

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 12 and 13 March 2018. The inspection was unannounced on the first day with the registered provider aware we intended to visit on the second day.

We previously carried out an unannounced comprehensive inspection of this service on 21 April and 9 June 2017. Breaches of legal requirements were found in relation to Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this rating, the service was placed into special measures. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safety, effectiveness, caring, responsiveness and well led to at least good

At this inspection we identified that the required improvements had been made.

While no breaches were identified at this visit, we have rated the location as requiring improvement overall. This is because the registered provider needs to demonstrate a period of sustained good practice.

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

Overdene House is situated within a residential area of Winsford, Cheshire. On the first floor nursing care for older people is provided. On the ground floor residential and respite care is provided for older people as well as adults with physical disabilities. There were 45 people residing in the home on the day of the inspection.

There was a registered manager. This 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. The registered manager had come to work at Overdene House since our last inspection.

Our last inspection identified that people were not being provided with a safe service. People were not being supported to take their medication as prescribed. We had found that prescription pain relief had not been re-ordered in a timely manner which meant that people did not receive pain relief for more than a week.

Medication audits were not effective as the actual stock of medication did not tally with stock recorded on audits. This had meant that the registered provider could not be sure that people had received their medication as required.

This visit found that the registered provider had introduced a more regular and robust audit of medications. Systems of re-ordering medicines had been improved. As a result, people who used the service were appropriately provided with their prescribed medication.

Our last inspection also identified that effective action had not been taken following serious incidents. For example one person had managed to leave the building placing them at risk. The premises had not been secured following this incident. Other risks at that time involved people given food that presented a choking hazard to them despite dietary advice and an incident involving a person falling down the side of their bed. In these instances, no subsequent action had been taken to prevent reoccurrence.

This visit found that the premises were secure and that no further incidents had occurred. There was evidence that the registered provider had made arrangements to prevent adverse incidents occurring. This had been achieved by prompt action being taken to ensure that any incidents were investigated and analysed to prevent future re-occurrence. In addition to this, information for both kitchen and care staff was robust meaning that people could not be at risk of choking if given inappropriate food.

At our previous inspection we identified that the registered provider did not have effective systems in place to identify and assess the risks to the health and safety of people who used the service. On this inspection we found that improvements had been made, however, a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

This visit found that accidents were analysed to determine any patterns or reoccurrence. A more robust process was in place with management meetings held to analyse the type of accident that had occurred and how it could be prevented in future. This also extended to any incidents within the service. Information was also available to both kitchen and care staff in respect of how meals should be presented. We found that information about what form meals would take, for example, soft or pureed were known by all relevant parties. This minimised the risk of people being provided with inappropriate food and the risk of choking.

Staff had a good understanding of abuse, the types of abuse that could occur and how any concerns could be reported. They also told us that they had received safeguarding training and this was confirmed through training records.

Staff understood the principle of whistleblowing where concerns about care practice could be raised. This included the external agencies that concerns could be raised with.

Each person had a personal evacuation plan (known as PEEPS). These provided staff with considerations they had to take to safely support people if they needed to be evacuated in the event of an emergency such as an outbreak of fire.

Appropriate checks had been completed with regards to equipment and other aspects of the environment to ensure they were safe and in working order. These included hoist checks and checks to fire detection and firefighting equipment.

The premises were clean and hygienic. The registered provider employed domestic staff to ensure that

infection was controlled and these staff were observed using personal protective equipment as part of their role.

At the time of the inspection visit we observed enough staff to meet people's needs. Staff rotas indicated that there were sufficient staff to meet people's needs. Staff recruitment was robust with appropriate checks made to ensure that people were suitable for their role.

Our last visit found that the process for introducing new staff into their role through induction had not always been completed. This visit found that the induction process was more robust. Training required by staff as part of their induction had been completed enabling staff to have the knowledge to perform their role. As a result people were effectively supported.

