

HC-One Limited

Overdene House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
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 the 16 February 2016 and was unannounced.

Overdene House provides nursing care for up to 70 people. The service is situated in the Winsford area of Cheshire. Respite support is also offered to people who are referred into the service via their GP or social services. At the time of the inspection there were 56 people living within the service.

The service has a manager who was registered with the CQC in January 2015. 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's safety was put at risk because the safety and the security of the premises were not always maintained. One of the fire escapes was unlocked which meant that people who were at risk could leave the premises without the required support and supervision. A door leading up to the attic was unlocked which placed people at risk of injuring themselves on the stairs. Also sluice rooms remained unlocked throughout the day which placed people at risk of infection. These issues were remedied prior to us leaving the premises.

The registered manager had failed to remedy issues around the safety and security of the premises after we raised them with her, which placed people at continued risk of harm. You can see what action we told the provider to take at the back of the full version of the report.

Care records contained information around people's mental capacity, however we found examples where this had not always appropriately been assessed in line with the principles of the Mental Capacity Act 2005 (MCA). Staff did not always understand the principles of the MCA or how to incorporate these into their work. We have made a recommendation about staff training on the subject of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered provider had made applications to the local authority for those people who required deprivation of liberty safeguards (DoLS) as required by law.

People were protected from the risk of abuse. Staff had completed safeguarding training and they understood the different types of abuse, along with the signs and indicators that may accompany them. Staff were aware of how to report their concerns.

People told us that there were enough staff to meet their needs and that they did not have to wait long for support if they pressed their call bell. Rotas indicated that staffing numbers were consistent, and we

observed sufficient numbers of staff on duty.

Recruitment processes were sufficient to ensure that people's safety was maintained. New staff were required to provide two references and had been subject to a check by the disclosure and barring service (DBS). A DBS check helps employers decide whether applicants are suitable to work with vulnerable people.

People told us that they enjoyed the food that was provided and that there was a variety of choices on offer. People were able to have a different option if they did not like what was on offer, and staff had a good knowledge of those people who required a special diet.

There was a good rapport between people and staff and we saw examples where staff were kind to people and treated them with dignity. Staff were respectful of people's privacy and effective measures were in place to ensure people's confidentiality was maintained.

People told us that they had choice and control over the support that was provided, and care records contained information around people's like, dislikes and preferred routines.

Staff meetings were held on a daily basis to discuss developments in people's care needs. This ensured that staff were aware of any developments, and had the opportunity to contribute to discussions around how people could be supported.

People were supported to give feedback on the service through informal discussions with the registered manager, or through resident's and relative's meetings. The registered provider had responded to feedback and there were examples where changes had been made to address issues that had been raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The safety and security of the premises was not always maintained which placed people at risk of harm.

People were protected from the risk of abuse. Staff had undertaken safeguarding training, and knew how to report their concerns.

People received their medication as prescribed, and were given appropriate support to take these on time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Mental capacity assessments were not always completed in line with the principles of the Mental Capacity Act 2005. Not all staff were aware of the principles of the act.

Deprivation of Liberty Safeguards were in place for people who needed them.

People were protected from the risk of malnutrition.

Is the service caring?

Good ●

The service was caring.

There was a good rapport between people and staff, and there was a homely feel throughout the service.

Staff worked to maintain people's dignity and were respectful towards people.

There were effective measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

Complaints were responded to in a timely and appropriate manner.

People had choice and control over the support that was provided. Care records contained personalised information around how they liked to be supported.

Is the service well-led?

Good ●

The service was well led.

Audits were carried out and action taken to remedy issues that had been identified.

There were opportunities for people to give feedback and have input on how the service was delivered.

Policies and procedures were up-to-date and accessible to staff.

Overdene 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.

The inspection was unannounced and took place on the 16 February 2016.

The inspection was carried out by two adult social care inspectors. Prior to the inspection we contacted the local authority safeguarding team and the contracts team, neither of whom raised any concerns. We followed up on recommendation made in the most recent Health Watch report from their visit in January 2015. This included comments on involving people in making decisions about the service, and providing a greater variety of activities. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided.

During the inspection we looked at the care records for six people, as well as supplementary charts relating to people's care. We looked at the recruitment files for four members of staff. We spoke with nine people who used the service and six of their friends and relatives. We spoke with six members of staff, including the registered manager. We completed a short observational framework for inspection (SOFI). SOFI is a way of observing care to understand the experiences of people who could not talk with us. We also made observations on the fabric of the building and looked at records around the management of the service.

