet the needs of the people they visited.
- All staff spoken with said there was enough time for all their visits.
- People all said they felt staff always had plenty of time to fully met their needs in a relaxed and person-centred way.
- One person said, "I have four visits a day and they always come on time."
- Recruitment practices continued to be of safe and suitable new staff were employed.

Using medicines safely

- People continued to be well supported to manage their medicines safely.
- There were effective systems for ordering, administering and monitoring medicines for people who needed support in these areas.
- Staff were trained and checked before they administered medicines. Medicines were secure in people's homes and records were kept.
- People told us staff took time with them and were respectful in how they supported them.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.

Preventing and controlling infection

- Staff had been properly trained to understand what to do to minimise infection control risks
- Staff had plenty of gloves, plastic aprons, and hand gel to take with them on all their visits.
- To help staff follow safe practise there was infection control guidance in place. All staff had read this guidance.

Learning lessons when things go wrong

- There was an up to date record of all accident and 'near misses' involving people and staff.
- The manager completed regular audits of all these occurrences.
- The records seen had been fully reviewed by the manager.
- Actions were put in place when needed. For example, the manager told us about a recent situation when they had been concerned about the care of a person from another service. They had taken actions to make sure the person was safe.

Our findings - Is the service effective? = Good

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People’s outcomes were consistently good, and people’s feedback confirmed this.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

- People were very happy with how they were cared for and how their needs were assessed. One relative told us “There is a really good interaction. My relative gets confused and they always seem to know what and when to say things’ ‘They go over and above what is to be done. For example, they do her nails and they will give her a foot spa, little touches which she really enjoys.”
- Another relative told us, “They are excellent with her, it’s like a breath of fresh air. They handle her better than I do, I always hear them laughing.”
- People told us how the manager involved them in planning and reviewing care. One person said, “All the time’. ‘I tend to speak with the manager about what is going on. They take the lead from me and its acted on.”
- Staff had a very good understanding of people’s needs and how to meet them.
- Staff also told us how they offered people choices in how they were cared for. For example, what did people want to wear, what did they want to eat, what type of person care would they prefer.

Staff support: induction, training, skills and experience

- New staff were supported to complete a thorough induction which included training in key subject areas and the completion of the Care Certificate. The care certificate is a nationally recognised qualification which provides new staff with skills and knowledge.
- New staff shadowed experienced colleagues before delivering care on their own.
- Staff told us when they started work on their own the manager was always there to call and give advice.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported and encouraged people to have a meal of their choice and type.
- When people needed help to eat or drink they were very satisfied with their support. Meals were prepared, cooked and served as they should be.
- One relative sad about the choices being cooked by staff, " She’s always got something different.”
- Another relative said “They help my wife to some extent, prepare the food for us then she just puts it in the oven”. This showed staff were helping people to keep independence.
- Some people were left snacks and drinks between care calls so they did not become hungry or dehydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Health visits were recorded, recent appointments included; dentists, chiropodists, epilepsy nurse and GP's. People had hospital and health passports which were shared with professionals.
- Staff supported people to access healthcare services. Staff and the manager made referrals to healthcare professionals including GPs, district nurses, occupational therapists and physiotherapists.
- Staff ensured care records reflected involvement of healthcare professionals and outcomes from of appointments.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their optimum health and get to healthcare services.
- The manager told us they had a good relationship with the local district nurses and other professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People made decisions about the care and support they received.
- Care records clearly how to support people around making decisions. This meant staff had guidance to offer the person the choices about they wanted.

Our findings - Is the service caring? = Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative gave us an example of staff going the extra mile to support their family member. “The other week when X was agitated, they stayed overnight with my permission. They were concerned about their health and stress levels. One person said, “They treat me with dignity, helping me into the shower.” Another person said that staff were “Very kind, very caring, always nice, pleasant and kind.”

- A relative told us about the staff attitude they said “It’s just that general demeanour, how they speak, wash X, dry them. Compassionate about it all, he then tends to relax. They seem very aware of how intrusive personal care can be. They treat him with great compassion, he loves them.”

Supporting people to express their views and be involved in making decisions about their care

- People's care plans were written from their perspective, focusing on how people preferred to be supported with all aspects of their day to day lives.
- Staff were skilled and understood people's complex communication needs.