Staff received the training they needed to perform their role. Regular supervision was provided for staff so that they could develop their own care practice. Staff held regular meetings with the registered manager.

The registered provider operated within the principles of the Mental Capacity Act (MCA). Staff had received training in this and were conversant with the principles of the act and how this impacted on people in their daily lives.

Food was prepared hygienically and provided a wide choice of meals to people who used the service. Those who required assistance in eating were appropriately supported by staff.

The registered provider recorded ongoing health issues for each person. Where consultations with health professionals were required, these were facilitated by the staff team.

Further breaches in regulations were identified at our last inspection relating to confidentiality. We had found that office doors were open and that information relating to people's personal details and personal care were on display. This undermined the security of those records being kept. This visit found that there was robust practice in maintaining confidentiality. Office doors were locked when not in use and when they were occupied; information was only available to the member of staff who was using it. This had been reinforced during staff meetings and we observed offices being locked once they had been vacated.

Staff spent time sitting with people and chatting to them. Staff interactions were positive and genuine. The privacy of people was taken into account with staff knocking on bedroom doors before entering and ensuring that doors were closed when receiving personal care.

Our last visit found that there was not an effective activities programme in place. This had resulted in people not receiving appropriate stimulation or being able to pursue chosen interests. The activities programme had improved with regular activities both within the building and in the wider community being held.

Care plans outlined personal preferences and routines of individuals. This meant that people received a more person centred approach to their support. Our last visit noted that care plan reviews had not been effective. This had been apparent in the lack of action following specific incidents. This visit found that the response to incidents was now more robust and as a result, care plan reviews were more effective. The registered manager had put processes in place whereby incidents were discussed with a plan of action put into place to prevent further re-occurrence.

A robust complaints procedure was in place. This enabled people to raise concerns about the service. These were appropriately investigated and responded to.

Our last visit found that the service was not well led. This conclusion was made given that audits from representatives of the registered provider were not robust and that the registered provider had failed to inform us, as required by law, of incidents that adversely affected the wellbeing of people who used the service.

This visit found that adverse incidents were now reported to CQC when necessary. A representative of the registered provider now visited the service regularly and commented on progress within the service. A number of audits had been put into place in respect of weight loss, nutritional information and medicines. Other systems to ensure effective oversight of the service had been introduced. These included meetings between the management team to discuss incidents that gave cause for concern, such as accidents or incidents of weight loss.

The registered manager had adopted a transparent approach to the fact that the service had been rated as inadequate following our last visit in 2017. This had included regular meetings with meeting who used the service and their families in explaining how improvements were to be made and achieved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

The premises were clean, hygienic and well maintained.

Management of medicines was robust.

Staff understood the types of abuse that could occur and how this would be reported.

Requires Improvement 

Is the service effective?

The service was effective.

Staff now received the training they needed to perform their role.

The nutritional needs of people were met.

The registered provider operated within the principles of the Mental Capacity Act.

Good 

Is the service caring?

The service was caring.

Sensitive information of people who used the service was now kept confidential.

Staff interactions with people who used the service were meaningful and respectful.

The staff team ensured that people were free of pain and discomfort.

Good 

Is the service responsive?

The service was responsive.

Good 

A meaningful activities programme was now provided to people living at the service.

Care plans and accompanying documents were now reviewed to ensure good levels of support.

A process for investigating complaints was in place.

Is the service well-led?

The service was not always well led.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

A robust system of auditing was in place to ensure that standards of care were maintained.

The registered manager adopted an open and transparent approach to the running of the service.

The views of those who used the service and their relatives were gained as part of the quality assurance process.

Requires Improvement ●

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 carried out to assess if any improvements following our last inspection in April and June 2017 had been made.

This inspection took place on the 12 and 13 March 2018. The first day was unannounced with the registered provider aware that we would visit on the 13 March.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at five care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service. In addition to this we spoke to four people who used the service and three relatives. We spoke to the registered manager, area director and four members of staff. We also observed care practice and general interactions between the people who used the service and the staff team.