Is the service safe?

Our findings

People told us that they felt safe, their comments included; "Staff are kind" and "This is home for me. I feel safe, and I have visitors all the time". Relatives felt their loved ones were safe, their comments included; "[Relative] is well looked after here".

Prior to the inspection the registered provider had notified us of an incident which occurred in October 2015, where one person had managed to leave the premises unattended. This person was subject to a DoLS authorisation and had been assessed as being unsafe to leave without support. We made observations around the security of the building to ensure that appropriate measures had been put in place, and found examples where security needed to be improved. One of the fire exits on the first floor was unlocked, which made it possible for people at risk to exit the building via the fire escape. This also placed people at risk of injuring themselves on the stairs. This door was locked immediately after we raised this with the registered manager.

Access to the attic was gained via a door on the first floor, behind which there was a steep set of stairs. There was a notice in place requesting that staff keep this door locked, however this was open. We raised this with the registered manager who told us that she would ensure this door was locked straight away. We checked this later on in the afternoon we found that this had not been done. This placed people at risk of injuring themselves on the stairs.

Sluice rooms on both the ground and first floor were not locked. This posed an infection control risk for people if they were to gain access without the appropriate personal protective equipment (PPE). We raised this with the registered manager who told us that these would be locked straight away. We checked these later on in the afternoon and found that two of the four sluice rooms remained unlocked. We ensured that these were locked prior to us leaving.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because the premises were not always kept safe.

People told us that they received appropriate support with taking their medication, one person commented; "They look after my medicines properly and they bring them round. They give me them how I want them". Medication was stored in a secure room which was locked when not in use. A medication administration record (MAR) was in place for people who needed support to take their medicines. This outlined what medication needed to be taken, and at what time. Staff completed people's MARs as required.

Risk assessments were in place to keep people safe. People had a personal emergency evacuation plan (PEEP) in place, which outlined to staff how to support people out of the premises in the event of an emergency. Fire drills were completed on a regular basis. The registered provider had an up-to-date legionella certificate in place, and records indicated that equipment such as hoists and the lift had been appropriately maintained.

A record of accidents and incidents was maintained, which contained information on the action taken to mitigate the risk and minimise the likelihood of it occurring again. Information around incidents was communicated to staff during daily handover meetings, which ensured that they were kept up-to-date on changes in people's level of need.

People were protected from the risk of abuse. Staff had completed training in safeguarding and were able to recognise the different kinds of abuse that may occur, along with signs and indicators that might cause them to become concerned. Staff knew how to report any concerns and we saw that a copy of the whistleblowing policy was clearly on display at the entrance to the building. This outlined how staff could report their concerns both inside and outside the organisation. Both the safeguarding policy for the registered provider and the local authority were available and being followed as appropriate.

People told us that there were sufficient numbers of staff to meet their needs, one person commented, "There's enough staff. I don't have to wait too long if I press the call bell". Staff were on hand to support people as required, and rotas indicated that staffing levels were consistent.

Recruitment processes ensured that people were kept safe. The recruitment process required applicants to complete an application form which requested information around previous employment and qualifications. This enabled the registered manager to assess applicant's suitability for the job. There was a formal interview process during which the registered manager made judgements around people's suitability based on their responses to questions. Staff had a minimum of two references, and had also been subject to a check by the DBS.

Is the service effective?

Our findings

People told us that they received care and support that was appropriate to meet their needs, their comments included; "They (staff) really help me" and "They respect what I want. People told us that they enjoyed the food on offer and that there were different choices available. One person commented, "The food is nice. There's a choice of different options. I don't like carrots so they make sure I don't have any on my plate".

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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered provider had applied to the local authority for those people who required a DoLS, however the conditions on authorisations to deprive people of their liberty were not always met due to issues around the security of the premises. We have reported further on these issues under the 'safe' domain.

Care records contained information around people's mental capacity, however we found examples where assessments had not been completed in line with the principles of the MCA. Guidance states that mental capacity assessments should be used to determine a person's ability to make a specific decision, however we saw mental capacity assessments for two people which were not decision specific, and another assessment which had only been partially completed. In another example a meeting had been held to make a decision in a person's best interests, however no mental capacity assessment had been completed. Best interest decisions can only be made after an assessment to determine whether a person has the mental capacity to make their own decisions.

