

# Mrs Angela Asomaning

# Overton House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on the 15 and 17 August and was unannounced.

Overton House is registered to provide personal care and accommodation for up to 19 people. The home supports people with mild to moderate enduring mental health issues.

At the time of our inspection there were 14 people living at the home. There are five shared rooms and people visit the home and know if they will need to share a room before they move to the home. Overton House is a large older building with lift access to the first floor. People have shared bathrooms, a large and small lounge, dining room and a garden at the front of the building with seating. The home is situated on a main bus route and is close to local amenities.

The service had a registered manager in place. 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.

Everyone we spoke with said they felt safe living at Overton House. They said the staff were kind and caring and knew their needs well. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the registered manager would act on any concerns raised.

Care plans and risk assessments were in place with guidance for staff in how people wanted to be supported. These had been regularly reviewed and updated when people's needs changed. Some people were able to access the local community independently. Risk assessments and policies for staff to follow if the person did not return to the home at the agreed time were in place.

People we spoke with told us that the staff at Overton House were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs of people who used the service and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work. Staff received regular supervisions and said they felt well supported by the registered manager.

Medicines were administered and stored safely. People received their medication as prescribed.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

We found the service was working within the principles of the Mental Capacity Act (2005). Best interest meetings and capacity assessments were held where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. Staff offered people day to day choices about their care and sought their consent before providing support.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of fire systems and equipment.

We saw people, their relatives and staff had been asked for feedback about the service. A complaints procedure was in place. People we spoke with said the staff and registered manager dealt with any issues they raised verbally without needing to use the formal complaints process. This was confirmed by the staff and registered manager.

We noted there were a number of quality audits in the service; these included medicines, care records and the environment. However not all audits and action plans had been fully documented. The registered manager acknowledged this and said they would document the audits in future.

## 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.

People felt safe and staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

A system was in place to recruit staff suitable staff. Sufficient staff were on duty to meet people's needs.

Medicines were administered safely and in line with policies and procedures.

Risk assessments were in place and had been regularly reviewed.

### Is the service effective?

Good 

The service was effective.

Staff had received appropriate training to meet the care needs of people living at Overton House.

Systems were in place to assess people's capacity to consent to their care and treatment.

People received the support they needed to help ensure their health and nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

People who used the service told us staff were kind and caring in their approach. Throughout the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew the people who used the service well.

Independent Mental Capacity Advocates were involved in people's care assessments where they did not have family

members to support them.

### Is the service responsive?

Good ●

The service was responsive.

People's care records contained enough information to guide staff on the care and support required. These had been reviewed each month.

People said they were able to raise any issues directly with the staff or registered manager and they would be listened to.

Staff organised activities with in the home.

### Is the service well-led?

Good ●

The service was well led.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service. However not all audits and action plans had been fully documented.

A registered manager was in place as required by the service's registration with CQC.

Staff told us they enjoyed working in the service and found the registered manager to be both approachable and supportive.

The provider had systems in place for gathering the views of the people who used the service, their relatives and staff.

# Overton 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.

This inspection took place on 15 and 17 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. No one raised any concerns about Overton House.

We spoke with five people, the registered manager, six care staff, the chef and domestic staff. We also spoke with a visiting health professional and a social services care manager. After the inspection we contacted another social services care manager by telephone. We observed the way people were supported in communal areas and looked at records relating to the service. These included four care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in July 2014 and all regulations inspected were being met at that time.

# Is the service safe?

## Our findings

Everyone we spoke with at Overton House said they felt safe. One person said, "Oh yes, I feel safe here."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults; however some staff needed this to be refreshed. An on line safeguarding course had been purchased and staff had been enrolled on to it. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform a senior carer or the registered manager. We saw the service had appropriate safeguarding and whistleblowing policies in place to support the staff in providing safe care. This should help ensure that the people who used the service were protected from abuse.

The people and staff we spoke with all thought there were enough staff on duty to meet people's needs. One person said, "Staff have time to chat to you during the day." Our observations throughout the inspection confirmed this. In addition to the care staff the registered manager was available to provide additional support if required. The laundry staff and chef also had experience of working in care and had received relevant care training and so could support people at busy times such as mealtimes.