Respecting and promoting people’s privacy, dignity and independence

- One relative told us “It’s just that general demeanour, how they speak, wash them dry him. They are compassionate about it all, he then tends to relax. They seem very aware of how intrusive personal care can be. They treat him with great compassion.”

Our findings - Is the service responsive? = Outstanding

Responsive – this means we looked for evidence that the service met people’s needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people’s needs, preferences, interests and give them choice and control

- The service was exceptional in responsiveness and personalised care.
- People praised the manager for the way they were supported. One person told us, how responsive the manager was "The manager listens to me and dad all the time. She is very respectful in the house, she explains issues about Mum to him, and repeats it to him' She talks to Dad, she is very caring, she says' we'll sort it out. "
- The manager had a clear drive and passion and worked with other agencies dynamically. This was to create an engaged community where people were supported to access events and follow their interests. People were supported by the manager and the staff to go to a local community-based café. People told us this gave them the opportunity to meet other people and reduced the isolation they sometimes felt.
- The manager regularly went out with people on trips often in her own time. They had very recently taken a person out to the seaside for fish and chips. The registered manager told us they saw it as an essential part of their role to keep in close contact with people the service supported.
- One relative told us about their views of the manager "They listen to me and my relative all the time. She explains issues about my relative to us. "She is very caring." Another relative explained to us "When they first came, they came in a seven-day week, then we changed it to a four-day week, then back again to seven. They responded and agreed it. They are flexible, listen and try and fit in with you."
- The service had moved over to electronic care records. Currently all staff had their own tablet for instant live access to records. The system was being enhanced further so that it could be used for people and relatives to access.
- Care records were person centred and the provider ensured people were fully involved in discussions about how they wanted care and support to meet their individual needs. The provider was flexible in how they provided support to people with regular reviews if people's needs changed. This meant people received the correct care and support they required at all times.
- Care records were uploaded onto an electronic system. This could be accessed by office staff and care staff with the most up to date information via a smartphone.
- Relatives, with permission, could also access their family member's records to view what care and support had been completed.
- Care records contained contact details for people, their relatives and health and social care professionals who were involved in their welfare. There was a summary of medical histories and health conditions. They also included people’s personal histories, which enabled the staff to develop caring relationships with people.
- When people began to use the service, the manager carried out a review with the person to check people were happy with the care and support being provided.

- Care plans had a detailed overview of support the person required. They included people's personal care needs and preferences. Staff were supported to understand people's needs. All care people needed was fully gone through with staff before they began providing care. Staff confirmed they always read people's care plans. This ensured staff were providing care and support appropriately to the person and in the way they wanted it to be provided.
- The manager introduced people to staff beforehand and this was an opportunity for people to let staff know how they would prefer to receive their care. People were carefully matched with staff who could best supported them. For example, around cultural, religious, and social needs.
- Relatives told us about creative ways the service planned visits with people and responded flexibly "They go above and beyond. Over the last few weeks when it's become difficult, they stayed with my relative a bit longer. They took him for tea." This had a positive impact on the person and their relatives who were confident their needs were being met.
- Staff had outstanding skills and knowledge about people. Feedback showed this insight was used to help people live full and meaningful lives. For example, one person was being supported to enjoy a craft as a hobby they had taught for many years. We were told this had a positive impact on this person's wellbeing.
- People and relatives all told us they were involved in developing their care plans. One relative told us, "We do it together they are very aware. they are very professional." A second relative said, " I ask and they say, 'leave it with me and I will sort it out, the manager bends over backwards to help."
- The service used technology to ensure people received care at the right times. People and relatives all told us staff were on time, stayed the agreed length of time. The provider had an electronic system in place to monitor the times staff cared for people to check staff timekeeping met the expected standards. This also meant the provider could react if a care worker was unexpectedly delayed, to ensure a visit was not missed.

Improving care quality in response to complaints or concerns

- There were easy to use systems to investigate and respond to concerns or complaints.
- People and relatives had confidence the registered manager would respond correctly and swiftly to concerns or complaints they raised.
- One relative told us how responsive the service was "Just simple things like the way I put the bed mats and sheets. They listened when I said could you put an extra mat to save the washing' 'To keep my relative warm, they always ask if she is warm, does she want a blanket. They listen to what I said about her being cold.' In the care plan for this person it stated they did not like bright lights One staff member told us they "draw the curtain because I know [person's name] doesn't like bright sunshine" This demonstrated how staff knew people's preferences and ensured they were met during the provision of support.
- The service had not received any complaints in the past year. The services recorded compliments received. There were many compliments from families thanking the registered manager for a very high level of care.