We spoke to the local authority contracting team to gather information they had on the performance of the registered provider. They considered that improvements in the delivery of care had been made at Overdene House. We also spoke with the infection control team with the Local Clinical Commissioning group who had also noted improvements within the service.

A Healthwatch visit had been conducted just prior to our visit in June 2017 but at that time we did not have

their findings to inform our last visit. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Their visit at that time expressed concerns about aspects of the quality of the care.

Our findings

At our previous inspection we identified breaches in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify and assess the risks to the health and safety of people who used the service. We also found that medicines management was not robust. We told the registered provider to take action to address these areas of concern.

On this inspection we found that the registered provider had made the required improvements. However, whilst improvements had been made, a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

Our last visit found that actions in respect of accidents and incidents had not always been followed through. An analysis of patterns of accidents had taken place yet there was no evidence that remedial action had been taken. Incidents had occurred which had involved a person leaving the premises and being at risk and a person being given food in a form that put the person at risk of choking.

This visit found that accidents were analysed to determine any patterns or reoccurrence. A more robust process was in place with management meetings held to analyse the type of accident that had occurred and how it could be prevented in future. This also extended to any incidents within the service. Information was also available to both kitchen and care staff in respect of how meals should be presented. We found that information about what form meals would take, for example, soft or pureed were known by all relevant parties. This minimised the risk of people being provided with inappropriate food and the risk of choking. Risk assessments in relation to this were updated and reviewed.

The premises were secure. Staff practice involved ensuring that people could not leave the building unescorted if this meant that people were at risk. No further incidents of this nature had been reported to us.

Our last visit found that people were not always supported to take their medication as prescribed. Delays in ordering medication had meant that at least two people had not received pain relief medication for 11 and 16 days respectively. The same delays had affected the supply of nutrition for one person who required a liquid diet to be administered via a tube directly into their stomach, which had resulted in this person not receiving nutrition for 33 hours. The medication system was not robust and put people at risk of harm and discomfort.

This visit found that the medication ordering system was more robust. Medications were ordered and received in a timely manner meaning that no-one was put at risk through poor practice. The introduction of better medication management and more robust auditing assisted with this. Improved and more frequent audits of medication enabled the registered manager and staff to effectively monitor those medicines that required re-ordering in a way that meant that prescribed medicines would always be available to people. The audits included a daily check on medicines stocks and this enabled the registered manager to ensure that all prescribed medicines had been administered. As a result, people now had their wellbeing promoted by a more robust system of medicines management. We checked the stock levels of a number of medicines and found that these tallied with records. This had not been the case during our last visit and this demonstrated that systems were now more effective.

Medicines were appropriately stored and secured. Medication records (known as MARS) were signed once medication had been administered. The regular audits of medication systems ensured that no omissions in signing occurred. Records showed details of medication stocks received. Systems were also in place for the disposal of unwanted medication. Staff who administered medicines told us that they had their competency checked at least annually, to do this safely.

Each person had a personal evacuation plan (known as PEEPS). These provided staff with considerations they had to take to safely support people if they needed to be evacuated in the event of an emergency such as an outbreak of fire. These plans took the individual physical needs of each person into account, such as their mobility, as well as ensuring that psychological needs were also considered, such as providing reassurance. These plans had been reviewed.

Staff had a good understanding of abuse, the types of abuse that could occur and how any concerns could be reported. They also told us that they had received safeguarding training and this was confirmed through training records. Our last visit found that not all staff had received updated training in this area. A process for reporting concerns was in place and in addition to this the registered manager sent monthly reports to the local authority safeguarding team of those incidents that were considered as 'low level'. These are incidents that do not meet the threshold of significant abuse.

Staff understood the principle of whistleblowing and where concerns about care practice could be raised. The registered provider had systems in place to enable staff to do this without fear of reprisals. Staff were also aware of external agencies such as ourselves that they could report care concerns to.