We looked at the recruitment files for three members of staff. We found they all contained application forms detailing previous employment histories, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We looked at four personal care records and saw personalised risk assessments were in place for each person's specific need. For example one person had a risk assessment in place for accessing the local community independently. Clear guidance was given for staff to discuss with the person how to keep themselves safe when they went out. A policy was also in place for staff to follow if the person did not return to the home at the agreed time. This meant the person was supported to maintain their independence and the risks were managed by the service. We saw the risk assessments were reviewed on a monthly basis.

As part of our inspection we looked at whether medicines were being administered, stored and disposed of safely. We saw an up to date medicines policy was in place. Training records showed, and we were told, that the senior care staff had received training in the administration of medicines. We saw evidence that observations of the senior staff members administering medicines had been completed. This meant the senior care staff were provided with the skills and knowledge to administer medicines safely.

We looked at the medication administration records (MAR) for five people as well as checking their medicines. We spoke with senior care staff who explained the checks they completed before administering the medicines to ensure the right person received the correct dose at the right time. We saw the MAR were correctly completed and where controlled drugs had been administered they had been checked and signed

for by two staff members as they are required to do.

We observed staff administering people's medicines and saw staff explain what the medicines were for and sit with people until they had taken all of their prescribed medicines. People told us that they received their medicines when they should do. People who were prescribed 'as required' medicines, such as for pain relief, were able to verbally communicate if they wanted them or not.

We saw a pharmacist advice visit had been completed by the pharmacy in September 2015. This stated that there 'were no concerns' about the medicines management at the home. Some advice was given by the pharmacist, which we saw had been implemented by the service.

We saw incidents were recorded and reviewed by the registered manager. Care plans were updated if required following an incident.

The home was clean and tidy throughout with no malodour. One person said, "They clean my room every day." Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. We saw that the local authority had completed an infection control audit in August 2015 and the service had been rated as 'green' (compliant) overall.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for people who used the service. These plans detailed the support a person would require in order to evacuate the building in the event of an emergency. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

The service held records of weekly and monthly tests completed for the fire alarm, emergency lighting and call bell system. A fire risk assessment had been completed by an external contractor. Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This should help to ensure that people were kept safe.



# Is the service effective?

## Our findings

People we spoke with told us the staff knew their needs and how to support them effectively. One person told us, "The staff are excellent, they know what I like." A healthcare professional told us, "All the staff here know the service users very well and have the details I need when I visit."

Staff told us, and records confirmed, that they received training including manual handling, fire safety, infection control and challenging behaviour. We were told the registered manager provided staff with information about supporting people with mental health needs. We saw questionnaires about mental health issues had been set by the registered manager for staff to complete. On line courses had been purchased so staff could complete refresher training either at home or when on duty. Staff who had joined the service from another job in care, or who worked as bank staff at Overton House and had completed training at other care organisations, had not always provided proof of the training they had completed. The registered manager was aware of this and had requested the relevant training certificates to be provided. Staff informed us, and records showed, they had completed or been enrolled on nationally recognised vocational courses for health and social care.

New members of staff completed an induction when joining the service. They shadowed experienced staff for one week to get to know the routines of the home and the people who used the service before becoming part of the rota. Mandatory training courses were booked and on line training courses completed.

Staff told us they received regular supervisions every 2 months. Records showed the supervisions were an opportunity for staff to raise any suggestions or concerns. They also received feedback from their supervisor. This included comments that had been sought from people who used the service and colleagues. More senior carers were being trained to undertake supervisions with care staff. The registered manager acknowledged she was a little behind with the senior carer's formal supervisions. All staff said they were able to speak to a senior or the registered manager when they wanted to and felt supported by the senior carers and registered manager. The service is a small home and the registered manager was very visible within the service during our inspection.

This meant staff received the training and support to undertake their role.

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 Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that a consent to care and treatment form was signed by people when they first moved to Overton House. This covered whether people wanted staff support for health appointments and the use of their photograph in care files. We saw where required the relevant social workers had completed a best interest decision meeting prior to people moving to the home.

Some people had also been assessed as to their capacity to manage their own finances. Where people did not have capacity the local authority finance department managed their money. Their personal money was sent to the home and all transactions were recorded. We saw signed agreements were in place for the budgeting of people's money so they had access to some money throughout the week. One person said, "Staff look after my money. I've agreed to it and I'm doing well with it." We also saw staff kept two people's cigarettes for them. This was so they did not smoke them all at once and always smoked outside and not in their rooms. We observed people asking for their cigarettes and staff responding appropriately to their requests. We advised the registered manager that an agreement for staff to do this should be recorded in people's care plans.