End of life care and support

- The registered manager told us providing high quality End of Life Care was their passion.
- People identified to be approaching the end of their lives were supported compassionately.
- End of life care plans were developed with people and their relatives to ensure their wishes and preferences were recorded.
- Staff liaised with healthcare professional's so that people were not in pain and followed end of life care plans to maintain people's dignity.
- The registered manager told us they aim to make the passing of a loved one pain free and if they can, a positive experience. When a person receiving end of life care passed away the manager arranged for the two staff who cared for the person to immediately go and spend time with the family providing practical and emotional support.

- The registered manager supported people to consider how they wished to spend the end of their lives and this information was recorded in care plans for staff to refer to in providing care to them.
- The service works closely with GP's in the area as well as hospice nurses. The registered manager said communication with them was "very good."
- The registered manager made Christmas dinner for family members of people who were in the last stages of their lives. This included a married couple who were both receiving End of Life Care. This was greatly appreciated by the people and their relatives, who felt valued and cared for.
- The registered manager always stayed with people during the last stages of life. This provided comfort for people at a difficult time for people and their relatives.
- Families fed back that the experience was made more positive by the approach and warmth of the registered manager.
- The service had won an award in 2018 for Excellence in End of Life Care. This award had been given to the services by a local NHS Foundation Trust.

Our findings - Is the service well-led? = Outstanding

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The values for the organisation were fully embedded in the team and this was also reflected in the awards they had won. Staff when supporting people worked in partnership with them to support people to retain as much of their Independence as possible. People consistently told us the care and support were exceptional. People repeatedly said it was an “outstanding service.”
- After our visit to the service the provider sent us further evidence that showed how the service provided exceptional outcomes for people. The organisation had won a regional Social Care award for being outstanding at providing person-centred high-quality care. This had been evidenced because the services had been found to provide care that ensured people were treated with exceptional dignity and respect.
- Staff worked tirelessly to ensure people received outstanding high-quality person-centred care. One example of this was a person who was driven by staff to support them to join their family for the Christmas Holidays rather than being on their own. This was because the person did not drive, and the family member lived so far away. This had a positive impact for the person and their family.
- Further examples of person centred care included feedback from people that staff often paint and file their nails and give them a foot Spa. These activities were over and above the agreed package in people’s main visit times.
- One relative told us how well the service was run; “Brilliantly as far as I’m concerned. I can only go on previous experience and they are chalk and cheese. Its noticeable my relative’s wife’s demeanour now has changed, she is more settled and contented with more regular and consistent care now.”
- Another relative said “From the moment I met the manager I knew she would put my relatives first. All the staff have their best interest at heart.”
- The registered manager had created person centred documentation now in digital format considering all people’s preferences and wishes in how they would like to be cared for and treated. This information was reviewed three monthly or sooner if required with the full involvement of people and their families. Part of the review process included ensuring the service was meeting all the support needs for each person and was always adopting a person-centred approach. Staff communication and ‘hand over’ notes were now recorded in clients digital care files. This supported Communication between all of the team as the notes were written in real time. This in turn helped promote high quality care for people.
- Another way the service provided exceptional person-centred care was by supporting people who miss their families who may live far away to go and see them. This practice was put in place

to promote people's mental and emotional wellbeing and create very positive outcomes for all concerned.