Appropriate checks had been completed with regards to equipment and other aspects of the environment to ensure they were safe and in working order. For example maintenance records showed that hoists, slings and the lift had been serviced. There was a fire risk assessment in place and fire alarms were checked regularly. Electrical systems had been checked and portable appliance testing (PAT) had been carried out to ensure electrical equipment was safe. This helped to ensure these aspects of the service were functioning safely and people were protected from harm.

The premises were clean and hygienic. We did not notice any unhygienic areas within the building and no offensive odours were detected. The registered provider employed staff whose responsibility was to clean the building. They were present throughout our visit and systematically worked through the building to maintain hygiene standards. Domestic staff used personal protective equipment (known as PPE) to ensure that infection was controlled appropriately. Audits to check on infection control within the building were adopted by the registered manager. A representative of the local infection control team was present during our visit. They told us that the service had improved from an infection control point of view with only some attention needed to refurbish some bath and shower room areas.

At the time of the inspection visit we observed enough staff to meet people's needs. Our last inspection noted that staff turnover had been high. This had resulted in an increased use of agency staff. This turnover had decreased now with only a small number of vacancies identified and minimal use of agency staff to fill staff shortfalls. The registered manager was undergoing a recruitment process in order to fill these posts. We reviewed staffing rotas and found that there were consistent numbers of staff in post each day.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable adults. New staff had been subject to a check by the Disclosure and Barring Service (DBS). This informs employers if any applicants are barred from working with specific groups of vulnerable people. New staff had also been required to provide two references, one of which needed to be from their most recent employer. This helped ensure that people were protected from the risk of harm.

Our findings

People who used the service were complimentary about the food provided and emphasised the choices they were given. While people did not comment specifically on the skills and training of the staff team; their positive comments about the approach of the staff team confirmed the effectiveness of the service. People were positive about the design of the building and felt there were sufficient places for them to sit and relax, either in groups or alone.

Our last visit to the service in April and June 2017 had noted deficiencies in the induction process used by the registered provider in preparing new members of staff for their role. This had involved key training such as safeguarding and infection control not being completed by staff in a timely manner even though this had been identified. This was identified as a breach of regulation 18. This visit found that the induction process was now robust with key training provided to staff as part of their induction process. The induction process in place for new staff included a period of shadowing experienced members of staff, and undertaking training deemed to be mandatory by the registered provider, such as safeguarding and moving and handling. The induction process was aligned to the standards required by the Care Certificate which is a nationally recognised set of standards that care staff are required to meet.

Staff confirmed that they received one to one supervision with their line manager on a regular basis. In addition to this, team meetings were held to provide group supervision to people. A supervision matrix was available. This provided the registered manager with an overview of which supervisions had been completed and which required action. Supervision records were available recording discussions with staff.

A training matrix was also available and used a "traffic light" system to identify which training was completed and which training remained outstanding. The registered manager had a report to analyse what training had been done and these records suggested that most training had been achieved with some further sessions required. Training varied from mandatory health and safety topics to safeguarding, food hygiene and emergency procedures. Records suggested that medicines competencies had been completed by all relevant staff. Other training included dementia awareness, person centred care and the Mental Capacity Act. Staff outlined the training they had received to us and training certificates confirmed their completion of training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. Where people had been identified as requiring a DoLS an application had been made to put one in place as required. A system was in place for identifying those applications that had been made, those that had been granted and when they were to expire, needing review.

People's care records contained details around their ability to consent to care. Staff we spoke to had received training in the Mental Capacity Act and were able to give an overview of the principles of it and how it protected people. People commented that staff offered them choice, and we observed examples where this took place. For example, staff asked one person if they would like to spend time in their room, before supporting them to do so. We observed examples where they offered people a choice of drinks, and asked people how they preferred these.