Not all staff were aware of the basic principles of the act and how they could incorporate them into their work. Training records indicated that thirty six percent of staff had not completed training in the MCA or DoLS. This impacted upon the registered provider's ability to ensure that care was being provided in line with the MCA.

Staff had completed training in a variety of different areas, which included safeguarding, manual handling, infection control and person centred care. Staff were also supported to complete a national vocational qualification (NVQ) in care, which helped develop their skills. The registered manager had a training matrix in place which enabled her to identify when training needed to be updated. There was an induction program in place for new staff which included a period of training in areas such as safeguarding and manual handling, as well as shadowing more experienced members of staff.

A record of staff supervision and appraisals was maintained, which were held on a routine basis. Supervision and appraisals enabled staff and the registered manager to review their performance and discuss any areas of development. Team meetings were also held which provided the registered manager with the opportunity to share information with staff, and allow staff to discuss their work and the people they supported.

Kitchen staff were aware of people's dietary requirements and a record was kept which included information about people's special dietary requirements, any allergies and their food likes and dislikes. At meal times people received appropriate support from staff, and were given the option of an alternative meal if they did not like the option provided. Meals were well presented, for example one person required a soft diet and we saw that each of the different components of the meal had been processed but kept separate on the plate. This preserved the individual flavours, colours and aromas of the food and made it more attractive to eat.

Concerns around people's health were raised with the relevant professionals as appropriate. Care records included examples where people had been supported to access health care services, for example their GP, optician or dentist. This ensured that people were supported to maintain their health.

We recommend that the registered provider ensures that training is provided for staff, based on current best practice, in relation to the Mental Capacity Act 2005.

Is the service caring?

Our findings

People told us that staff were caring in their approach and that they felt well supported. Their comments included; "Staff are very kind" and "The staff are friendly". People told us that they did not have to wait long for staff to assist them after pressing the call bell.

Staff were friendly and spoke positively about people. Staff called in to say goodbye to people as they finished their shifts. One person commented; "The staff are very kind. That girl did not need to call in before she went home. Very kind". People told us that they felt reassured by staff support during the night, their comments included; "They look in on me at night – I like that". "Last thing at night they say to me 'If you need anything, just give us a ring' (on the call bell)".

Staff had a good knowledge of the people, which enabled them to respond to their preferences. Staff spent time talking to people and showed a genuine interest in people's wellbeing. People presented as relaxed and there was a homely atmosphere throughout the service.

People's independence was respected, and they were able to do what they wanted. One person informed us that they had been able to move to a different room after they had told the registered manager they did not like the room they were in. Another person told us, "Staff respect that I want to stay in my room. They ask me to join in the bingo but I'm happier in here". People's friends and relatives told us that they were made to feel welcome when they visited the service and that there were no unnecessary restrictions on the times when they were able to visit.

Staff ensured that people's dignity was maintained. We saw staff chatting with people whilst providing support, and taking time to explain what they were doing so that they would be at ease. Staff knocked on people's doors before entering their bedrooms, and ensured that doors were closed to ensure people's privacy was maintained. People told us that staff were respectful in their approach, one person commented; "Staff are respectful and professional".

People each had their own rooms which staff helped to keep clean and tidy. These were decorated with personal belongings and other items of interest. One person told us that they had requested to move into a recently refurbished room, and that they had been able to contribute to the choice of décor.

The registered provider had an end of life policy in place which aimed to ensure that people received appropriate care and support during the end stages of their life. Care records contained information on how people wanted to be supported during the end stages of their life and following their death, for example "[name] would like to be buried" and "[name] would like a Catholic priest to read last rights". There were cards from relatives expressing their gratitude to staff for the end of life support that had been given to their loved ones.

The registered manager knew how to access advocacy services and was aware when people may require support from an advocate. An advocate offers independent support to people, and helps them to make

decisions in their best interests. Information about accessing the local advocacy service was available on a notice board at the entrance to the building, and was also contained in the service user guide.

People's confidentiality was maintained. Personal information was kept in a secure cabinet in an office, which was locked when not in use.

Is the service responsive?

Our findings

People told us that the support they received was appropriate to meet their needs, and that staff were aware of their preferences. People's comments included; "The staff know what I like" and, "I wasn't well a few weeks ago and staff were professional and quick to come to me".