Some people shared bedrooms at Overton House. People were made aware of this during visits prior to moving to the home and could then make a choice about whether they wanted to move to the home or not. We saw that care plans and risk assessments had been completed for people accessing the community on their own. We saw people going out independently during both days of our inspection.

Where required DoLS applications had been made. The registered manager was not aware that the Care Quality Commission needed to be notified of any DoLS that had been authorised. They have now made the required notifications following the inspection. This meant the service was working within the principles of the MCA.

We observed the morning handover between the night shift and the incoming day shift staff. An update on each person's well-being was given and any changes that had been noted highlighted. Staff told us they were given an extended handover following a period of annual leave or other period of time off work. We noted that one staff member was undertaking 'keeping in touch' days at the end of their maternity leave. This meant they were able to maintain their skills and keep updated on people's changing needs prior to returning to work.

People told us they enjoyed the food at Overton House. One said, "The food is good; I have a choice and they make me the food I like, such as potatoes and not mash." We observed the breakfast and lunchtime experience at the home. People were able to have their breakfast as and when they got up. Most people chose to eat in the dining room at lunchtime. The meals looked to be of a good proportion and people were encouraged to eat as much as they wanted to. We saw people were offered a choice of meal. Staff saved meals for people who had gone out and re-heated them on their return. The chef and staff knew people's likes and dislikes. Staff pureed one person's food following recommendations of the Speech and Language Team (SALT). A vegetarian option was provided for one person.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at all contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People at risk of weight loss were weighed weekly, other people were weighed monthly and their MUST score calculated. People were referred to a dietician or SALT team when needed. Food and fluid charts were completed where required to monitor what people had eaten and drunk. However the records showed the meals and drinks people had been given and not the amount actually eaten or drunk. We saw the registered manager discussing this with staff at the end of our inspection to ensure this was recorded in future. This meant people's nutritional needs were being met by the service.

Each person was registered with a GP. We saw referrals had been made to district nurses and other medical professionals when required. The health professional we spoke with said the home would ring for advice or to make an appointment when needed and would then follow any advice given. They said the staff were always helpful and knew the people they supported well. They said there were always staff available to support the person they had come to see. This meant that people's health needs were being met.

## Is the service caring?

### Our findings

Everyone we spoke with said the staff were kind and caring. One said, "The staff are excellent; they are kind and work hard to give me what I want." Another told us, "The staff are nice; they treat me with respect" and another said, "I love it. They're lovely people (the staff)."

We observed positive, caring interactions between staff and the people living at Overton House throughout our inspection. Staff were seen responding to people's needs quickly and in a caring way. We saw staff offering people choices and talking with people. We observed staff and the registered manager providing reassurance for one person who was anxious.

Staff clearly knew the people using the service well and had formed meaningful relationships with them. The care plans we saw contained information about people's likes and dislikes. However there was little detail about people's history before moving to Overton House. The registered manager said some people moved in with very little known about their previous life and many had no involvement with relatives who could provide this information. We saw social worker initial assessments that contained minimal details about people's past lives. Staff found out about people's history from speaking with them once they had moved in. One said, "I sit and talk to people when they move in; it's the best way to get to know them." New staff were given background information about people verbally by the registered manager when they joined the service. Details of people's lives should be recorded when staff are given information so all staff, and especially new staff, can get to know people's backgrounds.

Staff clearly explained how they maintained people's privacy and dignity. A screen was used in shared rooms to provide people with privacy when required. Staff described how they prompted people to complete tasks for themselves and so maintain their independence. We saw that some people went to local amenities on their own.

Not all people living at Overton House had relatives who were involved in their care who could advocate on their behalf if necessary. We saw two people had Independent Mental Capacity Advocates (IMCA) An IMCA is an advocate who supports people who are not able to make some decisions for themselves and do not have family or friends who are able to speak for them. We saw family members or IMCA's were involved in people's initial care planning and reviews of their care.

Staff explained how they supported people to discuss their end of life wishes with the GP and their family when required. Staff described how district nurses and the GP practice would provide support towards the end of a person's life. No one currently living at the service was receiving end of life care. We were told that recently most people had chosen to go to hospital at the end of their lives.

## Is the service responsive?

### Our findings

We reviewed four care files and found they were written in a person centred way. They contained clear information about people's social care needs and preferences. The care plans contained guidance for staff on the support people required and what people could complete for themselves.