The kitchen was a clean and well equipped. A cleaning schedule was in place to ensure good hygienic standards. Before entering the kitchen, visitors, including ourselves, were asked to wear protective clothing. This meant that the risk of infection could be minimised. There was sufficient food in stock for people using the service. Temperatures of fridges and freezers were being monitored on a daily basis to ensure that produce was kept at the correct temperature. Information was available to catering staff about the consistency of food that needed to be presented to those people who required softer diets or had dietary condition such as diabetes

We observed lunchtime in one dining area. Most people were able to eat independently yet some required assistance from the staff team. In those instances, staff sat with people and interacted with them positively. For others who were more independent; staff provided people with a choice of drinks and whether there were any there were items they needed with their meal; for example, condiments. Lunch was relaxed and staff supported people in an appropriate and friendly manner.

Other people did not wish to eat in the dining room, preferring to remain in their rooms to eat. This was respected. Meals were brought to people on a tray with a cover on to make sure they remained hot. We again witnessed people who required support to eat being supported in an appropriate manner. Hot and cold drinks were available throughout the day. People told us that they were happy with the food provided and were always offered a choice if they preferred something else. A menu provided people with the information they needed about what meals would be offered to them through the week.

The registered provider ensured that those people who had developed health needs were referred to the appropriate health professionals. Records were maintained outlining hospital and doctor appointments for people as well as ongoing commentaries of visits by doctors and others and how people's recovery from health conditions had progressed. During our visit we witnessed staff making appointments for people and providing a visiting doctor with relevant information.

The premises were designed in such a way that people could mobilise freely through the building. A passenger lift was available linking the two floors. Lounge areas were available and provided appropriate numbers of comfortable chairs for people to use. A conservatory area was attached to the lower lounge for people who wished a degree of privacy. A breakout area was located on the ground floor near to the front

door. This had tea and coffee making facilities and plenty of chairs were available for people to sit and relax. One person frequented this area daily and they were able to pursue their own activities. Signs were in use to enable people to be orientated to key areas in the building such as lounges, bathrooms and toilets as well as their own bedroom.



Our findings

People told us that they felt cared for by the staff team. Comments included "The staff are so friendly" and "They treat me in a respectful way". This was a view echoed by relatives who felt that the atmosphere within the building was better than it had previously been.

Our last visit to the service identified that there was a breach in Regulation 17 in that people's confidentiality was not always protected. Records containing personal information had been stored in offices that should have been locked when not in use; however these were often left open whilst staff were not in attendance. This undermined the security of those records being kept and the personal details of people who used the service were not kept confidential.

This visit found that all offices containing confidential information were now locked when not in use. When occupied by staff; only confidential information being updated was on display. We saw that the registered manager had reinforced through staff meetings the need to ensure that sensitive information was kept secure and this had been embedded into care practice and we observed this throughout our visit.

Staff outlined how they would promote the privacy of those people they supported. This took into account closing doors and curtains and ensuring that their dignity was considered while they supported people with personal care. We observed two positive examples of how privacy was promoted. One person received a visit from a doctor. The consultation took place in the person's bedroom. Initially the doctor entered the room and started to talk to the person. Staff were quick to respond and closed the bedroom door to ensure that the meeting could carry on in private.

Another person who used the service wanted staff to assist with an aspect of personal care. As well as responding quickly to the person's wishes; we saw that staff supported the person in their own room and made sure that the door was closed while assistance was provided. This demonstrated that privacy was maintained by the staff team.

Observations of care practice found that staff demonstrated a caring, respectful and unhurried approach to supporting people. Our previous visit had identified some examples of staff interactions with people which had not always been positive. We had seen that staff had appeared task focussed in their approach and situations where interactions did not extend beyond these interventions. We saw that people who used the service had been left alone for a prolonged period of time with little interaction from staff.

This inspection found that there had been a significant improvement in this and that staff ensured that each interaction was a positive experience for people. We saw that people, who were, for example, walking down a corridor, were always greeted by staff and asked how they were. In addition to this, once people had been supported with personal care tasks, staff were seen sitting in lounge areas chatting to people in a friendly manner. Staff took the time to interact with people in an unhurried manner and listened to what people had to say.