- The provider sent us further information after our visit. The staff rotas we were sent showed staffing was always planned in a way that put people's wishes and needs before anything else. The needs of the business never came before the needs of people. Feedback from people was they get to choose when they would like their visit's, which best suited them. Visit times were always being reviewed with people and feedback taken on board, for any increases or decrease in times. This was to ensure the service was always planned in a way the was person centred and promoted wellbeing for the person.
- The service has won many credible and national awards that recognise an exceptionally well-run service in social care. For example, the service won a business award for being the most exceptionally well-run social care provider in Devon in 2018.
- A further award from a business organisation recognised the services as the best care provider for older people in the South West.
- Other awards had recognised in 2017 and 2018 that the service provided exceptional person-centred care and outstanding end of life care.
- The registered manager demonstrated they were open and transparent in their approach towards people who used the service, staff and other professionals. After our visit to the service the provider sent us further evidence that showed how the service culture they created drove and improved high-quality, person-centred care. A key value for the service was to have a meaningful and consistently open-door policy. feedback from people we spoke to and staff showed this meant better communication which in turn had built a culture of trust and openness.
- The registered manager told us they believe everyone who comes in to contact with the service has valuable thoughts to share and both our workplace and ways of working can always be improved. Recent feedback had in part led to the implementation of new digital care planning and recording systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and the responsibilities this involved.
- There were a range of policies and procedures to assist and guide staff in their roles.
- Each staff member had a job description to help ensure accountability and they knew their responsibilities.
- Staff received ongoing and regular feedback on their performance in a positive way. Staff were clear this encouraged improvement and promotion of best practice.
- After our visit to the service the provider sent us further evidence that showed how the service was outstandingly managed. The registered manager had won Homecare manager of the year at a National Award ceremony for Social Care organisations.
- The award had recognised how the service was exceptional at training staff to fully embrace a person-Centred approach. The award had also recognised the work of the registered manager who always worked alongside all the teams. This was to support them to fully understand why the service did what it did to fully promote person centred care and how this is different for everyone.
- The registered manager also sent us further information that showed how staff were very well trained and supported to be clear about their roles, and understand quality performance, risks and regulatory requirements. All staff underwent a minimum of a six-month probation period . During this time staff had to shadow other senior colleagues. This was to learn, and fully embrace how to support people in ways that reflect the values of the organisation. Evidence from people and senior staff as well as observations were used to assess the competence of new staff. This in turn was to see how they were performing, interacting, behaving and conducting themselves around people and other colleagues.
- The registered manager sent weekly emails sometimes more frequently to update staff about the needs of new people using the service.
- The registered manager also sent regular emails to staff with positive feedback to the team and

to Individual members of it.

- Every person, relative and staff member spoken with, told us the care and services provided were “constantly exceptional “and “outstanding.”
- The registered manager was fully aware of events and incidents to be notified to CQC. There had not been any reportable incidents since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider was exceptionally responsive to the views and recommendations of people and staff for improving the care people received.
- The provider gathered the views of staff at regular staff forum meetings.
- Records of staff forum meetings showed the registered manager acted positively and swiftly in response to improvements suggested by staff. For example, when staff voiced the opinion that they needed more improved training around mental health and dementia this was put in place.
- Staff told us the registered manager was willing to listen and act on what staff said. The registered manager was very committed to gathering and reviewing the team’s views. The registered manager used an external body to help to survey staff and gather their views. People told us they could contact the office any time if they had concerns and were always listened to positively by the registered manager.
- Staff were rewarded and recognised for their work and performance.
- The service had purchased two company cars that staff can use as a bonus at any time. The choice of car was based on research of a type of car that best suited to the physical needs of an older person. A person who used the service was also involved in this process. This has allowed staff to support people to access the community and visit their family. This has had a positive impact on all involved and reduced people’s isolation.
- The agency pays staff business insurance. The manager is taking the team for a dinner dance at a local golf club to thank them.
- The manager buys the staff flowers every month. Staff get a hundred pounds online shopping card for referring potential new staff to the service.

Working in partnership with others

- Feedback from two health and social care professionals told us they had very positive relationships with the service. Both told us the service promoted a positive, inclusive and person-centred experience for people.
- The registered manager worked with other professionals involved in people's care, to achieve good outcomes for them. For example, the service had built up close links with a local hospital with GP’s and district nurses.
- The provider often met with other service providers to share learning and best practice, to help develop and improve their services. There was a range of learning materials on display in the office. These related to current good practice in social care.
- The registered manager was a care ambassador. This meant they are someone who has the passion and enthusiasm to share their experiences with others and bring their careers to life to communicate what the care sector has to offer.
- Some staff were also dementia friends to tell staff and people about dementia in a person-centred way. Relatives told us staff had an exceptional sensitivity and empathy to their family member with a dementia type illness.