We saw initial assessments were completed by the registered manager prior to anyone moving to the home. The registered manager said people visited the home with their social services care manager before they made a decision if they wanted to move to Overton House. Staff confirmed they were able to read the initial assessment prior to a person moving in. They also received a verbal handover of the person's needs. Detailed care plans and risk assessments were then developed as staff got to know the person.

We saw care plans were reviewed monthly and updated when people's needs changed. For example one person had returned from hospital and their care plan had been updated on the day of their discharge to detail the changes in their support needs. People told us they went through their care plans with staff. One person said, "Staff read through my care plan with me each month and I can say if I don't agree with something." This meant staff had the information to meet people's needs when they moved to the service or their needs changed.

We saw annual reviews were completed with a social services care manager. People's families were also invited where appropriate. A social service care manager told us they visited the home monthly and they found the care plans and risk assessments contained the required information and were kept up to date when the person's needs changed. A comment from a relative made at one review was '[registered manager] keeps me updated with [relative name's] health and general well-being.'

Staff explained how they provided person centred care and gave people day to day choices. This was confirmed by the people we spoke with. We observed people getting up at the time they wanted and people told us they choose what they wanted to do each day.

We saw the home organised for an external entertainer to visit the home twice each month. Staff organised other activities with in the home, especially in the afternoon and evening. Activities included playing games, gentle chair based exercises and reminiscence. Games, puzzles and books were available for people to use if they wanted to. We were told some people were supported to go to the local shops with staff if they could not go out independently.

We saw residents meetings were held every three to six months to enable people to make suggestions and comment on their care and the home. The minutes showed people were able to make suggestions; for example about activities they wanted to do or the food they would like to have.

We saw there was a complaints policy in place. A copy was displayed in the entrance to the home. No formal complaints had been received by the service. The registered manger said that because it was a small service people would speak directly to her and she would then resolve the issue without formal complaints being

made. This was confirmed by the people we spoke with. One said, "I speak with [staff name] or [registered manager] if I'm not happy about something." This showed the service listened to the people who used the service and resolved any issues raised.

The service supports people with mild to moderate mental health problems. They do not provide nursing care. If people's needs change so they need either more mental health support or nursing care the service involved the relevant care manager and family, if appropriate, to arrange for the person to move to a service that is able to meet their needs. The social service care manager we spoke with also told us the home did not admit people if the initial assessment showed they were unable to meet their needs; having vacancies at the home rather than admitting people whose needs they could not meet. This showed the home tried to ensure they could meet all people's needs and the person would be able to settle into living at the home.

# Is the service well-led?

## Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

All the people and staff we spoke with were complimentary about the registered manager. We were told they were approachable and would listen to, and act upon, any concerns raised. Overton House is a small service and the registered manager was visible within the home throughout our inspection.

All the staff we spoke with were positive about their role at Overton House. Comments included, "I love working here; we're a good team and work together very well." Staff also told us the registered manager encouraged them to undertake nationally recognised training courses to further their knowledge and future career options.

We asked the registered manager what their greatest achievement had been since the last inspection. They told us it was advocating for one person to ensure they received the medical care they needed and also maintaining a loyal staff team with a low level of absence and sickness.

We saw there was a quality monitoring system in place to audit various aspects of the service such as medicines, care plans, incidents and infection control. We saw an additional staff member had been rota'd to work on the first day of our inspection specifically to enable the medicines delivery to be checked and recorded. All stock balances were checked and the medicine administration records (MAR) audited. An audit of the mattresses had been started following the local authority infection control audit. However not all audits had been clearly documented and actions from the audits recorded. The registered manager acknowledged this and said they would fully record all audits completed.

The service had detailed policies and procedures in place to guide staff. These were purchased from a recognised company and were printed off whenever they had been updated. Staff received an employee handbook when they started work at Overton House. This contained relevant staff policies and procedures; for example whistleblowing, health and safety and infection control.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported correctly.

We saw that people, relatives and staff working at Overton House had opportunities to comment on the service provided. We saw annual surveys had been used to seek their views and to make any suggestions for changes they wanted at the home. All the responses had been positive about the service and registered manager. We saw staff meetings were held every six months. The registered manager told us, and staff confirmed, that because the home is small she is able to discuss any issues directly with staff when they are on duty, without the need for formal staff meetings. This meant the service sought the views of people who used the service, their relatives and staff members and responded appropriately to any issues raised.