The registered manager had acquired a pet cat for the people who used the service and recognised the therapeutic value of pets within a care setting. We saw people interacting with the cat throughout our visit and they clearly enjoyed its presence around them. The registered manager had also devised risk assessments around the pet to ensure that it did not present as a trip hazard for people, for example.

Compliments had been received by the service from a number of sources. All compliments were recorded and put on display for staff and others to see. Comments included "staff are friendly", "I am pleased with the progress here" and "The building is bright and there is a pleasant atmosphere". Other compliments focussed on thanks for the attention staff had paid to people who used the service.

Our findings

People were happy with the activities on offer and told us that they were given the choice if they wished to participate in them or not. They commented that staff "knew what they were doing" and had confidence in the staff team to meet their needs. Comments made also included that there had been improvements in the quality of care within the service.

Our last visit found that there was an ineffective activities programme in place. This had resulted in people not receiving appropriate stimulation or being able to pursue chosen interests. This visit found that improvements had been made and that people were more actively engaged in daily activities. The registered provider employed an activities co-ordinator. An activities plan was in place and on display for people to refer to. The co-ordinator told us they maintained records indicating which activities people had taken part in, with an assessment made of whether they had enjoyed it. There had been occasions where people had not wished to take part in activities but the staff team communicated with people to determine their choices and preferences. For example, one person had their own routine and did not want to participate in structured activities. They spent time in a lounge area with the home's pet cat and felt happy and comfortable with this contact.

Overdene House had a minibus that had previously not been utilised very much. The registered manager told us that this was now regularly used to enable people to get out into the wider community. On the first day of our visit, one person had been supported to attend the local swimming baths and this had become part of their weekly routine. The activities programme also included those people who could not leave their rooms for health reasons. One to one sessions were held for these people and involved whatever activities they enjoyed such as general chats or newspaper reading. This demonstrated that people were able to make choices.

Our previous inspection found that care records had not been evaluated regularly and that daily monitoring records had not always been completed. Daily monitoring records had related to altering people's position for pressure relief, continence needs and risk of malnutrition. This visit found that charts evidencing staff interventions had been completed and were audited on a regular basis to ensure that people's needs were being met. Improvements in this had in turn resulted in care plan reviews being more effective in meeting people's needs.

Each person had a care plan containing relevant information about their needs and what staff needed to do to meet these needs. These were person centred and gave an indication of the preferred routines of people

and considerations staff needed to take to meet individual need. These records contained information to assist them in getting to know the people they supported and the development of positive relationships.

Assessment information was completed by the registered provider prior to people coming to live at Overdene House. These included key areas of people's health and social needs.

People were enabled to express choice in their daily lives. This was mainly done verbally with people being offered choices in how they wished to be supported, whether they wanted to join in with activities or where they wanted to sit at lunchtime, for example. Staff gave people the time to respond and respected people's choices. Records also indicated the choices that people had made. These included choice of meals at meals times and whether they wanted to participate in activities.

There were instances when people had chosen not to be resuscitated when their health deteriorated. This reflected either their personal wishes or as a result of a best interest process. Information was in place for staff to refer to the choice that each person had been made. This information was clearly displayed at the front of people's care records. This information was also on handover sheets so that staff could easily access this information in an emergency.

A complaints procedure was in place. This enabled people to find out how to raise concerns and have them investigated accordingly. Timescales for responses to complaints were included within the procedure. Complaints records were available and where a complaint had been made, a response had been given to the complainant in a timely manner. This showed that the registered provider was responding to complaints appropriately.



Our findings

Our last visit in April and June 2017 found shortcomings in the management of the service. These had included an auditing system that was not robust and an ineffective approach to carrying out investigations into incidents which occurred. For example, audits in medication and the general oversight of medication had led to some people being left without pain relieving medication for a period of time. Discrepancies in the recorded stock of medication compared with the actual stock of medication had occurred. People had experienced accidents which, while some investigations had been made into these, investigations had not proved effective as incidents had re-occurred and people were at risk of harm.