There was an activities schedule on display at the entrance to the building which included bingo and games, crafts, days out and shopping trips. We observed people spending time reading and watching television, however we did not see any organised activities taking place in line with the schedule. People told us that they did activities such as bingo, however they said they would like some more variety in the activities provided. The registered manager told us that an activities co-ordinator had been employed that week to support with developing the activities on offer.

Relatives told us that they felt welcome within the service. Relatives and staff were warm and friendly towards each other, and it was apparent that a good relationship had been developed. People received visitors at different intervals throughout our inspection and they spent time with them in the lounge and dining areas.

People told us that they had choice and control over the support that was delivered. For example one person told us that staff had been respectful of their wish not to have a shave as they wanted to grow a beard. Another person told us that staff knew they liked to sleep with a light on, and that they left this on during the night. Other people commented that they were free to spend time in their rooms, dining area or the lounge as they chose.

People's care records contained personalised information about how they liked to be supported, along with their interests, likes and dislikes. People's preferred daily routines were outlined, for example the time they liked going to bed, and what time they liked to wake up in the morning. Care records were reviewed on a monthly basis, and updates made to reflect any changes. This ensured that information about people's needs remained up-to-date and relevant.

Care records contained information around people's health needs, along with risk assessments which outlined how staff should respond to mitigate risks. For example people who were at risk of developing pressure sores were periodically supported to alter their position to help reduce the risk of pressure sores developing. Monitoring charts were in place which staff filled out to show that they had supported people to reposition at regular intervals. Daily records were also completed which outlined the care and support that staff had given people, along with any discussions they had had with medical professionals or family members.

The registered provider had a complaints policy and procedure in place, a copy of which was available at the entrance to the building. People told us that they knew how to make a complaint, and that they would feel confident in doing so. People's comments included; "I would tell the manager or my carer if I had any concerns", "If you moan about something they will try and change it" and, "If anything bad happened I

would say so about it. I think I would be listened to". The registered manager had responded to complaints in line with the complaints policy, and kept a record which outlined the concerns and the action taken to remedy this.

A service user guide was given to people prior to moving into the service. This included information on what people could expect, along with details on how to make a complaint. We spoke with one person who confirmed that the information received prior to moving to the service had been useful and comprehensive.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since January 2015. People told us that they knew who the registered manager was and that they would feel confident approaching her to raise any concerns, their comments included; "The manager is approachable" and, "Yes I'd go to the manager. I would definitely raise concerns". Staff also told us that they found the registered manager to be approachable.

Issues around the safety and security of the premises had not been identified and were not addressed after we raised them with the registered manager during the morning of the inspection. This meant risks to people's health and safety were not appropriately managed. We have reported in more detail on this under the 'safe' domain.

People and their relatives were encouraged to give feedback via resident's and relative's meetings and informal discussions with the registered manager. The minutes from a resident's meeting held in September 2015 indicated that one person had complained about the call bell system being too loud and keeping people awake at night. A new system had been implemented in response to this which minimised noise levels. People confirmed that the registered manager had an open door policy and that they could speak with her about any issues as and when they arose. This indicated that systems of gathering feedback were effective.

Staff meetings were held on a regular basis during which they were able to give their opinions on the service. Staff told us that the registered manager was approachable and that they were able to have informal discussions around improvements that needed to be made. Flash meetings were held on a daily basis during which important information was shared, for example people who had fallen, or those people with pressure sores. This ensured that staff had up-to-date knowledge of the people they were supporting, and enabled them to contribute to problem solving.

Staff were aware of the registered provider's philosophy of care, which aimed to ensure that people were provided with individualised care within a warm, homely environment. Our observations and discussions with people indicated that these values were being promoted by staff. One person commented, "I didn't want to move from my own home, but now this is home for me".

Quality checks were carried out by the registered manager, and the registered provider. These focussed on areas such as care plans, accidents and incidents and medication. Action plans were generated following the audit which identified a time frame within which action needed to be taken to remedy the issue. We saw examples where action had been taken to remedy issues identified.

Policies and procedures were stored in the office and were easily accessed by staff. The registered provider's whistleblowing and safeguarding policies were available on the notice board at the entrance to the building, and outlined the processes for reporting any concerns. This ensured that important information was available for staff.

The registered provider is required by law to notify the CQC of specific incidents and events which have occurred at the service. The registered manager was familiar with those events which we needed to be notified of, and our records indicated that this had been followed through.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered provider had failed to identify and mitigate risks relating to the security and safety of the premises.</p> <p>Regulation 12 (1) (2)(b)(d)</p>