

HC-One Limited

# Overdene House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Overdene House is a residential care home providing personal and nursing care to up to 70 people. The service provides support to older people. At the time of our inspection there were 45 people using the service.

Overdene House accommodates people across two separate floors, each of which has separate adapted facilities.

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

Overdene House had a new manager in post who was in the process of developing relationships with people living at the service, their family members and staff as well as reviewing the quality of care people received.

Risks to people's health and wellbeing were safely identified, monitored and reviewed. This included where people needed support with prescribed medicines or had diagnosed health conditions requiring specific plans of care. Staff were recruited safely. Staffing levels were safe.

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. The service worked with other professionals and organisations to ensure positive outcomes were achieved for people.

Overdene House was visibly clean and well maintained. The service was well-led and staff felt supported. The provider had oversight of the quality of the service provided and people were happy with the care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 May 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Overdene House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Overdene House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

Overdene House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Overdene House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for a number of months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 1 family member about their experience of the care provided. We also observed interactions between staff and people living at Overdene House.

We spoke with 10 members of staff including members of the management team, nurses, care staff and a member of the kitchen team.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- During our inspection we found a small number of pressure mattress settings were incorrect. Pressure mattresses are used when a person is at risk of developing pressure sores due to inactivity or a lack of mobility. This was immediately rectified once raised with the management team.
- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- Staff were knowledgeable and able to describe people's care needs. Throughout our inspection, we observed safe working practices, such as moving and handling being carried out.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made by the provider before being offered employment.
- There was ongoing recruitment at the home to recruit into a number of vacancies. This meant there was some reliance on using agency workers. Records demonstrated regular agency workers were booked in advance to ensure consistency of care.
- Staffing levels were safe. Staffing levels were determined upon peoples' needs.

### Using medicines safely

- Medicines were safely managed. Records of administration were maintained and in line with best practice. This included when people were prescribed creams.

- Guidance was in place for all prescribed medicines administered on an 'as required' basis. This helped staff to understand why certain medicines were prescribed; and under what circumstances they should be offered to a person.
- Medicines were stored securely and only administered by staff who were suitably trained.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and appropriate investigations had been completed.
- There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager. This enabled them to analyse trends and identify any lessons learnt.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was enabling visiting in line with government guidelines.

# Is the service well-led?

## Our findings

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had taken reasonable steps to ensure there had been appropriate management arrangements at Overdene House following the deregistration of the previous manager. The new manager was in the final stages of registration.
- Systems were in place to monitor and review the quality of care and experiences of people. Regular audits were completed.
- The manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. Accurate records were maintained.
- The rating from the last inspection was displayed in the main reception area and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We observed a positive culture and caring practices throughout our inspection. People were not rushed when being assisted and staff took time to sit and talk to people. One person told us, "Staff are friendly."
- Family members also said they were happy with the quality of care people received and felt staff knew people well. A family member described the management team as, "Very friendly and helpful."
- Staff we spoke with told us the management team was supportive and felt confident in sharing any concerns.
- The manager demonstrated an understanding of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people who lived at Overdene house, family members and staff, residents through questionnaires and face to face meetings. The manager had recently started to develop newsletters to keep people informed of events at the service.
- Family members told us they were consulted about issues relating to people's care. One family member commented, "[Staff] let me know if anything is wrong."
- Staff felt engaged and felt they worked as a close team.
- Information contained within care plans demonstrated the staff at Overdene House worked in partnership

with other agencies.