This visit found that audits and investigations into adverse incidents were robust. Where incidents occurred that adversely affected the wellbeing of people, meetings were swiftly held once the incident had occurred. This involved discussions with the registered manager and senior staff. The purpose of these was to discuss the incident focussing on the how this had occurred and how future reoccurrence could be prevented. Such incidents included those events which had resulted in significant weight loss of other accidents involving injuries sustained.

The registered manager now had clear oversight of all those incidents that occurred and these were fed into a monthly management report that was sent to the registered provider. The registered manager had a clear indication of the number of accidents that had occurred. This extended to those people who had experienced weight loss with a clear indication of what action had been taken to preserve their health and wellbeing. The registered manager was able to immediately identify people that caused concern to us and provided an account of the action being taken to keep people healthy.

Audits with medicines were robust and a new system of regularly auditing medication had been introduced by the registered manager meaning that people were no longer at risk of not receiving vital medication. Other audits had been put in place to ensure that the staff team were adhering to infection control policies, were receiving training as required and that deprivation of liberty safeguards were being applied as needed.

The registered manager had also introduced daily walk rounds of the building where any health and other issues could be identified and acted upon. These walk rounds also extended to visits to the service out of hours and at weekends.

Our last visit also found that the registered provider had not notified CQC of two events that had occurred within the service as required by law. This visit found that an established system of reporting events to us

had been put into place and any adverse events that had occurred had been reported to us. This was confirmed through our records. One past incident had related to the security of the premises and the fact that one person had left the building and as a result was at risk of harm. The registered manager ensured as part of the audit process that staff were reminded of the need to ensure that security of the building was maintained. The registered manager was also mindful of the security of the premises to ensure that the building and local environment attached to the building was safe.

Since our last visit, the registered provider had appointed a new representative as area manager to oversee the quality of support provided by Overdene House. The area manager was present on one day of our visit. A clear system was in place to ensure that the registered manager provided an overview of issues within the service to the area manager so that the registered provider was aware of progress within the service.

The service had been rated as inadequate following our visit in 2017. By law all registered providers are required to put this information on display within the building and on their website where applicable. The rating had been put on display in both formats.

We saw further evidence that the registered manager had sought to be transparent about the quality of the service. The rating had been discussed with the staff team in meetings. There had been further contact with people who used the service and their relatives in order to outline the implication of the rating and how the registered provider had intended to improve and move the service forward. Minutes of meetings evidenced that relatives had been able to express their opinions freely with an action plan being devised after each meeting. In addition to this, the registered manager had introduced an open door 'surgery' which enabled people to speak in confidence about their relation's care and general themes within the service. These meetings were recorded and further demonstrated an open and transparent approach adopted by the registered manager.

Surveys had been sent to people who used the service and their families to gauge a view on how the service met their needs. Questionnaires included a broad range of questions on whether people's dignity was respected, the cleanliness of the premises, staff approach and mealtimes, for example. The results of these had been collated and put on display for people to refer to. Accompanying these results were the actions taken by the registered provider to address any shortcomings that people had commented on. These results and actions were subsequently discussed at residents/relatives meetings. People who used the service and their families commented in these meetings that there had been significant improvements for the better since the registered manager had come to work there.

Staff told us that they considered the registered manager to be approachable and had made a 'massive difference' to the service. They believe that the service had improved since the registered manager had come to work at Overdene House. There was evidence that the registered manager had sought to encourage staff to have say and influence the quality of care. A staff meeting had involved the registered manager encouraging staff to report anything they 'were not happy about' and this was further evidence of an inclusive managerial approach. Staff meetings were held on a regular basis to discuss issues within the service. Our last visit had noted that staff morale had been low. This visit found that staff were committed to make a positive difference to people they supported.